

**DEPARTMENT OF DEVELOPMENTAL SERVICES
ADMINISTRATIVE TIME STUDY INSTRUCTIONS FOR FEDERAL PROGRAMS
SEPTEMBER 2025**

I. INTRODUCTION TO THIS SURVEY PROCESS

Under the terms of the Home and Community-Based Services Waiver (HCBS Waiver) and sections of the California State Plan for Medicaid Services (State Plan), the Department of Developmental Services (Department) obtains federal matching funds for administrative services provided by regional center staff for various federal programs. To continue to receive federal funds, each regional center must provide actual cost information on the administrative services that support the federal programs delineated in the HCBS Waiver and the State Plan.

Each regional center's actual cost for administrative services differs, such as facility costs, employee salaries and the manner in which funds are expended at each regional center. The Department is required to conduct this survey to determine each regional center's costs of providing services.

For this annual survey encompassing fiscal year 2023-24, the regional center must complete the attachments using the instructions below.

Please note: for audit purposes, all information provided on these attachments should coincide with the regional center's general ledger and payroll records.

Additionally, please note that, at the request of the Association of Regional Center Agencies (ARCA), this survey will now collect a handful of additional elements, flagged under each section below.

II. GENERAL INSTRUCTIONS FOR COMPLETION OF THE SURVEY

A. Administrative time must be accounted for all regional center administrative staff (non-direct case management staff). See Tab (A) Admin Salary & Time Spent in Excel workbook (Attachment B) for format. Complete the Administrative Survey Worksheet as follows:

1. Personnel and Salary

- Enter the regional center name.
- Enter each employee's unique employee identifier. Include any and all employees who worked to support case management staff during the fiscal year ending June 30, 2024.
- Enter each employee's job classification or title. Please enter a description that will allow the Department to determine the area in which the person works. For example, Office Assistant (HCBS Waiver); Program Manager (Intake), Program Manager (Early Start).
- Select the highest level of education that the regional center has on record for each employee.

- Enter the number of months each employee received compensation during FY 2023-24.
- Enter employees' salaries or wages for all employees who worked during the fiscal year ending June 30, 2024. This should reflect the amount *actually earned* by the individual during the time period.
- Enter the Fringe Benefit rate for your regional center in the space provided at the bottom of the worksheet.
- Below the regional center employees, enter names and expenditures for temporary staff or contractors, as appropriate.

2. Percentage of Time Spent

For each category on the survey, enter the percentage of time each person spent on those activities. You must account for 100% of each employee's workday. See "Survey Categories" below.

- Where time spent can be specifically identified, the percentage should be shown under a specific category. For example, the Qualified Intellectual Disability Professional spends 100% of his/her time on the HCBS Waiver. Accordingly, the center would insert 100% under HCBS Waiver for this individual.
- Persons splitting their time between programs should be noted under each category. For example, if a nurse spent 60% of his/her time on clinical teams and 40% on intake, the survey should show 60% in the "Clinical Teams" column and, because intake services are not a federally billable service, 40% in the "Unallowable" column.
- For persons who cannot specifically identify time spent on specific programs, 100% or the applicable percentage should be inserted in the case management allocation pool column. Department staff will compute the allocation of allowable and unallowable case management services based on the last time study which was conducted in May 2022.
- Percentages for temporary staff and contractors should be entered in the appropriate program column. For example, a non-regional center employee, such as a private clinician with whom the regional center contracts to perform services as a member of the regional center's clinical team, should have his/her time percentage recorded in the "Clinical Teams" column.
- *Data provided on this study should agree with the Clinical Teams data provided to the Department in the 2025 Spring Survey, Exhibit D-3. If there are discrepancies, the Department will follow up with your regional center.*

TIME SURVEY CATEGORIES

The following section provides brief descriptions of the types of administrative activities that might be specifically allocated to a program for Targeted Case Management (TCM). The list is not meant to be all-inclusive. **Please carefully review the information below.**

CASE MANAGEMENT ALLOCATION POOL

1. Time spent by federal program coordinator and federal compliance specialist on TCM activities.
2. Time spent by case management managers/supervisors on TCM administrative activities (do not include time spent on providing direct case management services).
3. Clerical/secretarial support of regional center case management operations.
4. Accounting/fiscal systems support of regional center case management operations.
5. Human Resources and personnel support of regional center case management operations.
6. Training activities relative to regional center case management operations.
7. Preparing for, participating in, and responding to program and fiscal TCM audits conducted by the state and/or federal government.
8. Documenting, testing, coordinating and/or implementing information systems projects and ongoing information systems support of regional center case management operations.
9. Preparing for, conducting, and producing internal TCM audit activities.
10. Time spent supporting the provision of case management services.

HCBS WAIVER ADMINISTRATIVE ACTIVITIES

1. Time spent by federal program coordinator and federal compliance specialist on HCBS Waiver activities.
2. Clerical/secretarial support of regional center HCBS Waiver operations.
3. All Qualified Intellectual Disability Professional activities.
4. Time spent certifying and recertifying an individual's HCBS Waiver eligibility.
5. Determining eligibility for the HCBS Waiver; includes evaluating level-of-care, obtaining signed form indicating an individual chooses to be on the HCBS Waiver, verifying Medi-Cal eligibility, verifying need for HCBS Waiver services.
6. Annual re-evaluation of HCBS Waiver.
7. Resource development activities.
8. Conducting annual quality assurance visits to community care facilities and other quality assurance activities.
9. Preparing for, participating in, and responding to regional center program and fiscal audits conducted by the State and/or federal government relative to the HCBS Waiver.
10. Preparing for, conducting, and producing vendor audits for vendors.
11. Ensuring all vendors have a signed HCBS Waiver Provider Agreement form to allow for federal billing.

12. Maintaining average service coordinator ratios pursuant to statute.
13. Time spent in association with the Direct Service Professional training.
14. Performing Risk Management Committee activities required by Title 17 regulations.
15. Accounting/fiscal systems support of the HCBS Waiver.

CLINICAL REVIEW TEAM/FEDERAL COMPLIANCE ACTIVITIES

1. Clerical/secretarial support of clinical review team operations.
2. Monitoring the healthcare of individuals with severe behavior and/or medical problems.
3. Providing assistance in the use of special medications.
4. Providing health-related consultation to individuals, their families, providers and other community health professionals.
5. Providing expertise in the areas of pharmacology, behavioral psychology and special medical assistance.
6. Conducting mortality reviews.
7. Advocating improved access to preventive health care resources.
8. Completing yearly reviews of medications, health care plans and behavioral plans in community care facilities.

NURSING HOME REFORM (NHR) ACTIVITIES

1. Time spent by federal program coordinator and federal compliance specialist on NHR activities.
2. Clerical/secretarial support of regional center NHR operations.
3. Time spent evaluating Preadmission Screening and Resident Review Level I requests.
4. Time spent conducting Preadmission Screening and Resident Review Level II requests, including preparation of documentation, correspondence and review of medical case files.

FOSTER GRANDPARENTS

1. Time spent by Foster Grandparent project director on Foster Grandparent activities, such as day-to-day operations, recruitment, evaluation, and training
2. Time spent maintaining Foster Grandparent records and preparing reports as required.
3. Clerical/secretarial support of Foster Grandparent operations.

COMMUNITY PLACEMENT PLAN (CPP)

1. Developing and implementing the regional center's CPP.
2. Resource development and placements for the CPP.
3. Time spent on preparing reports on the status and outcomes of their CPP.
4. Time spent on preparing CPP claims.
5. Clerical/secretarial support of CPP operations.

HEALTH INSURANCE PORTABILITY AND ACCOUNTABILITY ACT (HIPAA) COMPLIANCE ACTIVITIES

1. All activities of the HIPAA Privacy Officer and associated support services.

EARLY START

1. Time spent preparing all Early Start reports.
2. Clerical/secretarial support of Early Start operations.
3. Administrative activities relative to the Early Start grant program.
4. All administrative activities relative to prevention services provided to individuals who have not been determined to be developmentally disabled.

FAMILY RESOURCE CENTER (FRC)

1. Time spent developing annual FRC plan and associated reports.
2. Clerical/secretarial support of FRC operations.
3. Activities related to the FRC.

ACTIVITIES THAT DO NOT QUALIFY FOR FEDERAL FINANCIAL PARTICIPATION

1. Services which are already included in the scope of Medi-Cal benefits.
2. Services provided as a result of case management services, such as counseling by a nutritionist as a result of the Individual Program Plan.
3. Case finding and outreach.
4. Intake services prior to the determination that an individual is eligible for regional center services.
5. Public education and regional center information services, which are not individual-specific.
6. Legal services not related to advocacy for individuals.

B. Complete the schedule of allowable and unallowable operating expenses as follows:

1. Tab (B) Operating Expenses (Attachment B) must agree with the regional center's general ledger or be reconcilable to the general ledger for the fiscal year ending June 30, 2024.
2. Allowable and unallowable costs under the Office of Management and Budget's Circular A-122 (OMB A-122); regional centers are non-profit organizations that receive federal funds. To ensure compliance, it will be necessary to refer to the full text of OMB A122; that can be found at [OMB Circular A-122, Cost Principles for Non-Profit Organizations](#). Accordingly, the costs reported for the rate study must comply with the requirements in OMB A122. To assist you in completing this schedule, we have listed on Tab (E) Allowable Costs Reference (Attachment B) high-level categories of expenses that are allowable and unallowable under OMB A-122.
3. Tab (B) Operating Expenses (Attachment B) is to be completed as follows:
 - Enter the regional center name.

- Enter the dollar amounts for each account for each program (i.e. 0 = General, 1 = Community Placement Plan, 6 = Family Resource Center/N). Amounts may be taken from the regional center's UFS GL 310 Budget Report – Detail. **Note:** *the display has two columns for each category. Please insert expenditures for FY 2023-24 as of June 30, 2024 in the first column. In the second column, insert expenditures for FY 2023-24 which were paid **on or after July 1, 2024**. The sum of the two columns should equal the general ledger amount for that item.*
- Spaces are provided for other accounts not listed. Please provide account name.
- Enter any unallowable costs in the spaces provided (i.e. alcoholic beverages purchased at Board dinners, interest charges paid on credit cards).
- Spaces are provided for other unallowable costs not listed. Please describe.

C. Complete Tab (C) Equipment Purchases schedule (Attachment B). Equipment purchases in excess of \$5,000 must be scheduled showing a description of the asset, cost, and date of purchase. Modular furniture with a cost of less than \$5,000 per workstation should be treated in the aggregate as one asset and included on the schedule. Please use the spreadsheet provided in the survey.

- D. Complete the Case Management Worksheet (Tab (D) Case Mgmt Salaries & Wages (Attachment B)) as follows:
- Enter the regional center name.
 - Enter each employee's unique employee identifier for all employees who worked during the fiscal year ending June 30, 2024.
 - Select the highest level of education that the regional center has on record for each employee.
 - Enter the number of months each employee received compensation during FY 2023-24.
 - Enter each employee's salary or wages for the fiscal year ending June 30, 2024. This should reflect the amount *actually earned* by the individual during the time period.
 - The percentage of case management time should be shown under the appropriate categories.
 - Enter your regional center's Fringe Benefit rate in the space provided at the bottom of the worksheet.