Service Provider ABX2-1 Survey - NLACRC

Select Language

You can select a language other than English to view the form fields/labels in that language; however, you must complete the form fields in English.

Vendor Contact Information

Please review your vendor information and make changes if necessary

/endor Name	
Name	
Address 1	
Address 1	
Address 2	
Address 2	
Dity	
City	
State	
State	
lip	
Zip	
Phone	
Phone	
mail	
Email	

No ABX2-1 Rate Increase Payment

By checking one of the boxes below, I certify that no payment was received from the regional center related to the ABX2-1 Rate Increase.

- 1. No payment received
- 2. No authorizations
- Other (please describe in text box below)

Other

Provider Rate Increase Survey

• The reporting month of March 2017 is preferred. If you must use a different reporting month, please select from the drop down listbelow.

Reporting Month and Year

March 2017

Go Back Home

Save Information

9 Provide the number of employees who spend a minimum of 75% of their time providing direct services to consumers, pursuant to WIC, Section 4691.10(b)(1)(A):

1. Total number of direct care staff (exclude supervisors, managers, and directors) who provided 75% or more time providing direct services to consumers during the service month of March 2017. (Include all direct care staff who received ABX funding, including those direct care staff who may no longer be employed by vendor):

vendor):				ing, morearing i	mose unect care stan who may no longer be employed by
Total Dir	rect Care St	aff			
2. Averag	e % time Di	rect Care Staff Provide direct	services to consumers:		
Select					•
75-849 85-949 95% 0		0% is also an option			
-			alary, wage and benefit costs durin ng the reporting month, then divide	-	nonth of March 2017 (Add up the salary, wage and benefit mber of individuals.):
\$ A	verageMon	thly PerPerson Costs			
during the	e service m	onth of March 2017. (Includin		-	75% or more time providing direct services to consumers eived ABX funding, including those
Total Su	ipervisory/M	anagement/Director Staff			
5. Averag	e % time Su	pervisory/Management/Direc	tor staff provide direct services to c	onsumers:	
Select					Ţ
75-84 85-94 95%		0% is also an option			
\$ A	verageMon	thly PerPerson Costs	s during the month of March 2017 (ride by the total number of individuals.): ff and Supervisory/Management/Director Staff who provided
Total Nu	umber of Sta	ff			
-	-	ory or job title for the staff re e categories/titles may beent	-	ions that provid	de 75% or more of time providing direct services to
	-	ory or job title for the staff re nsumer(s) [multiple categorie		nent/Director St	taff positions that provide 75% or more of time providing
minimu 4691.10 Click on	im of 75% o 0(b)(1)(A): in the collapsi		es provided to the employees who ervices to consumers, pursuant to t 0		
Please	choose wh	at types of increases employ	ees received (Choose all that apply):	
		associated payroll taxes)	······································		
		e Payment (include associated	payroll taxes)		
	Ith Benefits		- /		

Save Information

Dental Benefits
□ Vision Benefits
Long Term Disability Benefits
Life Insurance
□ Retirement/Savings Plan Benefit 403(b),401(k),457 Plan, etc
Other (please describe in text box below)
Other
Other (please describe in text box below)
Other
Other (please describe in text box below)
Other
Other (please describe in text box below)
Other
Other (please describe in text box below)
Other
Other (please describe in text box below)
Other
Other (please describe in text box below)
Other
Other (please describe in text box below)
Other
Other (please describe in text box below)
Other
Other (please describe in text box below)
Other

11. Provide information on the ABX2-1 funds that were utilized for Administrative Costs as specified in subdivision (b) of WIC Section 4629.7, pursuant to WIC, Section 4691.10(b)(1)(B):

Click on the collapsible panel to open and close it.

[+]Click here to expand / collapse question 11

- □ Salaries, wages, or benefits for managerial personnel whose primary purpose is the administrative management of the vendor. This includes but is not limited to, directors and chief executive officers.
- □ Salaries, wages, or benefits for employees who perform administrative functions, including but not limited to payroll, personnel functions, accounting, budgeting, and facility management.
- □ Facility and occupancy costs, directly associated with administrative functions; WIC, Section 4629.7(a)(3)
- □ Maintenance and repair; WIC, Section 4629(a)(4)
- Data processing and computer support services; WIC, Section 4629.7(a)(S)
- □ Contract and procurement activities, except those performed by direct service employees; WIC, Section 4629.7(a)(6)
- □ Training directly associated with administrative functions; WIC, Section 4629.7(a)(7)

Travel directly associated with administrative functions; WIC, Section 4629.7(a)(8)

Licenses directly associated with administrative functions; WIC, Section 4629.7(a)(9)
□ Taxes; WIC, Section 4629.7(a)(10)
□ Interest; WIC, Section 4629.7(a)(11)
□ Property Insurance; WIC, Section 4629.7(a)(12)
 Personal liability insurance directly associated with administrative functions; WIC, Section 4629.7(a) (13)
Depreciation; WIC, Section 4629.7(a)(14)
□ General expenses, including but not limited to communication costs and supplies directly associated with administrative functions; WIC, Section 4629.7(a)(15)
□ Other (please describe in text box below)
Other
Other (please describe in text box below)
Other
Other (please describe in text box below)
Other
□ Other (please describe in text box below)
Other
□ Other (please describe in text box below)
Other
□ Other (please describe in text box below)
Other
□ Other (please describe in text box below)
Other
□ Other (please describe in text box below)
Other
Other (please describe in text box below)
Other
Other (please describe in text box below)
Other

By checking this box, I certify that the information provided to the Department of Development Services ("DDS") is specific to the ABX2-1 rate increase amount received, under Welfare & Institutions Code, Section 4691.10, for the vendorization reported above during the service month of March 2017. Additionally, I certify that to the best of knowledge and belief, the information submitted to DDS is true and correct. I acknowledge and understand that the information reported is subject to verification by all record keeping and audit processes, procedures, and guidelines under the Lanterman Act and Title 17 of the California Code of Regulations.

Copyright © OIG Compliance NOW LLC

Go Back Home

Save Information