



DEVELOPMENTAL DISABILITIES ADMINISTRATION (DDA)  
RESIDENTIAL RATES FOR DEVELOPMENTAL DISABILITIES (RRDD)

## New or Updated Provider Information for RRDD

REGION (INCLUDE "N" OR "S")	COUNTY	CONTRACT NUMBER
PROVIDER'S NAME	PROGRAM NAME	
PROVIDER'S NUMBER (9-DIGITS)	PROGRAM TYPE <input type="checkbox"/> SL <input type="checkbox"/> GH <input type="checkbox"/> GTH <input type="checkbox"/> SOLA <input type="checkbox"/> CH <input type="checkbox"/> SRH	
<b>Contact Information</b>		
ADMINISTRATOR'S NAME (FOR CH, LIST OWNER'S NAME)		
TELEPHONE NUMBER (INCLUDING AREA CODE)	EMAIL ADDRESS	
FINANCE PREPARER'S NAME / ACCOUNTANT		
TELEPHONE NUMBER (INCLUDING AREA CODE)	EMAIL ADDRESS	
<b>RM Instructions</b>		
<p><u>Steps:</u></p> <ol style="list-style-type: none"><li>1. Make sure provider is added to the client's PCSP in CARE, otherwise provider will not show up in RRDD.</li><li>2. Send this form to Cost Analyst. Be aware that it may take a few days for the Cost Analyst to update provider into RRDD, and last-minute submissions are not advised.</li></ol> <p>What date do you want access to the program in RRDD to create your RCR?</p> <p>What is the effective date of your RCR?</p>		