

DATE

[NAME]

Chief Deputy Director, Program Services

Department of Developmental Services

[ADDRESS]

Dear [NAME],

Brief paragraph indicating that the regional center has thoroughly reviewed the health or safety request from the identified vendor and the risk cannot be mitigated through any other means. Verify that the request is specific to the identified individual and that the regional center has explored alternative services and supports.

Vendor Information

Vendor Name:	
Vendor Number:	
Service Code & Type:	
Current on Independent Audit (Y/N):	
Currently on a Correction Action Plan (Y/N):	

Individual Information and Rate Request

Individual Initials:	
UCI:	
Date of Initial Request by Vendor:	
Requested Effective Date:	
Current Rate:	
Proposed/Requested Rate:	
Current Monthly Units:	

Health or Safety Need

Provide a detailed description of the health or safety risk(s) for the individual served (i.e., language barriers, behavior, transportation, mental health, medical):

Current Services Provided

Provide information about the services and supports that are currently being provided to the individual served, and how needs are not being met.

Alternative Resources Considered

Describe what steps have been taken to thoroughly examine the individual's needs and list alternative services that have been put in place to diminish risks (i.e. increase in staffing ratio provided through another vendor or under another service option).

Additional Supports Needed

Provide a detailed description of the additional support needed to protect the health or safety of the individual served (i.e. staff expertise and training needed).

Services/Supports to be Provided to Meet the Individual's Needs

Provide information regarding the identified service to be provided by the vendor, which will meet the additional supports needed, indicated above.

Comparable Wage Analysis

For requests that include a wage increase for staff, describe the regional center's review of the proposed rate and any regional analysis of comparable wages.

Executive Director Certification

Statement from the regional center executive director certifying that the request is essential to: protect the individuals health or safety and prevent placement in a more restrictive setting; that alternative resources have been exhausted; that the enhanced rate represents the minimum increase necessary to provide safe, appropriate services for this individual's needs; and the requested effective date.

If you require additional information, please contact our [NAME], RC POSITION at (XXX) XXX-XXXX or EMAIL@xxrc.org.

Sincerely,