



Staffed Residential Home DCYF Billing

Do not enter any information in filled cells. Filled cells will auto populate once all tabs are completed.			COUNTY 0	REGION 0
CLIENT NAME 0		P1 CLIENT ID 0	BIRTHDATE 1/0/00	AGE
NAME OF AGENCY 0	HOUSE NAME 0		P1 PROVIDER ID NUMBER 0	
ADDRESS OF HOME 0	CITY 0	STATE 0	ZIP CODE 0	START DATE 1/0/00
Client entering/exiting program		0	Effective date	1/0/00
ADMINISTRATIVE & COMMUNITY INCLUSION				
ADMINISTRATIVE COSTS - DDA POLICY 6.22			DAILY RATE	AMOUNT PER MONTH
Administrative rate per month (Policy 6.22 - Attachment B)			\$0.00	\$0.00
TOTAL ADMINISTRATIVE COSTS				\$0.00
Comments:				
TRAINING & CONSULTATION COSTS				
CONSULTANT	HOURS PER MONTH	HOURLY RATE	SUBTOTAL	
Mandatory Training (RCW 74.39A): Direct/Lead Staff	0.000	\$0.00	\$0.00	
Mandatory Training (RCW 74.39A): Program Manager	0.000	\$0.00	\$0.00	
TOTAL MANDATORY TRAINING (RCW 74.39A) COSTS			\$0.00	
Consultant	0.00	\$0.00	\$0.00	
TOTAL CONSULTING COSTS			\$0.00	
TOTAL TRAINING / CONSULTANT COSTS			\$0.00	
STAFF COSTS				
STAFF COSTS (TAXES AND BENEFITS)	HOURS PER MONTH	HOURLY RATE	SUBTOTAL	
Direct care staff (School)	0.000	#N/A	#N/A	
Direct care staff (Non-School)	0.000	#N/A	#N/A	
Lead/Supervisor Hours	0.000	#N/A	#N/A	
Program Manager Hours	0.000	#N/A	#N/A	
TOTAL STAFF COSTS			#N/A	
Comments (Specify):				
BASIC EXPENSES - EFFECTIVE THE FIRST OF EACH MONTH				
BASIC EXPENSES - DDA POLICY 6.22			DAILY RATE	MONTHLY RATE
Rent (based upon signed lease agreement)				\$0.00
Food				\$0.00
Utilities (Power, Water, Garbage, Phone, etc.) Average of actual costs				\$0.00
TOTAL BASIC EXPENSES			\$0.00	\$0.00
CLIENT RESPONSIBILITY - PAID BY DCYF TO PROVIDER DIRECTLY FROM CLIENT SSI				\$0.00
TOTAL DCYF RESPONSIBILITY				#N/A



Staffed Residential Home Rate Assessment

Do not enter any information in filled cells. Filled cells will auto populate once all tabs are completed.

		COUNTY	REGION
CLIENT NAME	P1 CLIENT ID	BIRTHDATE	AGE
NAME OF AGENCY	HOUSE NAME	P1 PROVIDER ID NUMBER	
ADDRESS OF HOME	CITY	STATE	ZIP CODE
<input type="checkbox"/> Client entering/exiting program		Effective date	

ADMINISTRATIVE & COMMUNITY INCLUSION

ADMINISTRATIVE COSTS - DDA POLICY 6.22	DAILY RATE	AMOUNT PER MONTH
Administrative rate per month (Policy 6.22 - Attachment B)		\$0.00
Client transportation assessment amount	\$0.00	\$0.00
Damage allowance (if needed)	\$6.34	\$192.84
TOTAL ADMINISTRATIVE COSTS		\$192.84

Comments:

TOTAL COMMUNITY INCLUSION COST	\$189.68
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TRAINING & CONSULTATION COSTS

CONSULTANT	HOURS PER MONTH	HOURLY RATE	SUBTOTAL
Mandatory Training (RCW 74.39A): Direct/Lead Staff	0.000	\$0.00	\$0.00
Mandatory Training (RCW 74.39A): Program Manager	0.000	\$0.00	\$0.00
TOTAL MANDATORY TRAINING (RCW 74.39A) COSTS			\$0.00
Consultant	0.00	\$107.16	\$0.00
TOTAL CONSULTING COSTS			\$0.00
TOTAL TRAINING / CONSULTANT COSTS			\$0.00

STAFF COSTS

STAFF COSTS (TAXES AND BENEFITS)	HOURS PER MONTH	HOURLY RATE	SUBTOTAL
Direct care staff (School)	0.000	\$0.00	\$0.00
Direct care staff (Non-School)	0.000	\$0.00	\$0.00
Lead/Supervisor Hours	0.000	\$0.00	\$0.00
Program Manager Hours	0.000	\$0.00	\$0.00
TOTAL STAFF COSTS			\$0.00

Comments (Specify):

TOTAL ADMINISTRATIVE & COMMUNITY INCLUSION, TRAINING & CONSULTATION, & STAFFING COSTS	SA216-3603 CORE	\$12.58	\$382.52
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FUNDING SOURCE (SELECT ONE) DAILY RATE MONTHLY RATE

BASIC EXPENSES - EFFECTIVE THE FIRST OF EACH MONTH

BASIC EXPENSES - DDA POLICY 6.22	AMOUNT PER MONTH
Rent (based upon signed lease agreement)	\$0.00
Food	\$0.00
Utilities (Power, Water, Garbage, Phone, etc.) Average of actual costs	\$0.00
TOTAL BASIC EXPENSES	\$0.00

FUNDING SOURCE DAILY RATE MONTHLY RATE

TOTAL CLIENT RATE	\$12.58	\$382.52
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DAILY RATE MONTHLY RATE

DCYF portion of Administrative Costs	\$0.00	\$0.00
DCYF portion of Staff Costs	#N/A	#N/A
DCYF portion of Basic Expenses	\$0.00	\$0.00
TOTAL DCYF PORTION OF CLIENT RATE	#N/A	#N/A
TOTAL DDA PORTION OF CLIENT RATE	#N/A	#N/A

DAILY RATE MONTHLY RATE



DEVELOPMENTAL DISABILITIES ADMINISTRATION STAFFED RESIDENTIAL HOME RATE PROPOSAL

Do not enter any information in filled cells. Filled cells will auto populate once all tabs are completed.				COUNTY 0	REGION 0
CLIENT NAME 0		P1 CLIENT ID 0	DATE OF BIRTH 1/0/00	AGE	
NAME OF AGENCY 0		HOUSE NAME 0		P1 PROVIDER ID NUMBER 0	
ADDRESS OF HOME 0		CITY 0	STATE 0	ZIP CODE 0	START DATE 1/0/00

INDIVIDUAL(S) SERVED AT THIS SITE	ADMINISTRATION	INDIVIDUAL(S) SERVED AT THIS SITE	ADMINISTRATION
1		2	
0			
3		4	
5		6	

DIRECT SERVICE HOURS													
Time	Monday		Tuesday		Wednesday		Thursday		Friday		Saturday	Sunday	Totals
	School Days	Non-School Days	School Days	Non-School Days	School Days	Non-School Days	School Days	Non-School Days	School Days	Non-School Days			
12am	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
1am	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
2am	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
3am	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
4am	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
5am	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
6am	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
7am	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
8am	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
9am	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
10am	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
11am	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
12pm	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
1pm	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
2pm	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
3pm	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
4pm	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
5pm	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
6pm	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
7pm	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
8pm	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
9pm	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
10pm	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
11pm	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Direct Service Hours Per Day	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00

Administrative Rate Worksheet. Refer to Policy 6.22 Attachment B to determine standardized daily administrative rate.				
Staff	Yearly Hours	Average Monthly Hours	Average Hours/Week	Daily Hours
srh	0	0.00	0.00	0.00
Direct Service Hours - Non-School	0	0.00	0.00	0.00
Average Daily Direct Service Hours (120 school days and 245 non-school days)				0.00
NON-DIRECT ISS HOURS				# of Clients
Lead/Supervisor	0.00	0.00	0.00	0.00
Program Manager	0.00	0.00	0.00	0.00
TOTAL DAILY HOURS	Total Daily Hours used to determine Administrative Rate per Policy 6.22			0.00

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DEVELOPMENTAL DISABILITIES ADMINISTRATION STAFFED RESIDENTIAL HOME RATE PROPOSAL

Do not enter any information in filled cells. Filled cells will auto populate once all tabs are completed.				COUNTY 0	REGION 0
CLIENT NAME 0	P1 CLIENT ID NUMBER 0	DATE OF BIRTH 1/0/00	AGE 0		
NAME OF AGENCY 0	HOUSE NAME				
ADDRESS OF HOME 0	CITY 0	STATE 0	ZIP CODE 0	START DATE 1/0/00	

RATE APPROVAL

	PRINT NAME	SIGNATURE	DATE
VPS RESOURCE MANAGER			
VPS COORDINATOR			
VPS HQ PROGRAM MANAGER			

**Notification to Resource Manager Administrator Required with H-51 Impact*

RESOURCE MANAGER VERIFICATION

	Select One (Y/N)		Select One (Y/N)
Is this is a single person (SPH) household?		If yes, has the ETP to Policy 6.22 been submitted with justification outlining the need?	
Does the Daily Rate for instruction and support services exceed the ICF/IID amount?		If yes, has the ETR to 388-845 WAC been completed?	

**Notification via SharePoint site*

Region:		Provider:		Client:	
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Residential Rates Calculator

Step 3. Transportation Rate

1. Employment (if over 300, enter actual miles)

None	▼	<input type="text"/>	additional clients:	<input type="text" value="0"/>
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2. Community Activities (if over 100, enter actual miles)

None	▼	<input type="text"/>	additional clients:	<input type="text" value="0"/>
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2. Medical Appointments (if over 100, enter actual miles)

None	▼	<input type="text"/>	additional clients:	<input type="text" value="0"/>	Frequency:	Monthly	▼
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4. Vehicle Type:

Staff Owned/Leased Vehicle	▼
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5. Miles driven on client's behalf: (If over 100, enter actual miles)

None	▼	<input type="text"/>
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6. Vehicle Type:

Staff Owned/Leased Vehicle	▼
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Current Transportation Rate:

<input type="text" value="\$0.00"/>

Calculated Transportation Rate:

<input type="text" value="\$1.06"/>

New Transportation Rate:

<input type="text" value="\$0.00"/>

Region:		Provider:		Client:	
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Residential Rates Calculator

Step 3. Transportation Rate

1. Employment (if over 300, enter actual miles)

101 to 150 ▼

additional clients:

2

2. Community Activities (if over 100, enter actual miles)

41 to 60 ▼

additional clients:

1

2. Medical Appointments (if over 100, enter actual miles)

61 to 80 ▼

additional clients:

0

Frequency:

Monthly ▼

4. Vehicle Type:

Agency Owned/Leased Standard Cars and Vans ▼

5. Miles driven on client's behalf: (If over 100, enter actual miles)

1 to 20 ▼

6. Vehicle Type:

Staff Owned/Leased Vehicle ▼

Current Transportation Rate:

\$4.00

Calculated Transportation Rate:

\$6.16

New Transportation Rate:

\$5.65

Staffed Residential Home Administrative Rate Table					Community Protection Programs	Rate In His
ISS Hours at least	but less than	January 1, 2025 Admin. Rate - Non-MSA County	January 1, 2025 Admin. Rate - MSA County	January 1, 2025 Admin. Rate - King County	Admin. Rate - Non-MSA County CPP	Date
0.00	0.50	\$11.58	\$11.82	\$12.67	\$10.27	1/1/2020
0.50	1.00	\$14.40	\$14.68	\$15.74	\$12.77	1/1/2021
1.00	1.50	\$17.24	\$17.57	\$18.84	\$15.28	1/1/2022
1.50	2.00	\$19.77	\$20.16	\$21.61	\$17.53	7/1/2022
2.00	2.50	\$22.34	\$22.80	\$24.44	\$19.82	1/1/2023
2.50	3.00	\$25.20	\$25.70	\$27.56	\$22.35	1/1/2024
3.00	3.50	\$28.05	\$28.59	\$30.66	\$24.88	7/1/2024
3.50	4.00	\$30.74	\$31.35	\$33.61	\$27.26	1/1/2025
4.00	4.50	\$33.09	\$33.75	\$36.17	\$29.35	
4.50	5.00	\$35.15	\$35.83	\$38.39	\$31.16	
5.00	5.50	\$36.90	\$37.61	\$40.33	\$32.72	
5.50	6.00	\$38.39	\$39.14	\$41.94	\$34.04	
6.00	6.50	\$39.63	\$40.41	\$43.31	\$35.15	
6.50	7.00	\$40.67	\$41.46	\$44.43	\$36.05	
7.00	7.50	\$41.49	\$42.30	\$45.34	\$36.79	
7.50	8.00	\$42.13	\$42.97	\$46.04	\$37.36	
8.00	8.50	\$42.61	\$43.45	\$46.54	\$37.79	
8.50	9.00	\$43.03	\$43.88	\$47.01	\$38.15	
9.00	9.50	\$43.33	\$44.18	\$47.32	\$38.41	
9.50	10.00	\$43.57	\$44.43	\$47.58	\$38.62	
10.00	10.50	\$43.79	\$44.65	\$47.82	\$38.82	
10.50	11.00	\$43.99	\$44.85	\$48.04	\$39.00	
11.00	11.50	\$44.17	\$45.04	\$48.23	\$39.16	
11.50	12.00	\$44.37	\$45.23	\$48.43	\$39.32	
12.00	12.50	\$44.58	\$45.45	\$48.69	\$39.51	
12.50	13.00	\$44.80	\$45.67	\$48.93	\$39.71	
13.00	13.50	\$45.04	\$45.92	\$49.21	\$39.93	
13.50	14.00	\$45.26	\$46.15	\$49.45	\$40.12	
14.00	14.50	\$45.48	\$46.38	\$49.67	\$40.30	
14.50	15.00	\$45.68	\$46.58	\$49.90	\$40.48	
15.00	15.50	\$46.02	\$46.92	\$50.27	\$40.75	
15.50	16.00	\$46.29	\$47.20	\$50.58	\$41.00	
16.00	16.50	\$46.58	\$47.50	\$50.90	\$41.26	
16.50	17.00	\$47.03	\$47.95	\$51.40	\$41.68	
17.00	17.50	\$47.75	\$48.69	\$52.16	\$42.30	
17.50	18.00	\$48.46	\$49.41	\$52.94	\$42.94	
18.00	18.50	\$49.17	\$50.11	\$53.73	\$43.57	
18.50	19.00	\$49.89	\$50.87	\$54.53	\$44.23	

19.00	19.50	\$50.67	\$51.66	\$55.36	\$44.91
19.50	20.00	\$51.48	\$52.49	\$56.24	\$45.62
20.00	20.50	\$52.26	\$53.28	\$57.10	\$46.31
20.50	21.00	\$53.02	\$54.07	\$57.91	\$46.97
21.00	21.50	\$53.76	\$54.81	\$58.70	\$47.62
21.50	22.00	\$54.47	\$55.55	\$59.47	\$48.23
22.00	22.50	\$55.17	\$56.24	\$60.24	\$48.86
22.50	23.00	\$55.82	\$56.92	\$61.00	\$49.46
23.00	23.50	\$56.49	\$57.60	\$61.72	\$50.05
23.50	24.00	\$57.15	\$58.27	\$62.42	\$50.61
24.00	24.50	\$57.78	\$58.92	\$63.09	\$51.16
24.50	25.00	\$58.39	\$59.52	\$63.73	\$51.68
25.00	& over	\$58.97	\$60.13	\$64.35	\$52.17

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Rate Increase
13.5%
1.8%
2.0%
23.0%
2.0%
2.5%
0.0%
2.5%

Staffed Residential Home Rate Assessment Instructions

Page 1:

Select the county where the client will be residing
Select the region where the client will be residing
Enter the client's name
Enter the client's date of birth
Enter the name of licensed agency identified within the contract
Enter the name of the house where the client will be residing
Enter the client's provider one ID number
Enter the address of home where the client will be residing
Enter start date in which payment of rate will begin
Enter the name of client entering/exiting the program and date.

Administrative and Community Inclusion Costs

The daily Administrative rate is based on the number of Instruction and Support Services (ISS) hours and Non-ISS hours utilizing the the Administrative Rate Table as outlined by attachment contained in DDA Policy 6.22, Residential Programs and Reimbursement System. The total number of ISS and Non-Direct ISS hours is found under "total daily hours" on page 2 of this form. Entering the administrative daily rate will auto-populate a monthly amount.

will provide a daily amount paid to the licensed provider for transportation. Entering the daily rate will auto-populate a monthly amount.

destruction/damages to reimburse the maximum amount. Entering the daily rate will auto-populate a monthly amount.

Add any additional relevant comments regarding the information above.

Total Community Inclusion Costs

Community Inclusion funds are to be utilized to allow the client to participate in community activities based upon DDA

Training and Consultation Costs

1163 Training is the funds that the Department reimburses the licensed provider for staff training requirements. These funds are calculated by the number of ISS hours per day per person X rate = \$ amount.

Consultant expenses may be calculated into the daily rate when consultation occurs based on DDA Policy 6.22. These costs are for those professionals that are employees or sub-contractors of the agency.

Staff Costs

Direct/Lead/Program Manager hours per month are determined by completing the residential staff schedule reporting form on page 2. Hours will auto-populate to page 1. Standardized reimbursement rates are set by the legislature and is based upon the county in which the client resides. This amount auto-populates when county is selected.

The total of all Administrative, Community Inclusion, Training/Consultation Costs and Staffing costs will auto-populate a total daily and monthly rate. RM should select appropriate funding source.

Basic Expenses

The basic expenses outlines these costs incurred for rent, food, and utilities. Maximum thresholds are outlined for all 3 components in DDA Policy 6.22.

Staffed Residential Home Rate Assessment Instructions

Staff Schedule - Page 2:

Demographic information will auto-populate by completing page 1 demographics.

Individuals Served at This Site

Enter names of all clients residing in the home. If the client is served through Department of Children, Youth and Families select DCYF after their name. If the client is served by DDA, select DDA after their name.

Direct Service Hours

warrant 1:1 staffing, place 1.0 next to the time the staff will be working with the child. If the child will be sharing staff with another client, place .5 next to the time the client will be sharing staff. Totals will auto-populate in the right columns. Daily Direct Service Hours per day and Direct Service Hours for School and Non-school will auto-populate. Hours will be reviewed and approved by VPS Coordinator.

hours must be divided among the total number of clients supported by the provider throughout the sub-region (ie north/south)

Total Daily Hours will auto-populate. This information is used to compute administrative rate per month located on pag

Staff Signatures and Expenses - Page 3:

Demographic information will auto-populate by completing page 1 demographics.
Approval of rate confirmed through signature and date of VPS Resource Manager.
Approval of rate confirmed through signature and date of VPS Coordinator
Approval of rate confirmed through signature and date of VPS Program Manager.

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CLIENT RESPONSIBILITY MAGI

Enter Data in the Shaded Cells

Client Name

Month

Full Month		
Earned Income(gross)		
Unearned Income		\$0.00
	Balance	\$0.00
PNA (Standard)		\$105.78
	Balance	\$0.00
Deductions		\$0.00
	Balance	\$0.00
Room & Board		\$0.00
Total Client Responsibility		\$0.00

Partial Month - Pro-Rated		
Participation Paid		\$0.00
Room & Board Paid		\$0.00
Total Client Responsibility Paid		\$0.00
Number of days in facility		
Daily Room & Board Rate		\$0.00
Total Pro-Rated Cost		\$0.00
Pro-Rated Client Responsibility		\$0.00
Amount Reimbursed to the client		\$0.00

NOTES

Case Manager Name

Allowable Deductions		
Payee		\$0.00
Guardianship fees		\$0.00
Court Costs		\$0.00
Medical Expenses		\$0.00
Total		\$0.00

*note can't allow both a guardian and payee fee

2025 Changes 1/1/2025

SSI Increased to \$967

861.22

R&B

105.78

PNA