|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | 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  SL  GH  GTH  SOLA  CH  SRH | | |
| **Contact Information** | | | | |
| 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 | |
| **RM Instructions** | | | | |
| Steps:   1. Make sure provider is added to the client’s PCSP in CARE, otherwise provider will not show up in RRDD. 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.   What date do you want access to the program in RRDD to create your RCR?  What is the effective date of your RCR? | | | | |