

DEPARTMENT OF DEVELOPMENTAL SERVICES

1600 NINTH STREET, Room 340, MS 3-13
 SACRAMENTO, CA 95814
 TTY (916) 654-2054 (For the Hearing Impaired)
 (916) 654-2140



June 21, 2019

TO: REGIONAL CENTER EXECUTIVE DIRECTORS

SUBJECT: FISCAL YEAR 2019-2020 WORK ACTIVITY PROGRAM SERVICES MAXIMUM BILLING DAYS NOTICE

This notice is to inform you of the schedule of maximum billing days for Work Activity Program (WAP) services in Fiscal Year 2019-2020, pursuant to California Code of Regulations (CCR), Title 17 section 58880.

| | | | | | |
|----------------|----|---------------|----|--------------|------------|
| July 2019 | 22 | November 2019 | 19 | March 2020 | 22 |
| August 2019 | 22 | December 2019 | 21 | April 2020 | 22 |
| September 2019 | 20 | January 2020 | 21 | May 2020 | 20 |
| October 2019 | 22 | February 2020 | 19 | June 2020 | 22 |
| | | | | Total | 252 |

Please share this information with appropriate staff and the WAP service providers vendedored by your regional center using the enclosed Change Form.

CCR, Title 17 section 58880 permits vendors to vary from this schedule provided that the maximum of 252 billing days is not exceeded, and the vendor sends a revised schedule to the vendor and authorizing regional center. Payment for these services will be based upon this schedule, unless vendor changes are submitted to the appropriate regional center(s) by July 31, 2019. Vendors may use the attached change form to report any revisions to the schedule.

If you have any questions regarding this correspondence, please contact me via phone at (916) 654-2208, or via email at michael.luna@dds.ca.gov.

Sincerely,

Original signed by

MICHAEL LUNA
 Chief
 Work Services Section

Enclosure

cc: Regional Center Administrators
 Regional Center Chief Counselors
 Regional Center Community Services Directors
 Association of Regional Center Agencies
 LeeAnn Christian, Department of Developmental Services

“Building Partnerships, Supporting Choices”

FISCAL YEAR 2019-2020 WORK ACTIVITY PROGRAM SERVICES MAXIMUM BILLING
DAYS NOTICE AND CHANGE FORM

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| For submitting changes to regional center: Vendor ID #: _____ Contact: _____ |
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You may use this document to report any revision to the schedule. To do so, please cross out the number of days to change, then enter the new total number of days next to that month, enter your vendor information in the box above, and return the letter to the vendoring and any user regional center(s).

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