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. Retain this form in the contract file.