

**DEPARTMENT OF DEVELOPMENTAL SERVICES**

1215 O Street, MS 7-40  
 Sacramento, CA 95814  
 TTY: 711  
 (833) 421-0061



**Rate Review Request Form**  
 Rate Adjustment Effective January 1, 2023

Providers who believe there is an error in the rate calculation may complete the form below and submit the rate review request to their regional center no later than 60 days after receiving their rates. The regional center will review the request. If the request is not resolved at the regional center, requests for additional review can be sent to the Department of Developmental Services.

**Note: This Rate Review Request Form is not an appeal process.**

<b>VENDOR NAME:</b>
<b>VENDOR NUMBER:</b>
<b>EMAIL CONTACT:</b>
<b>SERVICE CODE:</b>
<b>SUB-CODE:</b>
<b>REGIONAL CENTER:</b>
<b>REQUEST DATE:</b>
<b>DESCRIPTION OF THE REASON FOR REVIEW</b> Please provide as much detail as possible, including: <ul style="list-style-type: none"> <li>• There is an issue with the calculation of your rate adjustment, if so, what?</li> <li>• You disagree with the target rate model utilized. Why do you disagree and what is the suggested target rate model?</li> <li>• You disagree with variables for example, staffing ratios, program hours, etc. used to determine the rate adjustment, if so, what variables and what is the alternate value?</li> <li>• Another reason not listed above.</li> </ul>

**“Building Partnerships, Supporting Choices”**