DEVELOPMENTAL DISABILITIES ADMINISTRATION (DDA)

**Community Inclusion Rate Adjustment for Staffed Residential Rate**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| CLIENT’S NAME | P1 CLIENT ID | | REGION | REQUEST DATE |
| NAME OF AGENCY | HOUSE NAME | | P1 PROVIDER ID NUMBER | |
| PREVIOUS DAILY RATE | REVISED DAILY RATE | | | |
| REASON FOR CHANGE | | | | |
| PERSON MAKING REQUEST | TITLE | | PHONE NUMBER | |
| **Rate Approval** | | | | |
| OHS RESOURCE MANAGER’S SIGNATURE DATE | | PRINTED NAME | | |
| OHS COORDINATOR’S SIGNATURE DATE | | PRINTED NAME | | |
| CHILDREN’S RESIDENTIAL SERVICES PROGRAM MANAGER’S SIGNATURE DATE | | PRINTED NAME | | |

Instructions for Calculating the Rate Adjustment

Total balance of remaining community inclusion funds / total days in the month. For example: $60 / 31 days = $1.94 per day (daily rate of community inclusion funds).

Previous Daily Rate from Exhibit - daily rate of community inclusion funds = Revised Daily Rate. For example: $639.97

- $1.94 = $638.03 (revised daily rate).

Instructions for Processing the Overpayment

1. Send this completed form to Children’s Residential Service Program Manager.
2. Rates Analyst will notify the OHS Resource Manager when this rate change has been processed in ProviderOne.
3. Once the notification occurs, submit an Adjustment Request form to [MMIShelp@hca.wa.gov.](mailto:MMIShelp@hca.wa.gov) Retain this form in the contract file.

**COMMUNITY INCLUSION RATE ADJUSTMENT FOR STAFFED RESIDENTIAL RATE DSHS 01-218 (03/2021)**