RATES OF REIMBURSEMENT FOR NON-RESIDENTIAL, EXCLUDING TRANSPORTATION, MISCELLANEOUS AND SUPPORTED LIVING SERVICES

Service Code	Service Description	Basis for Rate
605	Adaptive Skills Trainer	Usual & Customary or Negotiated rate (Negotiated if vendor has no Usual & Customary rate).
855	Adult Day Care	Usual & Customary or Negotiated rate (Negotiated if vendor has no Usual & Customary rate).
691	Art Therapist	Usual & Customary or Negotiated rate (Negotiated if vendor has no Usual & Customary rate).
610	Attorney	Usual & Customary or Negotiated rate (Negotiated if vendor has no Usual & Customary rate).
612	Behavior Analyst	Usual & Customary or Negotiated rate (Negotiated if vendor has no Usual & Customary rate).
615	Behavior Management Assistant	Usual & Customary or Negotiated rate (Negotiated if vendor has no Usual & Customary rate), not to exceed the rate of reimbursement for the licensed professional with whom the Behavior Management Assistant
620	Behavior Management Consultant	is registered. Based on the method of reimbursement established for an individual with the same licensed classification.
850	Camping Services	Usual & Customary or Negotiated rate (Negotiated if vendor has no Usual & Customary rate).
851	Child Day Care	Usual & Customary or Negotiated rate. (Negotiated if vendor has no Usual & Customary rate.)
625	Counseling Services	Usual & Customary or Negotiated rate (Negotiated if vendor has no Usual & Customary rate).
692	Dance Therapist	Usual & Customary or Negotiated rate (Negotiated if vendor has no Usual & Customary rate).
405	Day Care—Family Member (Voucher)	Usual & Customary or Negotiated rate (Negotiated if vendor has no Usual & Customary rate).

742	Licensed Vocational Nurse	Reimbursed in accordance with the Schedule of
		Customary rate).
642	Interpreter	Usual & Customary or Negotiated rate (Negotiated if vendor has no Usual &
6.40	Internates	authorized to receive respite services.
		family has more than one consumer in home
507	Homo Roophe Worker	fringe benefits. See Title 17, Section 58140 if
864	In-Home Respite Worker	regional center. Rate not to exceed \$8.98 per hour, including
		U&C exists, at a rate negotiated with the
		their Usual and Customary (U&C) Rate or, if no
		applicable. If not, vendor shall be reimbursed at
	, , , , , , , , , , , , , , , , , , , ,	Schedule of Maximum Allowances (SMA), if
810	Infant Development Specialist	Reimbursed according to the Medi-Cal
		Customary rate).
635	Independent Living Specialist	Usual & Customary or Negotiated rate (Negotiated if vendor has no Usual &
625	Indopendent Living Cresislist	Customary rate).
		(Negotiated if vendor has no Usual &
860	Homemaker Service	Usual & Customary or Negotiated rate
		Customary rate).
030	Homemaker	(Negotiated if vendor has no Usual &
858	Homemaker	regional center. Usual & Customary or Negotiated rate
		U&C exists, at a rate negotiated with the
		their Usual and Customary (U&C) Rate or, if no
		applicable. If not, vendor shall be reimbursed at
		Schedule of Maximum Allowances (SMA), if
800	Genetic Counselor	Reimbursed according to the Medi-Cal
		Customary rate).
UIZ	Eddealional F Sychologist	(Negotiated if vendor has no Usual &
672	Educational Psychologist	Customary rate). Usual & Customary or Negotiated rate
		(Negotiated if vendor has no Usual &
630	Driver Training	Usual & Customary or Negotiated rate
000	D. C. Turking	Customary rate).
		(Negotiated if vendor has no Usual &
720	Dietary Services	Usual & Customary or Negotiated rate
		Customary rate).
627	Diaper Service	Usual & Customary or Negotiated rate (Negotiated if vendor has no Usual &
627	Family Member (Voucher)	Llough & Customory or Negatioted rate
410	Diaper and Nutritional Supplements—	Supplier's Usual and Customary Rate.
		Customary rate).
0.0	20.0.sp.ma.ra. oposianot	(Negotiated if vendor has no Usual &
670	Developmental Specialist	Usual & Customary or Negotiated rate
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		Maximum Allowances (SMA) for Home and
		Community-Based Services, In-Home Medical
645	Mobility Training Services Agency	Care Waiver Program. Usual & Customary or Negotiated rate
040	Westing Training Services Agency	(Negotiated if vendor has no Usual &
		Customary rate).
650	Mobility Training Services Specialist	Usual & Customary or Negotiated rate
		(Negotiated if vendor has no Usual & Customary rate).
693	Music Therapist	Usual & Customary or Negotiated rate
	·	(Negotiated if vendor has no Usual &
- 40		Customary rate).
743	Nurse's Aide or Assistant	Reimbursed in accordance with the Schedule of Maximum Allowances (SMA) for Home and
		Community-Based Services, In-Home Medical
		Care Waiver Program.
415	Nursing Service—Family Member	Reimbursed in accordance with the Schedule of
	(Voucher)	Maximum Allowances (SMA) for Home and Community-Based Services, In-Home Medical
		Care Waiver Program.
868	Out-of-Home Respite Services	Day care homes providing out-of-home respite
		services shall be reimbursed at the Usual &
		Customary or Negotiated rate (Negotiated if
		vendor has no Usual & Customary rate). •Licensed residential facilities providing out-of-
		home respite services for whom the Dept. of
		Social Services or the Dept. of Health Services
		have set a rate shall be reimbursed at the rate
		established by that department. •Licensed residential facilities providing out-of-
		home respite services for whom the Dept. of
		Social Services has not established a rate shall
		be reimbursed at 1/21 of the rate established by
655	Out-of-State Manufacturer or Distributor	the regional center. •Products reimbursable under the Medi-Cal
000	Out-of-State Manufacturer of Distributor	program shall be reimbursed at the Schedule of
		Maximum Allowances (SMA).
		•All other products shall be reimbursed at the
700	Davehiatria Tachnisian	vendor's Usual and Customary rate.
790	Psychiatric Technician	Usual & Customary or Negotiated rate (Negotiated if vendor has no Usual &
		Customary rate).
694	Recreational Therapist	Usual & Customary or Negotiated rate
		(Negotiated if vendor has no Usual &
744	Registered Nurse	Customary rate). Reimbursed in accordance with the Schedule of
/	regiotored Nurse	Troinibarded in accordance with the conclude of

869	Respite Facility	Maximum Allowances (SMA) for Home and Community-Based Services, In-Home Medical Care Waiver Program. Either 1/21 of the established approved monthly rate or the agreed-upon level of payment for a service contract negotiated pursuant to Title 17, Section 57540(b) through (f), not to exceed \$8.98 per hour, including benefits.
420	Respite Services—Family Member	Reimbursement shall not exceed \$8.57 per hour, including benefits.
660	Retail/Wholesale Stores	Usual & Customary or Negotiated rate (Negotiated if vendor has no Usual & Customary rate).
896 894	Supported Living Service Supported Living Service Vendor Administration	Negotiated with regional center. Negotiated with regional center.
674	Teacher	Usual & Customary or Negotiated rate (Negotiated if vendor has no Usual & Customary rate).
678	Teacher of Special Education	Usual & Customary or Negotiated rate. (Negotiated if vendor has no Usual & Customary rate.)
676	Teacher's Aide	Usual & Customary or Negotiated rate (Negotiated if vendor has no Usual & Customary rate).
643	Translator	Usual & Customary or Negotiated rate (Negotiated if vendor has no Usual & Customary rate).
680	Tutor	Usual & Customary or Negotiated rate (Negotiated if vendor has no Usual & Customary rate).
Multiple	Miscellaneous Services	 The Schedule of Maximum Allowances (SMA) The vendor's Usual and Customary rate if the SMA does not apply. A Negotiated rate if the vendor does not have an established Usual and Customary rate and the SMA does not apply.