

North Los Angeles Regional Center

-and-

Self-Determination Program Local Volunteer Advisory Committee

Independent Facilitator Guidebook



January 2024

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Contact Information

Building 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 IPP 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 Officer of the Day (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 Officer of the Day (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 Officer of the Day (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.

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

First	Last	Title	Unit/Department(s)	Email	Phone #
Name	Name				
Abner	Ripoll	SDP Specialist	San Fernando Valley	ARipoll@nlacrc.org	818-736-
		•	Consumer last names A-H		8363
Megan	Briley	SDP Specialist	San Fernando Valley	MBriley@nlacrc.org	661-951-
			Consumer last names I		1214
Violeta	Soria	Participant Choice	San Fernando Valley	VSoria@nlacrc.org	661-775-
		Specialist (Bilingual Spanish)	Consumer last names R-Z		3018
Angela	Gustave-	SDP Specialist	Santa Clarita Valley	AGustaveMorgan@nlacrc.org	661-579-
e	Morgan				1541
Karina	Nilsson	Participant	Antelope Valley	KNilsson@nlacrc.org	661-951-
		Choice Specialist	Consumer last names A-M		1219
Maricruz	Martinez	Participant Choice	Antelope Valley	MMartinez@nlacrc.org	661-775-
		Specialist	Consumer last names N-Z		3011
		(Bilingual			
		Spanish)			
Robin	Monroe	SDP Supervisor	Self-Determination &	RMonroe@nlacrc.org	661-775-
			Participant Choice		3053
Silvia	Haro	Consumer Services	Santa Clarita Valley Office	SHaro@nlacrc.org	661-775-
		Manager	&		3004
			Self Determination Program		
Gabriela	Eshrati	Director of Consumer	Antelope and Santa Clarita	GEshrati@nlacrc.org	661-951-
		Services	Valleys & Self Determination		1208
			Program		

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.

First	Last	Title	Unit/Department(s)	E-mail	Phone #
Name Elisa	Name 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 (Acting Interim Director)	Early Start and School-Age	CPreuss@nlacrc.org	818-756- 6106
Donna	Rentsch	Director of Consumer Services	Transition Age/AduIt Services /Forensic Placement	DRentsch@nlacrc.orq	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	
Gabriela	Eshrati	Director of Consumer Services	AV/SCV Offices/SDP	GEshrati@nlacrc.org	661-951- 1208	

	Santa Clarita Valley Leadership Team						
First	Last	Title	Unit/Department(s)	Email	Phone #		
Name	Name						
Silvia	Haro	Consumer Services	Santa Clarita Office / SDP	SHaro@nlacrc.org	661-775-		
	Manager 3004						
Gabriela	Eshrati	Director of Consumer	AV/SCV offices /SDP	GEshrati@nlacrc.org	661-951-		
		Services			1208		

Process and Policy

	NLACRC SDP Transition	
	SDP Process:	
Orientation	PCP IPP/PCP Budget (optional) Budget Mtg Certification	IPP/Spending Plan E-Billing Transition
Within a week of attending Orientation.	Orientation : Once Participant has attended Orientation given instructions on how to refer to a coach (if they	
Varies		
on PCP completion and	consumer/family.	d services to ensure that case management is
completion	consumer/family. *If there is agreement to services, budget is sent to Acteam reconvenes withing 15 days. **If an assessment is necessary, team reconvenes upor Budget Certification: Accounting reviews numbers an	counting for certification. If there is no agreement, IPP on completion of assessment. d services to ensure that case management is

 Week-3 - 6 Accounting sends email to SDP Team informing of approval. CSC signs budget SDP Supervisor signs budget Consumer Services Director signs budget Accounting Supervisor Signs budget Budget is sent to family for signature 	 If responses to rectify questions by accounting requires participant response maximum of 15-working days will be added to timeline. Week 4 - 7 Accounting sends email to SDP Team informing of approval. CSC signs budget SDP Supervisor signs budget Consumer Services Director signs budget Accounting Supervisor Signs budget Budget is sent to family for signature
 1st Year Spending Plan Week 4 - 7 Spending plan and choice of FMS is to be provided by participant to NLACRC – within 15-days from the date of budget being approved by NLACRC. 	Subsequent Y ear Spending Plan Week 8 - 10 • Spending plan and choice of FMS is to be provided by participant to NLACRC – within 15-days from the date of budget being approved by NLACRC.
<u>Week 7 - 10</u>	<u>Week 11 - 13</u>
 Spending Plan needs to be reviewed	 Spending Plan needs to be reviewed
and signed by CM 5-working days by	and signed by CM 5-working days by
NLACRC to review and respond and	NLACRC to review and respond and
to have meeting scheduled by 6 th	to have meeting scheduled by 6 th
working day with participant.	working day with participant.
Week 11 - 12 – While Budget is Certified	Week 14 - 15 – While Budget is Certified
IPP/Spending Plan Meeting held by 6 th	IPP/Spending Plan Meeting held by 6 th
working day of participant submitting	working day of participant submitting
spending plan. Meeting is to ensure services	spending plan. Meeting is to ensure services
and supports in the spending plan align with	and supports in the spending plan align with
IPP goals and are acceptable in the SDP	IPP goals and are acceptable in the SDP
Waiver. The meeting will also solidify all the	Waiver. The meeting will also solidify all the
documents/signature and finalize the process.	documents/signature and finalize the process
Consumer/family notifies CSC which FMS	Consumer/family notifies CSC which FMS
agency they are going to be using.	agency they are going to be using.
*If there is agreement with spending plan,	*If there is agreement with spending plan,
transition date is provided. If there is no	transition date is provided. If there is no
agreement, IPP team reconvenes within 15	agreement, IPP team reconvenes within 15
days. Consumer/Family can choose to	days. Consumer/Family can choose to
remove the services/supports in question and	remove the services/supports in question and
transition while IPP team reconvenes to	transition while IPP team reconvenes to
address	address
**If the budget does not need annualization	**If the budget does not need annualization
and it is based on the 12-month expenditure,	and it is based on the 12-month expenditure,
the budget is certified the same week.	the budget is certified the same week.
This process could take up to 30-day with	This process could take up to 30-day with
scheduling and responses pending from	scheduling and responses pending from
participant.	participant.

Once budget is certified or depending on when FMS needs you to start onboarding process.	<u>Week 13 – 16</u> FMS: SDP Team ensures that services and support agencies/individuals have been onboarded and the consumer is ready to transition, i.e. confirmation email from FMS.
Once we receive detailed spending plan	 Week 17 – 18 Purchase of Service: CSC completes a manual authorization form and terminates traditional authorizations. SDP Team reviews authorization to ensure it was done correctly and matches spending plan. (We sometimes receive inaccurate spending plans, i.e. it states 317 but description says co-employer. We must send this back to consumer/family and IF for corrections.) SDP Supervisor signs and submits to Consumer Services Director along with spending plan. Consumer Services Director signs & returns to SDP Supervisor to be entered in eBilling
Once we have POS and Spending Plan.	Week 18 - 19 Sandis: • SDP Supervisor inputs transition into SANDIS, this creates an automatic email for Accounting Supervisor and Federal Revenue Supervisor. It takes 24 hours before Accounting Supervisor can assign consumer in eBilling.
24 hours after inputted into Sandis.	Week 18-19 eBilling: • Accounting Supervisor or Senior Junior Accountant must assign consumer in eBilling for spending plan to be entered. • SDP Supervisor enters spending plan into eBilling. • Junior Accountant reviews, inputs authorization in the SANDIS system and notifies Senior Junior Accountant. • Senior Junior Accountant approves eBilling. (SDP Supervisor and Senior Junior Accountant meet every Monday to review eBilling) • SDP Supervisor notifies FMS agency that eBilling has been approved and sends a copy of approved spending plan and manual authorization.
24 hours after inputted into Sandis.	 SDP Waiver: Federal Revenue Supervisor reviews consumer info and enrolls in SDP Waiver, if eligible. If consumer is not eligible to enroll into the SDP Waiver, she sends an email with information. Reason why someone may not be eligible for SDP Waiver: Enrolled in a different waiver such as nursing waver. Medi-Cal eligibility. Does not have at least two qualifying conditions noted on the CDER.



At 8 months	IPP notification	At 8 months, Family notified by mail IPP Meeting needs to be scheduled to start SDP transition process to the next year.
	Letter	*SDP Coaching (optional) available funded by NLACRC, request via your CSC
Optional	New PCP (Optional)	PCP completed prior to IPP/Budget Meeting if desired by consumer or family
At 9 months	IPP Meeting/PCP Meeting	IPP/PCP meeting is scheduled 3 months in advance of transition, to discuss needs and develop budget. *If there is agreement to services, budget is sent to Accounting for approval If there is no agreement, IPP team reconvenes withing 15 days. **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.
Takes 3 weeks	Budget certification	Once approved: Accounting sends email to SDP Team informing of approval SDP Specialist signs Budget Tool 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 be received by 15 th of the month prior to transition	Spending Plan	New Spending plan received by family, needs to be reviewed by FMS, CSC and SDP team to ensure HCBS final Rule compliance, follows SDP Definitions, has proper service budget codes and has matching IPP goals.
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. SDPS reviews and requests updates when necessary. IE. services, generics not looked into. 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

Transition Support and Vendorization

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: <u>Self-Determination Program: Updated Initial Person-Centered Plan and Pre-</u> 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:

- 1.PCP Report-IF
- 2.PCP Invoice-IF
- 3.IF/PCP Certificate-IF
- 4.Manual 204 completed by CSC
- 5.Addendum (Template available) or included in SDP IPP-completed by CSC

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

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

What needs to be on the invoice:

○ 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	Service/Task 1: Description of service/task performed	Amount of time spent on service/task	Amount of time x hourly billing rate
X/X/XXXX	Service/Task 1: Description of service/task performed	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

https://www.nlacrc.org/consumers-families/self-determination-program/self-determination-informational-meetings/rfv-announcement

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 <u>Person Centered Planning and Self</u> <u>Directed Supports Guidance (ca.gov)</u>

Per the updated Department of Developmental Services (DDS) Directive released March 20, 2023 a standardized vendorization packet is available for this service <u>SDP Standardized Vendorization Packet for Pre-</u><u>Enrollment Services (ca.gov)</u>. 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. Attachment A: Vendor Packet Checklist
- 2. Attachment B: General Self-Directed Supports Qualifications and Agreement Form
- 3. Attachment C: <u>Financial Management Services Self-Directed Supports</u> <u>Qualifications and Agreement Form</u>
- 4. Attachment D: DS 1890 Vendor Application
- 5. Attachment E: DS 1891 Applicant/Vendor Disclosure Statement
- 6. Attachment F: Conflict of Interest Form
- 7. Attachment G: Business Associate Agreement/HIPAA Form
- 8. Attachment H: <u>Home and Community Based Services Provider</u> <u>Agreement Form</u>
- 9. Attachment I: <u>W-9 Request for Taxpayer Identification Number and</u> <u>Certification</u>

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 <u>resourcedevelopment@nlacrc.org</u>. 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 <u>resourcedevelopment@nlacrc.org.</u>

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

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 and 2024 POS Check Run Schedule:

https://www.nlacrc.org/service-providers/resources-information

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

NLACRC Median Rates

				2024 tatewide		2024 LACRC
SC	Unit	Modality	Me	dian Rates		Rates
017		m - Eval and Intervention				
	· · · · ·	Individual	\$	48.15		
		Individual	\$	3,274.71		
	Mileage		\$	0.38		
020		/ Set-up expenses				
		Individual-Community Placement Plan	s	3,372.00	\$	3,299.07
028		on Training Program				
		Individual	S	29.83		
		Hourly - INDIVIDUAL ASSESSMENT	\$	49.26		20.02
	-	Assessment - Session (up to 12 Sessions) 60 minutes		N/A		30.23
	-	Assessment - Session (up to 10 sesions) 60 minutes		N/A	-	36.23
	Hourly	•	S	52.39	Ş	37.00
		Individual	\$	116.81		
		Asessment - Session	s	162.27	-	115.90
		Assessment - Hourly (up to 10 sessions) 90 minutes	S	89.39		45.35
		Assessment/hour up to 2 hours	s	86.93	\$	30.23
		Per incident-Evaluation	S	145.97		
		Assessment - V 3 hours		N/A	\$	108.67
		Assessment - Session (up to 8 Sessions) 75 minutes		N/A	\$	37.78
	Other	Assessment/hour up to 6 hours		N/A	\$	30.23
034	Money Ma	nagement				
	Hourly	Individual	\$	33.01	\$	27.24
	Monthly	Individual	S	49.04		
048	Client/Par	ent Support Intervention Training				
	Hourly	Individual	\$	71.60		
	Hourly	Consultant	\$	104.76		
	Hourly	Hourly Assessment	S	126.97		
	Hourly	Individual - BCBA	S	126.77		
	Hourly	Supervision 1 hour	s	126.77		
	Hourly	Behavioral intervention	\$	62.95		
	Hourly	Hourly Program Manager	s	150.98		
	Monthly	Individual	s	2,439.05		
	Mileage		s	0.40		
	Other	Session-Out of Office	s	11.21		
	Other	Assessment Up to 16 hrs	\$	1,437.83		
051	Personal E	mergency Response System				
		Individual	s	34.77		
		M-L6700 CarePartner Communicator		N/A	\$	45.53
		M-L9500 CarePartner Telephone with Reminders		N/A	_	51.22
		Z-Non-returned or damaged CarePartner Unit		N/A		569.03
		Z-Access Switches - Sip & Puff plus Adapter		N/A		233.30
		Z-Access Switches - Pillow Switch		N/A		113.81
		Z-Access Switches - Wobble Switch		N/A		147.95
		Z-Access Switches - Rocking Lever Switch		N/A		92.19
055		y Integration Training Program		- //		
		Individual	s	32.20	s	33.46
		Evaluation	s	67.91		22.10
	Hourly		s	16.74		
		1:2 staffing	s	22.65		
		1:3 staffing	s	22.05		
	1101019	1:4 or 1:6 staffing	s	16.49		

sc	Unit	Modality	2024 Statewide Median Rates	1	2024 NLACRC Rates
30		Individual	\$ 120.10	-	Mates
		consumer specific		s	27.34
		Daily-Days per month 1 to 1		s	
		Group	\$ 134.31	-	172.20
		Daily-Days per month 1 to 6	\$ 98.19	-	65.26
	Daily		\$ 169.07		
	Daily		\$ 108.21		
		Daily-Days per month 1 to 4	\$ 95.85		
	· · ·	Individual	\$ 665.62		
	Monthly	1 to 1	•	L S	
	Mileage		\$ 0.3		.,
056		linary Assessment Svc			
	-	Individual	\$ 71.7	2	27.17
	~	Per case, per incident	\$ 155.70	-	
		Behavioral intervention prevention program Assessment	\$ 81.50	-	100.02
		Autism Interdisciplinary Assessment	\$ 105.90	-	
		Individual-Community Placement Plan	\$ 119.5	-	
		Individual	\$ 543.3	-	
		Individual-Community Placement Plan	•	s	2,781.95
		Community Placement Plan Consumer Specific Rate	N/A	+ ÷	
		Community Placement Plan \$50/hour for 70 hours	N/A	-	
		Per Mile	\$ 0.3		2,002.15
		Per incident feeding assessment	\$ 659.63		
		Per incident nutritional assessments	\$ 217.34	-	
		Session Feeding Eval/ind	\$ 361.13	-	
		Assessment (Flat rate)	\$ 290.79	-	290,79
		Assessment	\$ 774.2		
		S - feeding assessment follow up	\$ 130.40	-	
		Session 3 hour	•	s	93.09
062	Personal A			Ť	
		Individual	\$ 26.42	2	
		behavior respite	\$ 39.70	-	39.70
		Attendant - 1 Consumer		s	
		Behavior Attendant		ŝ	
		Behavior Day Care - 1 Consumer with \$0.00 Share of Cost		s	
		Day Care - 1 Consumer		s	
		Parent Conversion Day Care - 1 Consumer		s	
	Hourly		\$ 19.70	-	
		Group-sibling (two consumers)	\$ 15.52	-	
		Group-sibling (three consumers)	\$ 20.22	-	
		Individual	\$ 94.6	-	
		Individual	\$ 496.14	+	
		Individual	\$ 3,101.1	-	
	Mileage			5	0.68
	~	Per incident evaluation	\$ 511.09		
063		y Activities Support Services			
		Individual	\$ 33.50	5	
		Evaluation	\$ 40.24	-	
		Group 1:2 service	\$ 28.09	-	
		Individual	\$ 123.47	_	
	Dany		9 142.7		

SC	Unit	Modality		2024 tatewide dian Rates		2024 LACRO Rates
5C		Individual	S	887.45		Rates
	Mileage		s	0.39		
	-	Session Community Activities Support Services	s	74.93		
072		ordinated Supported Living Program		74.33		
073		Individual	s	20.45	•	20
		Individual		20.43 N/A		- 20
	~	Individual	s	4,724.17		5,40
077		oordinated Home Based Intervention Program for Autistic Children		7,727.17	•	5,40.
0//		Individual	s	14.10	•	2
		Individual	S	1,410.37	\$	- 4
000	1		,	1,410.57		
090		rvention Facility/Bed	-	0.62.00		
	-	Individual	\$	862.00		
		Individual-Community Placement Plan	\$	544.31		
0.01		Individual	S	5,216.72		
091		Aobile/Day Program	-	26.60		
		Individual	\$	35.68		
	-	Individual	S	77.72		
093		ord Personal Assist Svc				
		Individual	\$	18.32		
		Individual	\$	125.55		
		Individual	S	2,013.93		
094		rts Program				
		Individual	S	61.18		
	Hourly		\$	34.62		
		Individual	\$	84.42		
	~	Individual	\$	737.00		
		Session evaluation unspecified	\$	238.78		
096	Geriatric I					
		Individual	\$	3,232.50	\$	3,26
101	Housing S					
	Hourly	Individual	S	74.01		
	Monthly	Individual	\$	719.20		
102	Individual	or Family Training				
	Hourly	Individual	\$	46.31	\$	2
	Hourly	Autism Services	\$	84.45		
	Hourly	AT Assessment	\$	89.24		
	Hourly	Group	\$	27.29		
	Hourly	Group	\$	81.72		
		Parent Education Group		N/A	\$	2
	Daily	Individual	\$	83.40		
	Daily	Group	S	709.21		
	Weekly	Individual	\$	119.88		
	Monthly	Individual	\$	877.22		1,634
	Mileage		\$	0.42		
	Mileage	Out-of-Office Per visit		N/A	\$	1
	-	Session	\$	435.88		
		Assessment	S	272.44		23
		Session	S	96.44		10
103		d Health, Treatment and Training Services			-	
		Individual	s	45.40	s	119
		Individual	Š	260.81	-	

sc	Unit	Modality		2024 Statewide Jedian Rates	N	2024 LACRC Rates
		Individual	S	1,980.52	_	
	Monthly		s	5,784.50		
	Mileage		s	0.52		
	-	Dental Treatment-Hygiene	s	489.03	\$	578.82
		Variable per visit	Ť	N/A		99.47
106		I Recreational Therapy			Ť	22.11
		Individual	s	43.47	s	27.98
		Evaluation	s	67.16		
	Hourly	Group	s	72.75		
		Individual	s	28.37		
		Individual	s	163.02	\$	18.12
		Individual	s	113.87		119.12
		Session	s	32.60	_	27.17
107	Education		-	52.00	•	27.17
107		Individual	s	57.26		
	-	Individual	s	67.15		
109		Support Services	•	07.15		
100		Individual	s	51.61	•	53.08
	Hourly		s	56.49	\$	35.06
100		•	3	30.49		
109		ntal Residential		21.00		21.00
		Individual	S	21.89	\$	21.89
		2:1 ratio	S	30.74		
		GROUP (1:3)	S	16.12		
	-	Individual	S	143.50	\$	64.84
		Individual	s	2,586.06		
110		tal Day Services Program Support				
		Individual	\$	22.13	\$	22.13
		Individual - Regular 2:1	S	50.80		
		Individual	S	104.70	\$	23.66
		Group 1:3	S	57.59		
	-	Individual	s	2,818.25	Ş	811.88
111		tal Program Support (Other)				
	~	Individual	S	21.86	\$	20.26
	Hourly	•	S	9.45		
		Individual	S	108.35		170.04
	· · · · · ·	Camp 1 to 1 - \$16/hour for 16 hours		N/A		390.08
		Individual	\$	2,391.48	\$	3,419.26
112		ation Aides				
		Individual	s	76.29		
	Monthly	Individual	\$	7,819.27		
	Mileage		\$	0.54		
113		sed Residential Facility-Hab				
		Individual		N/A		29.17
	Hourly	Individual-Community Placement Plan		N/A	\$	29.17
	Daily	Individual	\$	454.01	\$	365.66
	Daily	Group-Regular 3-Bed	s	629.26		
	Daily	Individual 4-Bed Facility	s	497.61		
	Daily	Individual 5-Bed Facility	s	965.49		
		Individual 6-Bed Facility	s	489.42		
		Group-Community Placement Plan	s	511.19	\$	407.71
	Daily	Group-Community Placement Plan		J11.191		

	Tinit			2024 tatewide	NL	2024 ACRC
SC	Unit	Modality Individual		dian Rates		Cates
	1		S	11,311.35	<u>ې</u>	11,110.70
	Monthly Monthly		S	13,691.72		
			S	14,031.69		
	Monthly		S	12,330.12		
	Monthly		S	8,728.34		
		66 bed capacity-Assisted Lvg-Shared Rm	S	2,958.50		11 110 70
		Individual-Community Placement Plan 3-Bed Facility	S	10,568.71	<u>ې</u>	11,118.78
	1		S	14,768.14		
		4-Bed Facility	S	14,513.97		
		SB 962 & 853 (DC Closure)	S	27,565.83		
		CPP- 3-BED	\$	22,060.08		
		CPP-4-BED	\$	21,478.79		
114		sidential Facility (Health)				
	-	Individual	S	360.26		
		Individual-Community Placement Plan	S	440.78		
		Individual	s	4,206.06		
115		erapeutic Svcs (age3-20)				
		Individual	S	112.73		
		Individual-Community Placement Plan	\$	139.69		
		Individual	S	121.94		
		Variable	S	82.15		
116	Early Star	t Special Therapeutic Svcs				
	-	Individual	\$	124.24		
	Hourly	Individual Regular - Speech, PT & OT	\$	116.10		
	· · · · · · · · · · · · · · · · · · ·	Assessment	\$	127.15		
	Hourly	Occupational therapy	\$	127.33		
	Hourly	Physical Therapy	S	123.83		
		Speech Therapy	S	124.36		
	Hourly	HRLY-IND. BILINGUAL SPEECH	\$	143.12		
	Hourly	PT in home including mileage	\$	134.55		
	Hourly	1:2 ratio	s	72.68		
	Hourly	HRLY-GRP-SPEECH(1:3)	s	68.46		
	Hourly	OT group	s	60.94		
	Monthly	Individual	s	256.74		
	Mileage		S	0.57		
	Other	ASSESSMENT (FLAT RATE)-SPEECH	s	371.43		
	Other	ASSESSMENT (FLAT RATE)-PT	s	392.04		
	Other	Per incident	s	271.16		
		All: OT evaluation - per item	s	483.31		
		Per incident Speech evaluation individual	s	337.34		
		Per incident OT individual	s	300.94		
		Per incident OT/PT eval + mileage	s	376.61		
117		Therapeutic Services				
		Individual	s	130.28		
		Individual	s	319.00		
		Individual	s	234.59		
	1	Per Session-dental anesthesia	-	N/A		978.03
605		kills Trainer				
000	-	Individual	s	92.50	2	100.51
		Anger Management/Individual/Couple-60 minutes	-	92.50 N/A		45.09
	1 1 1 1 1 1 V	ranger management mutriquar couple-ov minutes	1	19724		40.05

			2024 Statewide	N	2024 LACRC
SC	Unit	Modality	Median Rates		Rates
	Hourly	Individual regular	N/A	\$	48.23
	Hourly	Assessment	\$ 102.04		
	Hourly	1:1 less than full day	N/A	\$	16.07
	Hourly	Moderate Service Level	\$ 48.86	\$	17.83
	Hourly	Moderate Service Level, Share of cost \$1.00	N/A	\$	16.71
	Hourly	Moderate Service Level, Share of cost \$2.00	N/A	\$	15.57
	Hourly	Moderate Service Level, Share of cost \$3.00	N/A	\$	14.46
	Hourly	Mild Service Level	\$ 47.42	\$	15.91
	Hourly	Mild Service Level, Share of cost \$1.00	N/A	\$	13.68
	Hourly	Mild Service Level, Share of cost \$2.00	N/A	\$	12.50
	Hourly	Mild Service Level, Share of cost \$3.00	N/A	\$	11.33
	Hourly	1:1 - consumer specific	N/A	\$	18.72
	Hourly	Floortime	\$ 74.37	\$	48.23
	Hourly	Independent Living Skills Training	N/A	\$	24.12
	Hourly	Assistive Technology Training	N/A	\$	127.33
	Hourly	supervision	\$ 105.68		
	Hourly		\$ 47.06	\$	39.18
	Hourly	Adaptive Skills Trainer 1:2	\$ 47.88		
	Hourly	Adaptive Skills Trainer 1:3	\$ 91.03		
		Individual	\$ 148.33	s	138.18
		Half Day	N/A		55.20
		Individual regular	N/A	-	140.90
		Full day	N/A		95.96
		1:2 ratio- daily rate	N/A	-	103.80
		1:3 ratio- daily rate	N/A		110.36
		1:2 less than full day	N/A		13.70
		Individual	\$ 3,067.45		3,067.45
	Mileage		\$ 0.39	-	2,007.12
	~	Session 1 1/2 hours	\$ 108.21	\$	58.49
		Assessment/Evaluation	\$ 346.02	-	625.68
		Out of office travel - per item	\$ 11.01		11.43
		Session	\$ 189.56	*	11.45
612	Behavior A		\$ 105.50		
012		Individual	\$ 109.87	\$	115.92
	-	Supervision	\$ 110.05	*	115.92
<u> </u>		Assessment	\$ 115.83		
<u> </u>		Consultant	\$ 103.86		
		Group sibling 1:2	\$ 64.30		
	-	Individual-Community Placement Plan	• • • • • •	•	115.02
			N/A		115.92
	Mileage		\$ 0.38		
612		Out of Office visit	\$ 11.14		
013		Behavior Analyst	e 61.03		
(3.5	-	Individual	\$ 61.03		
015		Janagement Assistant			
		Individual	\$ 64.48		65.76
	-	Out of Office Visit	\$ 11.47	_	11.47
	Mileage		\$ 0.62	\$	0.65
620		Aanagement Consultant			
		Individual	\$ 71.03		
		Assessment / Evaluation	\$ 90.78	_	70.84
	Hourly	Behavior Respite	\$ 60.80	\$	60.80

			_	2024 tatewide		2024 LACRC
SC	Unit	Modality Supervision	Me	dian Rates 85.60		Rates
<u> </u>		Per additional Family Member	s	48.24		23.66
		Individual	s	1.043.74	•	25.00
	Mileage		s	0.38		
						10.30
		V,Per incident Out of office Per incident evaluation	S S	10.30 427.48	•	10.50
625	Counseling		3	427.48		
023		Individual	s	61.06	•	50.99
<u> </u>		Per each additional family member	•	01.00 N/A		1.82
<u> </u>		Assessment/Evaluation	s	73.23	•	1.02
<u> </u>			s	42.04	•	55.19
	Hourly	Youth 14.5 hrs	•	42.04 N/A	-	52.01
					_	
		Adults 27 hrs	-	N/A	2	52.01
		Individual	S	73.42		
	Mileage		S	0.41		
L		Per session individual	\$	59.77		
L		Per incident evaluation	\$	339.92		
		Per incident report writing	S	230.55		
		Session - Group Counseling	\$	54.38		
		Session	s	116.86		
627	Diaper Ser					
		Per item	s	37.20		
630	Driver Tra					
		Individual	S	75.44		
		2 hour of drving instruction	s	161.70		
635		nt Living Specialist				
		Individual	\$	32.46		
		Evaluation	s	35.49		
		Individual-Community Placement Plan	s	34.97		
		Individual	\$	2,057.54		
	Mileage		s	0.24		
642	Interpreter					
	Hourly	Individual	s	40.87		
643	Translator					
	Hourly	Individual	\$	30.42		
	Mileage		\$	0.35		
		Per incident Translation - 2 hours max	S	72.80		
645		raining Services Agency				
	Hourly	Individual	\$	36.34		
650	Mobility T	raining Svcs Specialist				
	Hourly	Individual	\$	28.18		
670		ntal Specialist				
	Hourly	Individual	s	55.19		
672	Education	al Psychologist				
	Hourly	Individual	\$	56.08	\$	43.85
	Mileage		s	0.49		
	-	Session Evaluation	s	433.96		
676	Teacher's					
		Individual	s	13.73		
693	Music The					
		Individual	s	56.92	s	47.28
			-		-	

			2024 Statewide	2024 NLACRC
SC	Unit	Modality	Median Rates	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		
		Individual	\$ 28.34	
720	Dietary Se			
		Individual	\$ 49.04	\$ 71.02
	Hourly	Evaluation	\$ 121.38	\$ 199.10
		Individual	\$ 817.29	-
	Mileage		\$ 0.51	
	-	Per incident Nutritional evaluation	\$ 217.94	
		Session Feeding ongoing individual	\$ 130.76	
743		de or Assistant	\$ 150.70	
		Individual	\$ 20.30	\$ 20.54
700		Technician	¥ 20.50	\$ 20.34
130		Individual	\$ 25.69	
950	Camp Serv		\$ 25.09	
000	-	Individual	\$ 14.97	
			•	
	Hourly	Individual	•	
			\$ 121.48	
		Group	\$ 132.12	
		Individual	\$ 447.02	
		Session individual camp	\$ 611.46	
855	Adult Day			
		Individual	\$ 9.24	-
		Hourly Rate with \$1.00 SOC	N/A	
		Hourly Rate with \$2.00 SOC	N/A	
		Hourly Rate with \$3.00 SOC	N/A	
	~	Individual	\$ 51.87	
	~	Individual	\$ 2,119.87	
860	Homemak			
		Individual	\$ 25.73	\$ 25.53
		Group-2-client Rate	\$ 14.75	
	-	Group-3-client Rate	\$ 11.98	
	Daily	Individual	\$ 182.46	
		Individual	\$ 3,673.80	
869	Respite Fa	cility		
	Hourly	Individual	\$ 12.22	
	Daily	Individual	\$ 277.34	
875	Transport	ation Companies		
	Hourly	Individual	\$ 33.95	\$ 69.99
	Hourly	Aide service	\$ 23.61	
	Hourly		\$ 42.84	
	-	Individual	\$ 29.08	
	-	Bus Aide	\$ 96.03	
	~	Non-ambulatory	\$ 28.02	
		One Way Trip	\$ 17.64	
		Individual	\$ 435.93	
	Mileage		\$ 2.45	
		Group - Per Mile	\$ 2.76	

sc	Unit	Modality		2024 tatewide dian Rates	N	2024 LACRC Rates
~		Trip One-Way	S	15.37	_	IXates
		Trip -TP	s	14.71		
		Fuel Provision \$3.00/gal. based on mileage and 7.5 miles/gal.	*	N/A		3.7
880		ation-Additional Component			Ť	2
		Individual	s	27.95		
	Hourly		s	20.95		
	Hourly		S	59.50		
		Individual	S	23.60	\$	22.6
	Daily	Wheelchair	\$	30.60		
	Daily	Added wheelchair supplement per day	\$	17.14		
		SRS-1-5 miles Round Trip	\$	20.19		
	-	SRS-1-5 miles 1-way	S	11.34		
	Monthly	Individual	S	456.38	\$	400.1
	Monthly	Non-ambulatory supplement	S	74.05		
	Mileage		S	1.68	\$	1.2
	Mileage	Gas stipend per mile	S	0.13		
	Mileage	Trip- One Way	\$	11.83		
	Mileage	Trip-Round Trip	\$	17.44		
	Mileage	Route Miles - Regular	\$	2.43	\$	1.2
	Mileage	Variable Rate per token		N/A	\$	1.2
882		ation-Assistant				
	Hourly	Individual	S	22.31	\$	25.7
	Hourly	Group	S	23.90		
	Daily	Individual	\$	76.92	\$	76.9
883		ation Broker				
	Hourly	Individual	S	50.91		
	Daily	Individual	\$	25.26	\$	35.0
	Daily	Consumer specific		N/A	\$	20.2
	Monthly	Individual	\$	467.98	\$	380.9
	Monthly	0-5 miles	\$	324.10		
	Monthly	6-10 miles	\$	390.83		
	Monthly	11-15 miles	\$	459.34		
	Monthly	16-20 miles	S	594.58		
	Monthly	21+ miles	\$	694.69		
		Broker Contract		N/A	\$	113,077.3
		Road Supervisor		N/A	\$	3,041.1
		Out of area Tri-Counties		N/A	\$	369.8
894		Living Service Vendor Administration				
		Individual	S	1,025.91		
896		Living Service				
		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	S	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		13.0
	Hourby	2:1 Rate		N/A	\$	27.1

sc	Unit	Modality	2024 Statewide Median Rates		Statewide		Statewide		 2024 LACRC Rates
	Hourly	HD - 1:2 staffing	\$	15.19					
	Hourly	HD - 1:3 staffing	\$	9.80					
	Hourly	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/consumers-families/purchase-of-service-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

- California Children's Services In-Home Supportive Services (IHSS)
 Child Care Resource Center Independent Living Center of
- Department of Mental Health
- Department of Rehabilitation
- Head Start

- Southern California
- L.A. County Services
- <u>Medi-Cal</u>
- Supplemental Security Income (SSI)

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

NLACRC SDP Resources

https://www.nlacrc.org/consumers-families/self-determination-program

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.

Self-Determination Orientation

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

1. Live via zoom is available the 1st and 3rd (Spanish) Monday 9am to 12 pm Click on NLACRC Calendar at nlacrc.org to register.

2. Orientation Video form is on our website under SDP. Orientation video and the self-certification form found at: <u>https://www.nlacrc.org/consumers-families/self-determination-program/self-determination-orientation</u> (SDP workbook found at <u>https://www.nlacrc.org/consumers-families/self-determination-program</u>)

3. Statewide is through SCDD available at <u>https://scdd.ca.gov/sdp-orientation/</u>

For more information visit: Self-Determination Orientation at:

https://www.nlacrc.org/consumers-families/self-determinationprogram/self-determination-orientation

Support Group for Self Determination Program at NLACRC

DATES:

• Every 1st Wednesday of the Month throughout 2024

TIME:

• 4:30 - 6:00PM PT

JOIN US!

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.

We will attempt to solve problems and troubleshoot together! Join the SDP fun with Kelly and Kristianna from DVU.

Spanish Interpretation & Closed Captioning Provided.

Hosted by: Kelly Kulzer-Reyes, DVU, SDP Trainer & Kristianna Moralls, DVU, Director of SDP Brought to you by: North LA Regional Center

Register here: <u>https://us02web.zoom.us/meeting/register/tZctf-igqD0uGNXxR7STmImnRuCCmJjRQ9dC#/registration</u>

NLACRC Independent Facilitator Round Table Monthly Meeting



NLACRC Coaching Service



Financial Management Services Providers

FMS	FMS Model	Languages Spoken	Employ ee Burden	Consultation Requirement	Budget Limit	Current Availability	Contact Info
Acumen	PY1678 315 Bill Payer 0-4 \$230.00 5-10 \$450.00 11+ \$690.00 *317 Sole Employer 0-4 \$380.00 5-10 \$600.00 11+ \$840.00	English & Spanish Translators available for other languages.	*SolE- 15.1%	Introductory call with new inquiries required to provide a general overview of our services including our pay schedule and pay methods as well as help answer questions the participant may have. This also ensures that their budget is one that Acumen can support	Less than \$200,000.00	Typically takes at least 60 days from the date of the initial consultation. Request introductory call required, need 1 to 2 months to process paperwork	Customer Service: (877) 211-3738 Website: http://www.acumenfis calagent.com/ Yvette Torres/California Region <u>yvettet@acumen2.net</u> Direct phone number: 424-210-8810 Enrollment emails: <u>enrollbud@acumen2.net</u> <u>enrollment-ca@acumen2.net</u>
Aveanna (Premier) Aveanna (Premier) Cont.	HS1188 315 Bill Payer 0-4 \$230.00 5-10 \$450.00 11+ \$690.00 HS1189 *316 Co Employer 0-4 \$380.00 5-10 \$600.00 11+ \$840.00	English, Spanish, Vietnamese, Cantonese, Mandarin and Trieu Chau	*CoE- 13.6% + 3.3% sick pay They advise consum ers to go with 20% just in case.	Require a budget and draft of the spending plan to schedule a consultation	Anything above \$150,000 requires additional review and is rarely accepted; they have a "hard limit" of \$200,00.000 /yr	No "waitlist," but start dates are currently June 2023 or later.	Support Services: (866) 979-1182 Website: https://aveannasuppor tservices.com/services /the-self- determinationprogram/ EMAIL INBOXES: <u>General Customer</u> <u>Service: ca.sdp@aveanna.com</u> (Authoriz ations, AveannaCare Portal Assistance, Pay Rates, Vendor Enrollment, Expenditure Report Inquiresetc) <u>Spending</u> <u>Plans: sdp.spendingplans@aveanna.com</u> (Renewals/Revision Inquires <u>only</u>) <u>Invoice</u> <u>Submissions: sdp.invoices@aveanna.com</u> (Invoice/Purchase Related Inquires <u>only</u>)

Cambrian	PH2373 315 Bill Payer 0-4 \$230.00 5-10 \$450.00 11+ \$690.00 PH2374 *316 Co Employer 0-4 \$380.00 5-10 \$600.00 11+ \$840.00	English, Spanish, Welsh, and Tagalog	*CoE- 25% For	Can e-mail David Ellis and he will send a screening document to fill out and send back	No specific limit. Budgets over \$120,000 require review	May 2023 (provided the participant fits their screening criteria)	Referrals/Consultations: fms.info@avean na.com (SDP New Client Transition Inquires only) *2024 we will be scheduling consultations Escalations: brianna.hernandez@aveann a.com, sidney.ross@aveanna.com, adela. gonzalez@aveanna.com davide@cfms1.com – new inquiries, general problems, issues pertaining to Spending Plan or POS (authorization), Goodflexi app. 1. christinac@cfms1.com – employee & vendor paperwork. Christina Cisneros Spanish 2. monicam@cfms1.com – monthly statements. 3. invoices@cfms1.com – purchases@cfms1.com – purchases@cfms1.com – purchases@cfms1.com – purchases@cfms1.com – purchases@cfms1.com – Authorizations
GT Independence	PW7949 315 Bill Payer 0-4 \$230.00 5-10 \$450.00 11+ \$690.00 PW8151 316 Co Employer 0-4 \$380.00 5-10 \$600.00 11+ \$840.00 PW7948 317 Sole Employer 0-4 \$380.00 5-10 \$600.00 11+ \$840.00	All languages are supported to assist Individuals in the language of their choice	*Co- employ er- 24% ** Sole Employ er- 18% (as of 7/1/202 3) *includ es mandat ory Californ ia sick leave rate **only applica ble to goods and vendor services 1% non- payroll total budget	Require a budget and draft of the spending plan to schedule a consultation	None	No "waitlist," but start dates are currently July/August 023 Give projected start but could change.	Customer Service: 877.659.4500 (At 2:00pm calls with be sent to voicemail, stay online you will be connected) Website: California - GT Independence Director of State Services/New enrollment: Terrasel Jones tjones@gtindependence.com 213-200-3641 New enrollments and reenrollment Diana Perez dperez@gtindependence.com Accounting issues: carc@gtindependence.com Selvin Arevalo: sarevalo@gtindependence.com Main contact for NLACRC: Peter J. Centorcelli PCentorcelli@gtindependence.com Send documents to: carc@gtindependence.com Field Representatives: Angie Harker - ahareker@gtindependence.com

Essential Pay- Casa Fiscal	PL2131 315 Bill Payer 0-4 \$230.00 5-10 \$450.00 11+ \$690.00 PL2132 316 Co Employer 0-4 \$380.00 5-10 \$600.00 11+ \$840.00	English, Spanish, Mandarin	*CoE- 22%			Only taking Bill Payer For Co Employer model-no new referrals, except existing siblings	Emmett Jones - emjones@gtindependence.com Office phone: (883) 268-8530 Website: www.manoshomecare.com. contact@essentialpay.com Director of Operations: Lorie Mata lorie@manoshomecare.com
Mains'l	PF3917 315 Bill Payer 0-4 \$230.00 5-10 \$450.00 11+ \$690.00 *For existing consumers, not available to new consumers: PF3917 316 Co Employer 0-4 \$380.00 5-10 \$600.00 11+ \$840.00 PF3917 317 Sole Employer 0-4 \$380.00 5-10 \$600.00 11+ \$840.00	English Only	*CoE- 17.5% **Sol E- 16.5%	Before scheduling, an appointment the new client should have: 1) a certified budget 2) spending plan draft.		No wait list, For those who wish to enroll, schedule a one hour Meet & Greet appointmen t. Families who are already using our services do not need to add to our list for a sibling to join. Giving at least a month notice to get the paperwork in place would be best practice.	Office number: 866-767-4296 Website: https://www.mainsl.com/fms- ca/ Director: Jason Berquist JMBergquist@MAINSL.com new enrollments: cafms@mainsl.com Field Representatives: Amnesty Wood: aswoods@mainsl.com Christina M. Hall: CMHall@mainsl.com
RITZ FINANCIAL MANAGEME NT	PP0481 315 Bill Payer	English, Spanish and Mandarín	*22.75 %-Co Employ er model	New clients- visit website to fill out an inquiry form.	\$120,000	Waitlist until June 2024 but will consider Pre-	Main office: (833) 748-9888 Website: Ritzfms.com Ritz FMS coordinator/Inquiry: Kitleng Pui

	0-4 \$230.00 5-10 \$450.00 11+ \$690.00 PP0481 *316 Co Employer 0-4 \$380.00 5-10 \$600.00 11+ \$840.00			For general questions, call the main number		enrollments on case by case basis	kpui@ritzvocational.com (626)-600-4703
Action FMS	PW8618 315 Bill Payer 0-4 \$230.00 5-10 \$450.00 11+ \$690.00 PW8619 316 Co Employer 0-4 \$380.00 5-10 \$600.00 11+ \$840.00 PW8620 317 Sole Employer 0-4 \$380.00 5-10 \$600.00 11+ \$840.00	English Spanish	*CoE- 25% **SoIE- 17%	New clients call and leave message or fill out a <u>contact</u> <u>us</u> request on the website.	No budget limit	No waitlist	Main office: (310) 867-8882 Website: actionfms.com Email: <u>contact@actionfms.com</u> Or <u>a@actionfms.com</u>
SequoiaSD, Inc.	PM4667 315 Bill Payer 0-4 \$230.00 5-10 \$450.00 11+ \$690.00 PM4668 316 Co Employer 0-4 \$380.00 5-10 \$600.00 11+ \$840.00 PM4669 317 Sole Employer 0-4 \$380.00 5-10 \$600.00 11+ \$840.00	English Spanish Translation available for other languages	*CoE- 22.5% **SoIE- 21.64%	Must have an approved budget. Email: <u>sequoiaenrollm</u> <u>ent@sequoiasd</u> .com or <u>info@sequoias</u> <u>d.com</u> you can add the approved budget or inform if they have approved budget	\$250,000	No waitlist	Website: sequoiasd.com Fill out contact information on website to request a call back from a representative.
FMS Pay LLC	PY2892 315 Bill Payer	English Spanish	No employ	Complete intake packet found on the	No budget limit	Waitlist until June 2024	Phone: (858) 281-5910 Website: <u>www.myfmspay.com</u>

	0-4 \$230.00 5-10 \$450.00 11+ \$690.00	Translation available for other languages	ee burden	website, final spending plan signed and authorizations to start services.			On the 4th Monday of every month, offer provider information session- answer any SDP questions.
FACT- Financial Management	PW8172 315 Bill Payer 0-4 \$230.00 5-10 \$450.00 11+ \$690.00 PW8173 316 Co Employer 0-4 \$380.00 5-10 \$600.00 11+ \$840.00 PW8174 317 Sole Employer 0-4 \$380.00 5-10 \$600.00 11+ \$840.00	English	*CoE- 20% **SoIE- 20%	All Spending plans must be, evaluated and approved before enrollment. Consultations are required for spending plans over 300I, and spending plans with unique purchase requests	No budget limit	No waitlist, starting to take clients March 1, 2024.	New FMS requests, Spending plan, Monthly statement questions, POS from RC's, vendor packets to Jessica.burnett@factfamily.org Invoices, payments inquiries and all update forms to FMSbilling@factfamily.org Checks, reimbursements, Credit Cards Payments request to FMSbilling@factfamily.org Administrative office (310) 475-9620 ext 298
ACE	PW8672 315 Bill Payer 0-4 \$230.00 5-10 \$450.00 11+ \$690.00 PW8689 316 Co Employer 0-4 \$380.00 5-10 \$600.00 11+ \$840.00 PW8674 **317 Sole Employer 0-4 \$380.00 5-10 \$600.00 11+ \$840.00	English, Farsi	*CoE- 20% **SoIE- 15%	Free consultation available to prospective clients	Free consultation available to prospective clients Strive to maintain an Annual Budget Average of \$120,000	No waitlist	 Contact Info: Phone: 833-4-ACE FMS (833-422- 3367), Option 1 E-mail: info@acefms.com Web: Http://AceFMS.com

	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					

Rates for Participants Whose Preferred Language is Not English

* 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 (<u>www.dds.ca.gov/sdp</u>) for additional information.

****FMS as Bill Payer:** (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 provider, or the participant. The business is responsible to provide the items or workers and the FMS provider writes the check for the goods or 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: 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: (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).

Consumer Guide

https://www.nlacrc.org/publications-resources/publications/guide-for-consumers-and-families

NLACRC Requests of IF to Improve Process

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