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State Name: California

State Plan Amendment (SPA) #: 18-0023

This file contains the following documents in the order

listed:

- 1) Approval Letter
- 2) CMS 179 Form
- 3) Approved SPA Pages

DEPARTMENT OF HEALTH & HUMAN SERVICES
Centers for Medicare & Medicaid Services
San Francisco Regional Office
90 Seventh Street, Suite 5-300 (5W)
San Francisco, CA 94103-6706



DIVISION OF MEDICAID & CHILDREN'S HEALTH OPERATIONS

December 17, 2018

Mari Cantwell
Chief Deputy Director, Health Care Programs
California Department of Health Care Services
P.O. Box 997413, MS 0000
Sacramento, CA 95899-7413

Dear Ms. Cantwell:

Enclosed is an approved copy of California State Plan Amendment (SPA) 18-0023, which was submitted to the Centers for Medicare & Medicaid Services (CMS) on September 27, 2018. This amendment makes several changes to the §1915(i) State Plan Home and Community-Based Services (HCBS) benefit including: updates the service specifications for respite care as required by CMS' companion letter to SPA 16-047; removes group-supported employment and specialized therapeutic services; adds housing access, family support, occupational therapy, physical therapy, and family/consumer training services; and adds enhanced behavior supports homes (EBSH) as a new setting for habilitation–community living arrangement services. This amendment also establishes reimbursement methodologies for EBSH and incentive payments for individual supported employment providers.

This SPA has an effective date of July 01, 2018. Enclosed are the following approved SPA pages that should be incorporated into your approved state plan:

- Attachment 3.1-i, pages 1-1a, 2, 10-10a, 22-22a, 30, 39, 40, 49, 50-53, 81-84, 84a-84m, 85, and 86e
- Attachment 4.19-B, pages 73, 73a, 74-76, 76a, 77, 77a-77c, and 78

If you have any questions, please contact Cheryl Young at 415-744-3598 or via email at Cheryl.Young@cms.hhs.gov or Adrienne Hall at 415-744-3674 or Adrienne.Hall@cms.hhs.gov.

Sincerely,

/s/

Dzung Hoang
Acting Associate Regional Administrator
Division of Medicaid & Children's Health Operations

cc: Deanna Clark, CMCS
Joseph Billingsley, DHCS
Jalal Haddad, DHCS
Nathaniel Emery, DHCS

TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL FOR: CENTERS FOR MEDICARE & MEDICAID SERVICES	1. TRANSMITTAL NUMBER 1 8 — 0 2 3	2. STATE CA
	3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL SECURITY ACT (MEDICAID)	

TO: REGIONAL ADMINISTRATOR CENTERS FOR MEDICARE & MEDICAID SERVICES DEPARTMENT OF HEALTH AND HUMAN SERVICES	4. PROPOSED EFFECTIVE DATE July 1, 2018
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5. TYPE OF PLAN MATERIAL (Check One)

NEW STATE PLAN AMENDMENT TO BE CONSIDERED AS NEW PLAN AMENDMENT

COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (Separate transmittal for each amendment)


6. FEDERAL STATUTE/REGULATION CITATION 1915i of the Social Security Act	7. FEDERAL BUDGET IMPACT a. FFY 2018 - 19 \$ 19,200,000 b. FFY 2019 - 20 \$ 38,300,000
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8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT Attachment 3.1-i pages 1, 1a, 2, 10, 10a, 22, 22a, 30, 39 - 40, 49, 50 - 53, 81 - 84m, 85, 86e Attachment 4.19B pages 73, 73a, 74 - 76a, 77 - 77c, 78	9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable) Attachment 3.1-i pages 1, 2, 10, 10a-10s, 22, 30, 39, 40, 49, 50, 51, 51a - 51c, 52, 53, 81 - 85, 86e Attachment 4.19B pages 73, 73a, 74, 75, 76, 76a, 77, 77a, 77b, 77c, 78
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10. SUBJECT OF AMENDMENT
Updates to services and provider types to align with 1915c Waiver

11. GOVERNOR'S REVIEW (Check One)

GOVERNOR'S OFFICE REPORTED NO COMMENT OTHER, AS SPECIFIED
 COMMENTS OF GOVERNOR'S OFFICE ENCLOSED
 NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL

12. SIGNATURE OF STATE AGENCY OFFICIAL 	16. RETURN TO Department of Health Care Services Attn: State Plan Coordinator 1501 Capitol Avenue, MS 4506 P.O. Box 997417 Sacramento, CA 95899-7417
13. TYPED NAME Mari Cantwell	
14. TITLE State Medicaid Director	
15. DATE SUBMITTED September 27, 2018	

FOR REGIONAL OFFICE USE ONLY

17. DATE RECEIVED September 27, 2018	18. DATE APPROVED December 17, 2018
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PLAN APPROVED - ONE COPY ATTACHED

19. EFFECTIVE DATE OF APPROVED MATERIAL July 01, 2018	20. SIGNATURE OF REGIONAL OFFICIAL /s/
21. TYPED NAME Dzung Hoang	22. TITLE Acting Associate Regional Administrator

23. REMARKS
For Box 11 "OTHER, As Specified" : Please note: The Governor's Office does not wish to review the State Plan Amendment.

Boxes 8, 9, and 11 revisions made per CMS request. CA approval email dated 12/12/18

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1915(i) HCBS State Plan Services

Administration and Operation

1. Services. (Specify the State’s service title(s) for the HCBS defined under “Services” and listed in Attachment 4.19-B):

Habilitation- Community Living Arrangement Services; Habilitation- Day Services; Habilitation- Behavioral Intervention Services; Respite Care; Enhanced Habilitation- Supported Employment - Individual; Enhanced Habilitation- Prevocational Services; Homemaker Services; Home Health Aide Services; Community Based Adult Services; Personal Emergency Response Systems; Vehicle Modification and Adaptation; Speech, Hearing and Language Services; Dental Services; Optometric/Optician Services; Prescription Lenses and Frames; Psychology Services; Chore Services; Communication Aides; Environmental Accessibility Adaptations; Non-Medical Transportation; Nutritional Consultation; Skilled Nursing; Specialized Medical Equipment and Supplies; Transition/Set-Up Expenses; Community-Based Training Services; Financial Management Services; Family Support Services; Housing Access Services; Occupational Therapy; Physical Therapy; and Family/Consumer Training

2. Concurrent Operation with Other Programs. (Indicate whether this benefit will operate concurrently with another Medicaid authority):
Select one:

<input checked="" type="radio"/>	Not applicable
<input type="radio"/>	Applicable
Check the applicable authority or authorities:	
<input type="checkbox"/>	Services furnished under the provisions of §1915(a)(1)(a) of the Act. The State contracts with a Managed Care Organization(s) (MCOs) and/or prepaid inpatient health plan(s) (PIHP) or prepaid ambulatory health plan(s) (PAHP) under the provisions of §1915(a)(1) of the Act for the delivery of 1915(i) State plan HCBS. Participants may <i>voluntarily</i> elect to receive <i>waiver</i> and other services through such MCOs or prepaid health plans. Contracts with these health plans are on file at the State Medicaid agency. <i>Specify:</i> <i>(a) the MCOs and/or health plans that furnish services under the provisions of §1915(a)(1);</i> <i>(b) the geographic areas served by these plans;</i> <i>(c) the specific 1915(i) State plan HCBS furnished by these plans;</i> <i>(d) how payments are made to the health plans; and</i> <i>(e) whether the 1915(a) contract has been submitted or previously approved.</i>
<input type="checkbox"/>	Waiver(s) authorized under §1915(b) of the Act. <i>Specify the §1915(b) waiver program and indicate whether a §1915(b) waiver application has been submitted or previously approved:</i>

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Specify the §1915(b) authorities under which this program operates (check each that applies):			
<input type="checkbox"/>	§1915(b)(1) (mandated enrollment to managed care)	<input type="checkbox"/>	§1915(b)(3) (employ cost savings to furnish additional services)
<input type="checkbox"/>	§1915(b)(2) (central broker)	<input type="checkbox"/>	§1915(b)(4) (selective contracting/limit number of providers)
<input type="checkbox"/>	A program operated under §1932(a) of the Act. <i>Specify the nature of the State Plan benefit and indicate whether the State Plan Amendment has been submitted or previously approved:</i>		
<input type="checkbox"/>	A program authorized under §1115 of the Act. Specify the program:		

3. State Medicaid Agency (SMA) Line of Authority for Operating the State plan HCBS Benefit. (Select one):

<input type="radio"/>	The State plan HCBS benefit is operated by the SMA. Specify the SMA division/unit that has line authority for the operation of the program (select one):	
	<input type="radio"/>	The Medical Assistance Unit (name of unit):
	<input type="radio"/>	Another division/unit within the SMA that is separate from the Medical Assistance Unit (name of division/unit) <i>This includes administrations/divisions under the umbrella agency that have been identified as the Single State Medicaid Agency.</i>
<input checked="" type="radio"/>	The State plan HCBS benefit is operated by (name of agency) The Department of Developmental Services (DDS) a separate agency of the state that is not a division/unit of the Medicaid agency. In accordance with 42 CFR §431.10, the Medicaid agency exercises administrative discretion in the administration and supervision of the State plan HCBS benefit and issues policies, rules and regulations related to the State plan HCBS benefit. The interagency agreement or memorandum of understanding that sets forth the authority and arrangements for this delegation of authority is available through the Medicaid agency to CMS upon request.	

4. Distribution of State plan HCBS Operational and Administrative Functions.

(By checking this box the state assures that): When the Medicaid agency does not directly conduct an administrative function, it supervises the performance of the function and establishes and/or approves

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policies that affect the function. All functions not performed directly by the Medicaid agency must be delegated in writing and monitored by the Medicaid Agency. When a function is performed by an agency/entity other than the Medicaid agency, the agency/entity performing that function does not substitute its own judgment for that of the Medicaid agency with respect to the application of policies, rules and regulations. Furthermore, the Medicaid Agency assures that it maintains accountability for the performance of any operational, contractual, or local regional entities. In the following table, specify the entity or entities that have responsibility for conducting each of the operational and administrative functions listed (*check each that applies*):

(*Check all agencies and/or entities that perform each function*):

Function	Medicaid Agency	Other State Operating Agency	Contracted Entity	Local Non-State Entity
1 Individual State plan HCBS enrollment	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
2 Eligibility evaluation	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
3 Review of participant service plans	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
4 Prior authorization of State plan HCBS	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
5 Utilization management	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
6 Qualified provider enrollment	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
7 Execution of Medicaid provider agreement	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
8 Establishment of a consistent rate methodology for each State plan HCBS	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
9 Rules, policies, procedures, and information development governing the State plan HCBS benefit	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
10 Quality assurance and quality improvement activities	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

(*Specify, as numbered above, the agencies/entities (other than the SMA) that perform each function*):

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Home and Community-Based Settings

(By checking the following box the State assures that):

1. **Home and Community-Based Settings.** The State plan HCBS benefit will be furnished to individuals who reside and receive HCBS in their home or in the community, not in an institution. *(Explain how residential and non-residential settings in this SPA comply with Federal home and community-based settings requirements at 42 CFR 441.710(a)(1)-(2) and associated CMS guidance. Include a description of the settings where individuals will reside and where individuals will receive HCBS, and how these settings meet the Federal home and community-based settings requirements, at the time of submission and in the future):*

(Note: In the Quality Improvement Strategy (QIS) portion of this SPA, the state will be prompted to include how the state Medicaid agency will monitor to ensure that all settings meet federal home and community-based settings requirements, at the time of this submission and ongoing.)

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The state assures that this 1915(i) HCBS SPA will be subject to any provisions or requirements included in the state's most recent and/or approved home and community-based settings Statewide Transition Plan. The state will implement any required changes by the end of the transition period as outlined in the home and community-based settings Statewide Transition Plan.

As noted in state law (W&IC section 4684.80(a))EBSHs provide services to a maximum of four individuals with private bedrooms and must conform with the HCBS settings requirements of 42 CFR 441.530(a)(1). Therefore, meeting the HCBS settings requirements is considered during the planning and development of these homes. EBSHs are designed for individuals who require more enhanced behavioral supports, staffing and supervision than is available in other licensed residential settings. In addition to the same licensing criteria for adult residential facilities and group homes, certification by DDS is also required as a condition of licensure of an EBSH. This certification requirement is another opportunity to review the planned service design for compliance with the HCBS settings requirements.

As these homes are new setting types under this 1915i, each one will be assessed regarding compliance with the HCBS settings requirements prior to the submission of federal claiming for services provided in these settings. The assessment process will be as follows:

- The regional center, in conjunction with the consumers and service provider, will conduct an on-site assessment of the EBSH using a standardized tool, developed as part of the State's transition planning, which aligns with the ten requirement highlighted previously.
- This assessment will include a review of the EBSH's policies/procedures for alignment with the HCBS requirements.
- Results of the assessment will be documented on the standardized tool and maintained by the regional center and provider
- The assessment will also indicate any setting requirements that initially were not met and the actions taken in response.
- Upon completion, the written assessment and supporting information will be forwarded to DDS for validation of the assessment findings via review of the supporting information and assessment. If validated, the individual EBSH is considered an eligible 1915i provider.
- On-going monitoring of compliance with the HCBS settings requirements will occur in the following ways:
 - During required on-site monitoring visits of all EBSHs by DDS, and
 - During the on-site 1915i monitoring reviews where a representative, random number of consumers are selected for review. This review includes on-site visits to settings where consumers receive services.

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	license as required by the local jurisdiction where the business is located.		<p>will use to screen paid staff, consultants, and volunteers who will have direct contact with consumers.</p> <p>2. Staff appropriate to services rendered with skills to establish and maintain constructive and appropriate personal relationship with recipients, minimize risks of endangerment to health, safety, and well-being of recipients, perform CPR and operate 24-hour emergency response systems, achieve the intended results of services being performed and maintenance of current and valid licensure, certification, or registration as are legally required for the service.</p> <p>3. Staff orientation and training in theory and practice of supported living services and recipient training in supported living services philosophy, recipient rights, abuse prevention and reporting, grievance procedures and strategies for building and maintaining a circle of support.</p>
In-Home Day Program	<p>No state licensing category.</p> <p>As appropriate, a business license as required by the local jurisdiction where the business is located.</p>	N/A	<p>Qualifications and training for staff in agency guidelines.</p> <p>Must have a provision for an annual assessment process to ensure consumer participation in this type of program remains appropriate.</p> <p>Providers may include employees of community-based day, pre-vocation, or vocational programs.</p>
Enhanced Behavioral Supports Homes (EBSH) (Agency)	Licensed Adult Residential Facility or group home by the Department of Social Services pursuant to Health and Safety Code §§ 1567.61 - 1567.80	Certified by the Department of Developmental Services pursuant to WIC 4684.80	<p>In addition to the requirements in Title 22, CCR, §§85000-85092, the following requirements from Title 17, CCR, §§59060-59061 also apply:</p> <p>Administrator Qualifications</p> <p>(a) An administrator must:</p> <p>(1) Have a minimum of 2 years of prior experience providing direct care or supervision to individuals with developmental disabilities; and be one of the following:</p> <p>(A) A registered behavior technician.</p> <p>(B) A licensed psychiatric technician.</p> <p>(C) A qualified behavior modification professional.</p> <p>(b) An administrator must complete the residential services orientation as required per Section 56003(b)</p>

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	As appropriate, a business license as required by the local jurisdiction where the business is located.		<p>Direct Care Staff Qualifications.</p> <p>(a) A direct care lead staff person must:</p> <p>(1) Have at least one year prior experience providing direct care to individuals with developmental disabilities, with a focus on behavioral services; and</p> <p>(2) Become a registered behavior technician within 60 days of initial employment; or, be either:</p> <p>(A) A licensed psychiatric technician; or</p> <p>(B) A qualified behavior modification professional.</p> <p>(b) A direct care staff person must:</p> <p>(1) Have at least six months prior experience providing direct care to individuals with developmental disabilities, with a focus on behavioral services; and</p> <p>(2) Become a registered behavior technician within twelve months of initial employment; or be:</p> <p>(A) Be a licensed psychiatric technician.</p>
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Verification of Provider Qualifications *(For each provider type listed above. Copy rows as needed):*

Provider Type <i>(Specify):</i>	Entity Responsible for Verification <i>(Specify):</i>	Frequency of Verification <i>(Specify):</i>
All Habilitation - Community Living Arrangement Services providers	Regional centers, through the vendorization process, verify providers meet requirements/qualifications outlined in Title 17, CCR, § 54310 including the following, as applicable: any license, credential, registration, certificate, permit, or academic degree required for the performance or operation of the service; the staff qualifications and duty statements; and service design.	Verified upon application for vendorization and ongoing thereafter through oversight and monitoring activities.
Licensed Community Care Facilities	Department of Social Services – Community Care Licensing Division (DSS-CCLD)	Annually
	regional centers – including verification of standards identified in “Needs-Based Evaluation/Reevaluation“ item #8.	Annually

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	applicable As appropriate, a business license as required by the local jurisdiction where the business is located.		Direct Care Staff: Must have artistic experience as demonstrated through a resume.
Special Olympics Trainer (AT)	No state licensing category. As appropriate, a business license as required by the local jurisdiction where the business is located.	N/A	Knowledge and training sufficient to ensure consumer participation in Special Olympics.
Sports Club: (e.g. YMCA, Community Parks and Recreation Program, Community-based recreation program) (AT)	As appropriate, a business license as required by the local jurisdiction where the business is located.	N/A	All community recreational program providers shall possess the following minimum qualifications: 1. Ability to perform the functions required by the individual plan of care; 2. Demonstrated dependability and personal integrity; 3. Willingness to pursue training as necessary based upon the individual

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Crisis Intervention Facilities	Department of Social Services – Community Care Licensing Division (DSS-CCLD) and regional centers	Annually
Service Delivery Method. <i>(Check each that applies):</i>		
<input type="checkbox"/>	Participant-directed	<input checked="" type="checkbox"/> Provider managed

Service Specifications <i>(Specify a service title for the HCBS listed in Attachment 4.19-B that the State plans to cover):</i>	
Service Title:	Respite Care
Service Definition (Scope):	
<p>Intermittent or regularly scheduled temporary non-medical care (with the exception of colostomy, ileostomy, catheter maintenance, and gastrostomy) and supervision provided in the recipient's own home or in an approved out of home location to do all of the following:</p> <ol style="list-style-type: none"> 1. Assist family members in maintaining the recipient at home; 2. Provide appropriate care and supervision to protect the recipient's safety in the temporary absence of family members; 3. Temporarily relieve family members from the constantly demanding responsibility of caring for a recipient; and 4. Attend to the recipient's basic self-help needs and other activities of daily living, including interaction, socialization, and continuation of usual daily routines which would ordinarily be performed by family members. <p>Respite may only be provided when the care and supervision needs of a consumer exceed that of a person of the same age without developmental disabilities.</p> <p>FFP will not be claimed for the cost of room and board except when provided as part of respite care furnished in a facility approved by the State that is not a private residence.</p> <p>While there is no limit on the duration that respite services that can be provided, FFP will not be claimed for respite service provided beyond 30 consecutive days.</p> <p>Respite care may be provided in the following locations:</p> <ul style="list-style-type: none"> ▪ Private residence ▪ Residential facility licensed by the Department of Social Services. ▪ Respite facility licensed by the Department of Social Services 	

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<ul style="list-style-type: none"> ▪ Other community setting approved by the State that is not a private residence, such as: <ul style="list-style-type: none"> ○ Adult Family Home/Family Teaching Home ○ Certified Family Homes for Children ○ Adult Day Care Facility ○ Camp ○ Licensed Preschool <p>Respite services do not duplicate services provided under the Individuals with Disabilities Education (IDEA) Act of 2004.</p>			
Additional needs-based criteria for receiving the service, if applicable (<i>specify</i>):			
Specify limits (if any) on the amount, duration, or scope of this service for (<i>chose each that applies</i>):			
<input checked="" type="checkbox"/>	Categorically needy (<i>specify limits</i>):		
<input checked="" type="checkbox"/>	Medically needy (<i>specify limits</i>):		
Provider Qualifications (<i>For each type of provider. Copy rows as needed</i>):			
Provider Type (<i>Specify</i>):	License (<i>Specify</i>):	Certification (<i>Specify</i>):	Other Standard (<i>Specify</i>):
Individual	No state licensing category. As appropriate, a business license as required by the local jurisdiction.	N/A	Has received Cardiopulmonary Resuscitation (CPR) and First Aid training from agencies offering such training, including, but not limited to, the American Red Cross; and has the skill, training, or education necessary to perform the required services.

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Licensed Community Care Facilities	Department of Social Services – Community Care Licensing Division (DSS-CCLD) and regional centers	Annually
Service Delivery Method. <i>(Check each that applies):</i>		
<input checked="" type="checkbox"/>	Participant-directed	<input checked="" type="checkbox"/> Provider managed

Service Specifications *(Specify a service title for the HCBS listed in Attachment 4.19-B that the State plans to cover):*

Service Title: **Supported Employment- Individual Services**

Service Definition (Scope):

Supported employment services are defined in California Welfare and Institutions Code § 4851 (n), (s) as: paid work that is integrated in the community for individuals with developmental disabilities. Individual services means job coaching and other supported employment services for regional center-funded consumers in a supported employment placement at a job coach-to-consumer ration of one-to-one, and that decrease over time until stabilization is achieved. Individual services may be provided on or off the jobsite. These services are received by eligible adults who are employed in integrated settings in the community. These individuals are unable to maintain this employment without an appropriate level of ongoing employment support services. Transportation services are not included under supported employment individual services.

Supported Employment- Individual Services (defined in California Welfare and Institutions Code §4851(n)(s).

- Training and supervision in addition to the training and supervision the employer normally provides to employees.
- Support services to ensure job adjustment and retention, provided on an individual basis in the community, as defined in California Welfare and Institutions Code §4851(q):
 - Job development – The process of working with a consumer, based on the individual’s interests and abilities to identify potential jobs, meet with the hiring business, and assist the consumer to apply for and compete for the job.
 - Job analysis – Classifying each of the required duties of a job to identify the support needed by the consumer.
 - Training in adaptive functional skills
 - Social skill training
 - Ongoing support services – Services that are provided, typically off the job, to assist a consumer with concerns or issues that could affect his or her ability to maintain employment.
 - Family counseling necessary to support the individual’s employment
 - Advocacy related to the employment, such as assisting individuals in understanding their benefits
 - Advocacy or intervention to resolve problems affecting the consumer’s work adjustment or retention.
- Recipients receiving individual services normally earn minimum wage or above and are on the employer’s payroll. Individuals receiving these services usually receive supervision 5-20% of the time by the program. The remainder of the time, the employer provides all supervision and training.

The above described services are not available under a program funded under section 110 of the

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Rehabilitation Act of 1973 (29 USC Section 730) or section 602(16) and (17) of the Individuals with Disabilities Education Act (20 USC 1401(16 and 17).

The reimbursement for Supported Employment (Individual Services) includes incentive payments for measurable milestones identified below:

1. A one-time payment made to a provider when an individual obtains competitive integrated employment and is still employed after 30 consecutive days.
2. An additional one-time payment to a provider when an individual obtains competitive integrated employment and is still employed after six consecutive months.
3. An additional one-time payment to a provider when an individual has been employed consecutively for one year.

Federal financial participation is not claimed for incentive payments, subsidies, or unrelated vocational training expenses such as the following:

1. Incentive payments made to an employer to encourage or subsidize the employer's participation in supported employment; or
2. Payments that are passed through to users of supported employment services.

Additional needs-based criteria for receiving the service, if applicable (*specify*):

Specify limits (if any) on the amount, duration, or scope of this service for (*chose each that applies*):

Categorically needy (*specify limits*):

Medically needy (*specify limits*):

Provider Qualifications (*For each type of provider. Copy rows as needed*):

Provider Type (<i>Specify</i>):	License (<i>Specify</i>):	Certification (<i>Specify</i>):	Other Standard (<i>Specify</i>):
Supported Employment Programs	No state licensing category. Federal/State Tax Exempt Letter. As appropriate, a business license as required by the local jurisdiction where the business is located.	Programs must initially meet the Department of Rehabilitation Program certification standards and be accredited by CARF within four years of providing services pursuant to Title §58810(f)(1)(2).	N/A

Verification of Provider Qualifications (*For each provider type listed above. Copy rows as needed*):

Provider Type (<i>Specify</i>):	Entity Responsible for Verification (<i>Specify</i>):	Frequency of Verification (<i>Specify</i>):
Supported Employment Programs	Regional centers, through the vendorization process, verify providers meet requirements/qualifications outlined in Title 17, CCR, § 54310 including the following, as applicable: any license, credential, registration, certificate, permit, or academic degree required	Verified upon application for vendorization and ongoing thereafter through oversight and monitoring activities.

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Service Specifications *(Specify a service title for the HCBS listed in Attachment 4.19-B that the State plans to cover):*

Service Title:	Prevocational Services
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Service Definition (Scope):

Prevocational services are services that are delivered for the purpose of furthering habilitation goals of learning and work experience through a habilitation service plan required by 17 CCR § 58812 to outline a specific path to competitive, integrated employment in the community. The service plan is to be reviewed not less than annually or more frequently if requested by the individual.

Services are intended to develop and teach general skills that lead to competitive and integrated employment including, but not limited to: ability to communicate effectively with supervisors, co-workers and customers; generally accepted community work place conduct and dress; ability to follow directions; ability to attend to asks; work place problem solving skills and strategies; general work place safety and mobility training. Additionally, both work adjustment and supportive habilitation services as defined in Title 17 CCR § 58820 (c)(2), should allow for the development of productive skills, physical and psychomotor skills, interpersonal and communicative skills, health and hygiene maintenance, personal safety practices, self-advocacy training, and other skills aimed at maintaining a job and as outlined in the individual's person-centered services and supports plan. Individuals may be compensated based upon their performance and upon prevailing wage. However, compensation is not the sole purpose of participation in this service.

Prevocational services are designed to prepare individuals in non-job-task-specific strengths and skills that contribute towards obtaining a competitive and integrated employment, as opposed to vocational services whose sole purpose is to provide employment without habilitation goals geared towards skill building.

Transportation services are not included under Prevocational Services.

Federal financial participation is not claimed for incentive payments, subsidies, or unrelated vocational training expenses such as incentive payments made to an employer to encourage or subsidize the employer's participation in supported employment; or payments that are passed through to users of supported employment services.

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TN. No. 16-016

Approval Date: December 17, 2018

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The above-described services are not available under a program funded under section 110 of the Rehabilitation Act of 1973 (29 USC Section 730) or section 602(16) and (17) of the Individuals with Disabilities Education Act (20 U.S.C. 1401 (16 and 17)).			
Additional needs-based criteria for receiving the service, if applicable (<i>specify</i>):			
Specify limits (if any) on the amount, duration, or scope of this service for (<i>chose each that applies</i>):			
<input type="checkbox"/>	Categorically needy (<i>specify limits</i>):		
<input type="checkbox"/>	Medically needy (<i>specify limits</i>):		
Provider Qualifications (<i>For each type of provider. Copy rows as needed</i>):			
Provider Type (<i>Specify</i>):	License (<i>Specify</i>):	Certification (<i>Specify</i>):	Other Standard (<i>Specify</i>):
Work Activity Program	Facility license (Health and Safety Code §§ 1500-1567.8) if applicable Federal/State Tax Exempt Letter. As appropriate, a business license as required by the local jurisdiction where the business is located	Programs must initially meet the Department of Rehabilitation Program certification standards and be accredited by CARF within four years of providing services.	N/A
Supported Employment Programs (Agency)	No state licensing category. Federal/State Tax Exempt Letter. As appropriate, a business license as required by the local jurisdiction where the business is located.	Programs must initially meet the Department of Rehabilitation Program certification standards and be accredited by CARF within four years of providing services pursuant to Title 17 § 58810(f)(1)(2).	

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Verification of Provider Qualifications (For each provider type listed above. Copy rows as needed):		
Provider Type (Specify):	Entity Responsible for Verification (Specify):	Frequency of Verification (Specify):
Work Activity Programs	Regional centers, through the vendorization process, verify providers meet requirements/qualifications outlined in Title 17, CCR, § 54310 including the following, as applicable: any license, credential, registration, certificate, permit, or academic degree required for the performance or operation of the service; the staff qualifications and duty statements; and service design.	Verified upon application for vendorization and ongoing thereafter through oversight and monitoring activities.
Work Activity Programs	Commission on Accreditation of Rehabilitation Facilities (CARF)	Within four years at start-up; every one to three years thereafter

Service Specifications (Specify a service title for the HCBS listed in Attachment 4.19-B that the State plans to cover):	
Service Title:	Homemaker
Service Definition (Scope):	
Services consisting of general household activities (meal preparation and routine household care) provided by a trained homemaker, when the individual regularly responsible for these activities is temporarily absent or unable to manage the home and care for him or herself or others in the home. Homemaker services will not supplant services available through the approved Medicaid State plan or the EPSDT benefit.	
Additional needs-based criteria for receiving the service, if applicable (specify):	
Specify limits (if any) on the amount, duration, or scope of this service for (chose each that applies):	
<input checked="" type="checkbox"/>	Categorically needy (specify limits):
	1915(i) Homemaker services will be a continuation of services beyond the amount, duration and scope of the Personal Care Services Program State Plan benefit.

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All Specialized Medical Equipment and Supplies Providers	Regional centers, through the vendorization process, verify providers meet requirements/ qualifications outlined in Title 17, CCR, § 54310 including the following, as applicable: any license, credential, registration, certificate, permit, or academic degree required for the performance or operation of the service; the staff qualifications and duty statements; and service design.	Verified upon application for vendorization and ongoing thereafter through oversight and monitoring activities.
Service Delivery Method. <i>(Check each that applies):</i>		
<input type="checkbox"/>	Participant-directed	

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Service Specifications (*Specify a service title for the HCBS listed in Attachment 4.19-B that the state plans to cover*):

Housing Access Services

Service Definition (Scope):

Housing Access Services includes two components:

- A) **Individual Housing Transition Services.** - These services provide direct support and assistance with activities and processes associated with an individual's preparation for and transition to housing. These services are:
1. Conducting a tenant screening and housing assessment that identifies the participant's preferences and barriers related to successful tenancy. The assessment may include collecting information on potential housing transition barriers, and identification of housing retention barriers.
 2. Assisting the individual in developing an individualized housing support plan based upon the housing assessment that addresses identified barriers, includes short and long-term measurable goals for each issue, establishes the participant's approach to meeting the goal, and identifies when other providers or services, both reimbursed and not reimbursed by Medicaid, may be required to meet the goal.
 3. Assisting the individual with the housing application process. Assisting with the housing search process.
 4. Assisting the individual with identifying resources to cover set-up fees for utilities or service access, including telephone, electricity, heating and water, and services necessary for the individual's health and safety, consisting of pest eradication and one-time cleaning prior to occupancy.
 5. Assisting the individual with coordinating resources to identify and address conditions in the living environment prior to move-in that may compromise the safety of the consumer.
 6. Assisting the individual with details of the move including communicating with the landlord to negotiate a move-in date, reading and understanding the terms of the lease, scheduling set-up of utilities and services, and arranging the move of consumers' belongings.
 7. Assisting the individual with the development of a housing support crisis plan that includes prevention and early intervention services when housing is jeopardized.
- B) **Individual Housing & Tenancy Sustaining Services** - This service is made available to support individuals to maintain tenancy once housing is secured. The availability of ongoing housing-related services in addition to other long term services and supports promotes housing success, fosters community integration and inclusion, and develops natural support networks. These tenancy support services are:
1. Assisting the individual in the early detection and intervention for behaviors that may jeopardize housing, such as late rental payment and other lease violations.
 2. Assisting the individual with education and training on the role, rights and responsibilities of the tenant and landlord.
 3. Coaching the individual on developing and maintaining key relationships with landlords/property managers with a goal of fostering successful tenancy.

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4. Assisting the individual in resolving disputes with landlords and/or neighbors to reduce risk of eviction or other adverse action.
5. Assisting the individual with advocacy and linkage with community resources to prevent eviction when housing is, or may potentially become jeopardized.
6. Assisting the individual with the housing recertification process.
7. Assisting the individual in reviewing, updating and modifying their housing support and crisis plan on a regular basis to reflect current needs and address existing or recurring housing retention barriers.
8. Providing the individual with continuous training in being a good tenant and lease compliance, including ongoing support with activities related to household management.

Housing Access Services do not include payment for room and board.

Persons receiving Health Homes or California Community Transitions services will not receive this service unless additional Housing Access through the 1915i is necessary to maintain the consumers' health, safety and wellbeing in the home and/or community.

Additional needs-based criteria for receiving the service, if applicable (*specify*):

Specify limits (if any) on the amount, duration, or scope of this service. Per 42 CFR Section 440.240, services available to any categorically needy recipient cannot be less in amount, duration and scope than those services available to a medically needy recipient, and services must be equal for any individual within a group. States must also separately address standard state plan service questions related to sufficiency of services.

(Choose each that applies):

Categorically needy (*specify limits*):

Medically needy (*specify limits*):

Provider Qualifications (*For each type of provider. Copy rows as needed*):

Provider Type (<i>Specify</i>):	License (<i>Specify</i>):	Certification (<i>Specify</i>):	Other Standard (<i>Specify</i>):
Individual/ Business entity	As appropriate, a business license as	N/A	N/A

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	required by the local jurisdiction where the business is located		
Business entity	As appropriate, a business license as required by the local jurisdiction where the business is located	N/A	N/A

Verification of Provider Qualifications (For each provider type listed above. Copy rows as needed):

Provider Type (Specify):	Entity Responsible for Verification (Specify):	Frequency of Verification (Specify):
Individual	Regional centers, through the vendorization process, verify providers meet requirements/qualifications outlined in Title 17, CCR, § 54310 including the following, as applicable: any license, credential, registration, certificate, permit, or academic degree required for the performance or operation of the service; the staff qualifications and duty statements; and service design.	Verified upon application for vendorization and biennially thereafter.

Service Delivery Method. (Check each that applies):

<input type="checkbox"/>	Participant-directed	<input checked="" type="checkbox"/>	Provider managed
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Service Specifications (Specify a service title for the HCBS listed in Attachment 4.19-B that the state plans to cover):

Family Support Services

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Service Definition (Scope):			
<p>Provide care and supervision of children, for periods of less than 24 hours per day, while the parents/primary non-paid caregiver are out of the home. This service is provided in the recipient's own home or in an approved out of home location to do all of the following:</p> <ol style="list-style-type: none"> 1. Assist family members in maintaining the recipient at home; 2. Provide appropriate care and supervision to protect the recipient's safety in the absence of family members; 3. Relieve family members from the constantly demanding responsibility of caring for a recipient; and 4. Attend to the recipient's basic self-help needs and other activities of daily living, including interaction, socialization, and continuation of usual daily routines which would ordinarily be performed by family members. <p>Family support services may only be provided when the care and supervision needs of a consumer exceed that of a person of the same age without developmental disabilities. Additionally payment may only be made when the cost of the service exceeds the cost of providing services to a person of the same age without disabilities.</p> <p>A regional center may offer family members the option to self-direct their own family support services.</p>			
Additional needs-based criteria for receiving the service, if applicable (<i>specify</i>):			
<p>Specify limits (if any) on the amount, duration, or scope of this service. Per 42 CFR Section 440.240, services available to any categorically needy recipient cannot be less in amount, duration and scope than those services available to a medically needy recipient, and services must be equal for any individual within a group. States must also separately address standard state plan service questions related to sufficiency of services.</p> <p>(Choose each that applies):</p>			
Categorically needy (<i>specify limits</i>):			
Medically needy (<i>specify limits</i>):			
Provider Qualifications (<i>For each type of provider. Copy rows as needed</i>):			
Provider Type (<i>Specify</i>):	License (<i>Specify</i>):	Certification (<i>Specify</i>):	Other Standard (<i>Specify</i>):

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<p>Child Day Care Facility; Child Day Care Center; Family Child Care Home (Individual/Agency)</p>	<p>Licensed Child Day Care Facility by the Department of Social Services pursuant to Health and Safety Code §§ 1596.90 – 1597.621 As appropriate, a business license as required by the local jurisdiction where the business is located.</p>	<p>Child Day Care Center: Title 22 CCR, §§101151- 101239.2 Family Child Care Home: Title 22 CCR §§102351.1- 102424</p>	<p>Licensing requirements listed under HSC 1596.95 The administrator shall have the following qualifications: 1. Attainment of at least 18 years of age. 2. Knowledge of the requirements for providing the type of care and supervision children need and the ability to communicate with such children. 3. Knowledge of and ability to comply with applicable law and regulation. 4. Ability to maintain or supervise the maintenance of financial and other records. 5. Ability to establish the center’s policy, program and budget. 6. Ability to recruit, employ, train, direct and evaluate qualified staff.</p>
<p>Individual</p>	<p>No state licensing category. As appropriate, a business license as required by the local jurisdiction where the business is located.</p>	<p>N/A</p>	<p>Has received Cardiopulmonary Resuscitation (CPR) and First Aid training from agencies offering such training. Must have the skill, training, or education necessary to perform the required services.</p>

Verification of Provider Qualifications (For each provider type listed above. Copy rows as needed):

Provider Type (Specify):	Entity Responsible for Verification (Specify):	Frequency of Verification (Specify):
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Business entity	<p>Regional centers, through the vendorization process, verify providers meet requirements/qualifications outlined in Title 17, CCR, § 54310 including the following, as applicable: any license, credential, registration, certificate, permit, or academic degree required for the performance or operation of the service; the staff qualifications and duty statements; and service design.</p> <p>Department of Social Services – Community Care Licensing Division (DSS-CCLD) and regional centers.</p>	Verified upon application for vendorization and biennially thereafter.
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Service Delivery Method. (Check each that applies):

<input checked="" type="checkbox"/>	Participant-directed	<input checked="" type="checkbox"/>	Provider managed
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Service Specifications (Specify a service title for the HCBS listed in Attachment 4.19-B that the state plans to cover):

Occupational Therapy

Service Definition (Scope):

Occupational Therapy services are defined in Title 22, California Code of Regulations, Sections 51085, and 51309 as services designed to restore or improve a person’s ability to undertake activities of daily living when those skills are impaired by developmental or psychosocial disabilities, physical illness or advanced age. Occupational therapy includes evaluation, treatment planning, treatment, instruction and consultative services.

All medically necessary occupational therapy services for children under age 21 are covered in the state plan pursuant to the EPSDT benefit. Occupational therapy in this 1915i is only provided to individuals age 21 and over and only when the limits of occupational therapy services furnished under the approved state plan are exhausted. Occupational therapy services in the approved state plan are limited to a maximum of two services in any one calendar month or any combination of two services per month from the following services: audiology, acupuncture, chiropractic, psychology, podiatry, and speech therapy or the amount determined medically necessary.

Additional needs-based criteria for receiving the service, if applicable (specify):

Specify limits (if any) on the amount, duration, or scope of this service. Per 42 CFR Section 440.240, services available to any categorically needy recipient cannot be less in amount, duration and scope than those services

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available to a medically needy recipient, and services must be equal for any individual within a group. States must also separately address standard state plan service questions related to sufficiency of services.

(Choose each that applies):

Categorically needy *(specify limits):*

Medically needy *(specify limits):*

Provider Qualifications *(For each type of provider. Copy rows as needed):*

Provider Type <i>(Specify):</i>	License <i>(Specify):</i>	Certification <i>(Specify):</i>	Other Standard <i>(Specify):</i>
Occupational Therapist (Individual/Agency)	Occupational Therapist: Licensed Occupational Therapist by the California Board of Occupational Therapy pursuant to Business and Professions Code §§2570-2571 An appropriate business license as required by the local jurisdiction for the adaptations to be completed.		
Occupational Therapist Assistant (Agency)	Occupational Therapist Assistant: Licensed Occupational		

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	<p>Therapist by the California Board of Occupational Therapy pursuant to Business and Professions Code §§2570-2571</p> <p>An appropriate business license as required by the local jurisdiction for the adaptations to be completed.</p>		
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Verification of Provider Qualifications (For each provider type listed above. Copy rows as needed):

Provider Type (Specify):	Entity Responsible for Verification (Specify):	Frequency of Verification (Specify):
Business entity	Regional centers, through the vendorization process, verify providers meet requirements/qualifications outlined in Title 17, CCR, § 54310 including the following, as applicable: any license, credential, registration, certificate, permit, or academic degree required for the performance or operation of the service; the staff qualifications and duty statements; and service design.	Verified upon application for vendorization and biennially thereafter.

Service Delivery Method. (Check each that applies):

<input type="checkbox"/>	Participant-directed	<input checked="" type="checkbox"/>	Provider managed
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Service Specifications (Specify a service title for the HCBS listed in Attachment 4.19-B that the state plans to cover):

Physical Therapy

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Service Definition (Scope):			
Physical Therapy services are defined in Title 22, California Code of Regulations, Sections 51081, and 51309 as services of any bodily condition by the use of physical, chemical, and or other properties of heat, light, water, electricity or sound, and by massage and active, resistive or passive exercise. Physical therapy includes evaluation, treatment planning, treatment, instruction, consultative services, and application of topical medications.			
All medically necessary physical therapy services for children under age 21 are covered in the state plan pursuant to the EPSDT benefit. Physical therapy in this waiver is only provided to individuals age 21 and over and only when the limits of physical therapy services furnished under the approved state plan are exhausted. Physical therapy services in the approved state plan are limited to six month treatments and may be renewed if determined medically necessary.			
Additional needs-based criteria for receiving the service, if applicable (<i>specify</i>):			
Specify limits (if any) on the amount, duration, or scope of this service. Per 42 CFR Section 440.240, services available to any categorically needy recipient cannot be less in amount, duration and scope than those services available to a medically needy recipient, and services must be equal for any individual within a group. States must also separately address standard state plan service questions related to sufficiency of services.			
(<i>Choose each that applies</i>):			
Categorically needy (<i>specify limits</i>):			
Medically needy (<i>specify limits</i>):			
Provider Qualifications (<i>For each type of provider. Copy rows as needed</i>):			
Provider Type (<i>Specify</i>):	License (<i>Specify</i>):	Certification (<i>Specify</i>):	Other Standard (<i>Specify</i>):
Physical Therapist (Individual/Agency)	Physical Therapist: Licensed Physical Therapist by the Physical Therapy Board of California pursuant to		

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	<p>Business and Professions Code §§2635-2639.1</p> <p>An appropriate business license as required by the local jurisdiction for the adaptations to be completed.</p>		
<p>Physical Therapy Assistant (Agency)</p>	<p>Physical Therapy Assistant: Licensed Physical Therapy assistant by the Physical Therapy</p> <p>An appropriate business license as required by the local jurisdiction for the adaptations to be completed.</p>		

Verification of Provider Qualifications (For each provider type listed above. Copy rows as needed):

Provider Type (Specify):	Entity Responsible for Verification (Specify):	Frequency of Verification (Specify):
Business entity	Regional centers, through the vendorization process, verify providers meet requirements/qualifications outlined in Title 17, CCR, § 54310 including the following, as applicable: any license, credential, registration, certificate, permit, or academic degree required	Verified upon application for vendorization and biennially thereafter.

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	for the performance or operation of the service; the staff qualifications and duty statements; and service design.	
Service Delivery Method. (Check each that applies):		
<input type="checkbox"/>	Participant-directed	<input checked="" type="checkbox"/> Provider managed

Service Specifications (Specify a service title for the HCBS listed in Attachment 4.19-B that the state plans to cover):
Family/ Consumer Training
Service Definition (Scope):
Family/consumer support and training services are provided, as needed, in conjunction with extended state plan services in this 1915i. These services include training by licensed providers to maintain or enhance the long-term impact of treatment provided. This includes support or counseling for the consumer and/or family to ensure proper understanding of the treatment provided and what supports are needed in the recipient's home environment to enhance the treatments. These services will be provided to individuals age 21 and older.
Additional needs-based criteria for receiving the service, if applicable (specify):
Specify limits (if any) on the amount, duration, or scope of this service. Per 42 CFR Section 440.240, services available to any categorically needy recipient cannot be less in amount, duration and scope than those services available to a medically needy recipient, and services must be equal for any individual within a group. States must also separately address standard state plan service questions related to sufficiency of services. (Choose each that applies):
Categorically needy (specify limits):
Medically needy (specify limits):
Provider Qualifications (For each type of provider. Copy rows as needed):

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Provider Type (<i>Specify</i>):	License (<i>Specify</i>):	Certification (<i>Specify</i>):	Other Standard (<i>Specify</i>):
Dentist, Dental Hygienist, Marriage & Family Therapist, Social Worker, Speech Therapist (Individual/Agency)	Dentist: Licensed Dentist by the Dental Board of California pursuant to Business and Professions Code §§1628- 1636.6 Dental Hygienist: Licensed Dental Hygienist by the Dental Hygiene Committee of California pursuant to Business and Professions Code §§1900- 1966.6 Marriage & Family Therapist (MFT): Licensed MFT by the California Board of Behavioral Sciences pursuant to Business and Professions Code §§4980- 4989		

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	<p>Social Worker: Licensed Social Worker by the California Board of Behavioral Sciences pursuant to Business and Professions Code §§4996-4997.1</p> <p>Speech Therapist: Licensed Speech-Language Therapist by the Speech-Language Pathology & Audiology & Hearing Aid Dispensers Board pursuant to Business and Professions Code §2532-2532.8</p> <p>As appropriate, a business license as required by the local jurisdiction where the business is located.</p>		
Occupational Therapist, Occupational Therapy Assistant, Physical	Occupational Therapist and Assistant:	N/A	

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<p>Therapist, Physical Therapy Assistant, Registered Nurse, Licensed Vocational Nurse, (Individual/Agency)</p>	<p>Licensed Occupational Therapist by the California Board of Occupational Therapy pursuant to Business and Professions Code §§2570-2571</p> <p>Physical Therapist: Licensed Physical Therapist by the Physical Therapy Board of California pursuant to Business and Professions Code §§2635-2639.1</p> <p>Physical Therapy Assistant: Licensed Physical Therapy assistant by the Physical Therapy Board of California pursuant to Business and Professions Code §§2635-2639.1</p>		
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	<p>Licensed Registered Nurse by the California Board of Registered Nursing pursuant to Business and Professions Code §§ 2725-2742</p> <p>Licensed Vocational Nurse by the California Board of Vocational Nursing and Psychiatric Technicians pursuant to Business and Professions Code §§ 2859-2873.6 2873.7</p> <p>As appropriate, a business license as required by the local jurisdiction where the business is located.</p>		
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Verification of Provider Qualifications (For each provider type listed above. Copy rows as needed):

Provider Type (Specify):	Entity Responsible for Verification (Specify):	Frequency of Verification (Specify):
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Business entity	Regional centers, through the vendorization process, verify providers meet requirements/qualifications outlined in Title 17, CCR, § 54310 including the following, as applicable: any license, credential, registration, certificate, permit, or academic degree required for the performance or operation of the service; the staff qualifications and duty statements; and service design.	Verified upon application for vendorization and biennially thereafter.
Service Delivery Method. <i>(Check each that applies):</i>		
<input type="checkbox"/>	Participant-directed	<input checked="" type="checkbox"/> Provider managed

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Service Delivery Method. (Check each that applies):	
<input type="checkbox"/> Participant-directed	<input checked="" type="checkbox"/> Provider managed
Service Specifications (Specify a service title for the HCBS listed in Attachment 4.19-B that the State plans to cover):	
Service Title:	Transition Set Up Expenses
Service Definition (Scope):	
<p>Transition/Set Up Expenses are one-time, non-recurring set-up expenses to assist individuals who are transitioning from an institution to their own home. These expenses fund some of the initial set-up costs that are associated with obtaining and securing an adequate living environment and address the individual's health and safety needs when he or she enters a new living environment.</p> <p>“Own home” is defined as any dwelling, including a house, apartment, condominium, trailer, or other lodging that is owned, leased, or rented by the individual.</p> <p>This service includes necessary furnishings, household items and services that an individual needs for successful transition to community living and may include:</p> <ul style="list-style-type: none"> ▪ Security deposits that are required to obtain a lease on an apartment or home; ▪ Moving expenses; ▪ Health and safety assurances, such as pest eradication, allergen control or one-time cleaning prior to occupancy; ▪ Set up fees or non-refundable deposits for utilities (telephone, electricity, heating by gas); ▪ Essential furnishings to occupy and use a community domicile, such as a bed, table, chairs, window blinds, eating utensils, food preparation items, etc. <p>These services exclude:</p> <ul style="list-style-type: none"> ▪ Items designed for diversionary/recreational/entertainment purposes, such as hobby supplies, television, cable TV access, or VCRs and DVDs. ▪ Room and board, monthly rental or mortgage expense, regular utility charges, household appliances, and food. <p>Items purchased through this service are the property of the individual receiving the service and the individual takes the property with him/her in the event of a move to another residence.</p>	

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<input checked="" type="checkbox"/>	HCBS Specialized Medical Equipment and Supplies
<input checked="" type="checkbox"/>	
<input checked="" type="checkbox"/>	HCBS Transition/Set-Up Expenses
<input checked="" type="checkbox"/>	HCBS Community-Based Training Services
<input checked="" type="checkbox"/>	HCBS Financial Management Services
<input checked="" type="checkbox"/>	HCBS Family Support Services
<input checked="" type="checkbox"/>	HCBS Housing Access Services
<input checked="" type="checkbox"/>	HCBS Occupational Therapy
<input checked="" type="checkbox"/>	HCBS Physical Therapy
<input checked="" type="checkbox"/>	HCBS Family/Consumer Training

2. **Presumptive Eligibility for Assessment and Initial HCBS.** Period of presumptive payment for HCBS assessment and initial services, as defined by 1915(i)(1)(J) (*Select one*):

<input checked="" type="radio"/>	The State does not elect to provide for a period of presumptive payment for individuals that the State has reason to believe may be eligible for HCBS.
<input type="radio"/>	The State elects to provide for a period of presumptive payment for independent evaluation, assessment, and initial HCBS. Presumptive payment is available only for individuals covered by Medicaid that the State has reason to believe may be eligible for HCBS, and only during the period while eligibility for HCBS is being determined. The presumptive period will be <input type="text"/> days (not to exceed 60 days).

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appropriate reimbursement levels and update the fee schedule and State Plan. If the State determines that no rebasing is necessary, the State must submit documentation to CMS to support its decision.

2) Out-of-State Rate Methodology - This methodology is applicable for out-of-state residential providers. The rate paid is the established usual and customary rate for that service, paid by that State in the provision of that service to their own service population.

3) Median Rate Methodology - As described on pages 70-71, above. This methodology is used to determine the applicable monthly rate for Licensed/Certified Residential Services providers.

4) Enhanced Behavior Supports Homes Rate Methodology - There are two components to the monthly rate for Enhanced Behavioral Supports Homes: 1) the facility component, and 2) the individualized services and supports component. The allowable costs used to calculate the facility component include payroll costs of facility staff and facility related costs such as lease, facility maintenance, repairs, cable/internet, etc. The allowable costs used to calculate the individualized services and supports component include the salaries, wages, payroll taxes, and benefits of individuals providing individualized services and supports and other consumer specific program costs. As part of the certification process for Enhanced Behavioral Support Homes (EBSHs), the Department reviews the proposed facility component rate and supporting documentation for each EBSH to determine if the included costs are reasonable and economical. These rates must be approved by the Department prior to the delivery of service at each EBSH.

B. Supported Living Services provided in a Consumer's own Home (Non-Licensed/Certified) Supported Living Services providers are in this subcategory. Maximum hourly rates for these providers are determined using the median rate methodology, as described on pages 70-71 above.

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STATE/TERRITORY: CALIFORNIA**REIMBURSEMENT METHODOLOGY FOR HABILITATION – DAY SERVICES**

This service is comprised of the following three subcomponents:

A. Community-Based Day Services – There are two rate setting methodologies for providers in this subcategory.

1) **Rates Set pursuant to a Cost Statement Methodology** – As described on page 69, above. This methodology is applicable to the following providers (unit of service in parentheses): Activity Center (daily), Adult Development Center (daily), Behavior Management Program (daily), Independent Living Program (hourly), and Social Recreation Program (hourly). The rate schedule, effective July 1, 2016, for these services is located at the following link:

http://www.dds.ca.gov/Rates/docs/Comm_Based_Respite.pdf

2) **Median Rate Methodology** – As described on pages 70-71, above. This methodology is used to determine the applicable daily rate for Creative Art Program, Community Integration Training Program and Community

Activities Support Services providers. This methodology is also used to determine the applicable hourly rate for Adaptive Skills Trainer, Socialization Training Program, Personal Assistance and Independent Living Specialist providers.

B. Therapeutic/Activity-Based Day Services – The providers in this subcategory are Specialized Recreation Therapy, Special Olympics, Sports Club, Art Therapist, Dance Therapist, Music Therapist and Recreational Therapist. The units of service for all providers are daily, with the exception of Sports Club providers, who have a monthly rate. There are two rate setting methodologies for providers in this subcategory.

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1) Usual and Customary Rate Methodology – As described on page 70, above. If the provider does not have a usual and customary rate, then rates are set using #2 below.

2) Median Rate Methodology - As described on pages 70-71, above.

C. Mobility Related Day Services – The providers in this subcategory are Driver Trainer, Mobility Training Services Agency and Mobility Training Services Specialist. There are two rate setting methodologies for providers in this subcategory. There are two rate setting methodologies to determine the hourly rates for providers in this subcategory.

1) Usual and Customary Rate Methodology - As described on page 70, above. If the provider does not have a usual and customary rate, then rates are set using #2 below.

2) Median Rate Methodology - As described on pages 70-71, above.

REIMBURSEMENT METHODOLOGY FOR HABILITATION, PREVENTIVE SERVICES (BEHAVIORAL HEALTH TREATMENT*) AND BEHAVIORAL INTERVENTION SERVICES

This service is comprised of the following two subcomponents:

A. Non-Facility-Based Behavior Intervention Services– Providers and services in this subcategory are Behavior Analysts, Associate Behavior Analysts, Behavior Management Assistants, Behavior Management Intervention Training, Parent Support Services, Individual/Family Training Providers, Family Counselors, and Behavioral Technicians, Educational Psychologists, Clinical Social Workers, and Professional Clinical Counselors. There are two rate setting methodologies to determine the hourly rates for all providers in this subcategory (except psychiatrists, physicians and surgeons, physical therapists, occupational therapists, psychologists, Marriage and Family Therapists (MFT), speech pathologists, and audiologists -see DHCS Fee Schedule below).

1) Usual and Customary Rate Methodology - As described on page 70, above. If the provider does not have a usual and customary rate, then rates are set using #2 below.

2) Median Rate Methodology - As described on pages 70-71, above.

**Please refer to Item 1 3(c) and Supplement 6 to Attachment 3.1-A, page 1, of the State Plan Amendment*

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3) DHCS Fee Schedules - As described on page 70, above. The fee schedule rates for Non-Facility-Based Behavior Intervention Services were set as of July 15, 2016 and are effective for services provided on or after that date. All rates are published at: http://files.medi-cal.ca.gov/pubsdoco/Rates/rates_download.asp

B. Crisis Intervention Facility – The following two methodologies apply to determine the daily rates for these providers;

- 1) Usual and Customary Rate Methodology** - As described on page 70, above. If the provider does not have a usual and customary rate, then rates are set using #2 below.
- 2) Median Rate Methodology** - As described on pages 70-71, above.

REIMBURSEMENT METHODOLOGY FOR RESPITE CARE

There are five rate setting methodologies for Respite Services. The applicable methodology is based on whether the service is provided by an agency, individual provider or facility, type of facility, and service design.

1) Rates Set pursuant to a Cost Statement Methodology – As described on page 69, above. This methodology is used to determine the hourly rate for In-home Respite Agencies. The rate schedule, effective July 1, 2016, for this service is located at the following link: http://www.dds.ca.gov/Rates/docs/Comm_Based_Respite.pdf

2) Rates set in State Regulation – This rate applies to individual respite providers. Per Title 17 CCR, Section 57332(c)(3), the rate for this service is \$15.23 per hour. This rate is based on the current California minimum wage of \$10.00 per hour, effective January 1, 2016, plus \$1.17 differential (retention incentive), plus mandated employer costs of 17.28%; a 5% rate increase for respite services per Assembly Bill (AB) X2-1, effective July 1, 2016; and an 11.25% rate increase for enhancing wages and benefits for staff who spend 75% of their time providing direct services to consumers per AB X2-1, effective July 1, 2016.

3) ARM Methodology - As described on pages 71-73 above. This methodology is applicable to respite facilities that also have rates established with this methodology for “Habilitation-Community Living Assistance Services.” The daily respite rate is 1/21 of the established monthly ARM rate. This includes Foster Family Agency/Certified Family Home, Foster Family Home, Small Family Home, Group Home, Adult Residential Facility, Residential Care Facility for the Elderly, Adult Residential Facility for Persons with Special Health Care Needs and Family Home Agency. If the facility does not have rate for “Habilitation-Community Living Assistance Services” using the ARM methodology, then rates are set using #5 below.

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4) Usual and Customary Rate Methodology - As described on page 70, above. This methodology is applicable for the following providers (unit of service in parentheses); Adult Day Care Facility (daily), Camping Services (daily) providers. If the provider does not have a usual and customary rate, then rates are set using #5 below.

5) Median Rate Methodology - As described on pages 70-71, above.

**REIMBURSEMENT METHODOLOGY FOR ENHANCED HABILITATION –
SUPPORTED EMPLOYMENT (INDIVIDUAL)**

There are two rate setting methodologies for this service:

1. Supported employment rates for all providers are set in State statute [Welfare and Institutions Code Section 4860(a)(1)] at \$36.57 per job coach hour, effective July 1, 2016. The rate schedule, effective July 1, 2016, can be found at the following link:
http://www.dds.ca.gov/Rates/docs/WAP_SEP_Rates.pdf
2. Incentive payments will be paid to service providers as referenced in WIC 4870(d). Incentive payments include 1) A one-time payment of \$1,000 made to a provider when an individual obtains competitive integrated employment and is still employed after 30 consecutive days. 2) An additional one-time payment of \$1,250 made to a provider when an individual obtains competitive integrated employment and is still employed after six consecutive months. 3) An additional one-time payment of \$1,500 made to a provider when an individual has been employed consecutively for one year.

**REIMBURSEMENT METHODOLOGY FOR ENHANCED HABILITATION –
PREVOCATIONAL SERVICES**

There are three rate setting methodologies for this service:

1. Daily rates for Work Activity Program providers are set using the cost statement methodology, as described on page 69.
2. Rates for Supported Employment Group providers are set in State statute [Welfare and Institutions Code Section 4860(a) (1)] at \$36.57 per job coach hour effective July 1, 2016.

The rate schedule, effective July 1, 2016, can be found at the following link:

http://www.dds.ca.gov/Rates/docs/WAP_SEP_Rates.pdf

3. Incentive payments will be paid to service providers as referenced in WIC 4870(d). Incentive payments include 1) A one-time payment of \$1,000 made to a provider when an individual obtains competitive integrated employment and is still employed after 30 consecutive days. 2) An additional one-time payment of \$1,250 made to a provider when an individual obtains competitive integrated employment and is still employed after six consecutive months. 3) An additional one-time payment of \$1,500 made to a provider when an individual has been employed consecutively for one year.

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REIMBURSEMENT METHODOLOGY FOR HOMEMAKER SERVICES

There are two rate methodologies to set hourly rates for Homemaker services provided by either an agency or individual.

- 1) **Usual and Customary Rate Methodology** - As described on page 70, above. If the provider does not have a usual and customary rate, then rates are set using #2 below.
- 2) **Median Rate Methodology** - As described on pages 70-71, above.

REIMBURSEMENT METHODOLOGY FOR HOME HEALTH AIDE SERVICES

DHCS Fee Schedules - As described on page 70, above. The fee schedule rates for Home Health Aide Services were set as of July 15, 2016 and are effective for services provided on or after that date. All rates are published at: http://files.medi-cal.ca.gov/pubsdoco/Rates/rates_download.asp

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REIMBURSEMENT METHODOLOGY FOR COMMUNITY BASED ADULT SERVICES

- **DHCS Fee Schedules** - As described on page 70, above. The fee schedule rates for Community-Based Adult Services were set as of July 15, 2016 and are effective for services provided on or after that date. All rates are published at: http://files.medi-cal.ca.gov/pubsdoco/publications/masters-mtp/part2/communitycd_o01.doc

REIMBURSEMENT METHODOLOGY FOR PERSONAL EMERGENCY RESPONSE SYSTEMS

There are two methodologies to determine the monthly rate for this service.

- 1) **Usual and Customary Rate methodology** - As described on page 70, above. If the provider does not have a usual and customary rate, then rates are set using #2 below.
- 2) **Median Rate Methodology** - As described on pages 70-71, above.

REIMBURSEMENT METHODOLOGY FOR VEHICLE MODIFICATION AND ADAPTATION

The per modification rate for vehicle modifications is determined utilizing the usual and customary rate methodology, as described on page 70, above.

REIMBURSEMENT METHODOLOGY FOR SPEECH, HEARING LANGUAGE SERVICES

There are two rate setting methodologies for this service:

1. **DHCS Fee Schedules** - As described on page 70, above. The fee schedule rates for Speech, Hearing Language Services were set as of July 15, 2016 and are effective for services provided on or after that date. All rates are published at: http://files.medi-cal.ca.gov/pubsdoco/Rates/rates_download.asp
2. Median Rate Methodology – the median rate (as defined previously) may be used if the provider has at least one year experience working with persons with developmental disabilities.

REIMBURSEMENT METHODOLOGY FOR DENTAL SERVICES

There are two rate setting methodologies for this service:

1. **DHCS Fee Schedules** - As described on page 70, above. The fee schedule rates for Dental Services were set as of July 15, 2016 and are effective for services provided

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on or after that date. All rates are published at: http://files.medi-cal.ca.gov/pubsdoco/Rates/rates_download.asp

2. Median Rate Methodology – the median rate (as defined previously) may be used if the provider has at least one year experience working with persons with developmental disabilities.

REIMBURSEMENT METHODOLOGY FOR OPTOMETRIC/OPTICIAN SERVICES

DHCS Fee Schedules - As described on page 70, above. The fee schedule rates for Optometric/Optician Services were set as of July 15, 2016 and are effective for services provided on or after that date. All rates are published at: http://files.medi-cal.ca.gov/pubsdoco/Rates/rates_download.asp

REIMBURSEMENT METHODOLOGY FOR PRESCRIPTION LENSES AND FRAMES

DHCS Fee Schedules - As described on page 70, above. The fee schedule rates for Prescription Lenses and Frames were set as of July 15, 2016 and are effective for services provided on or after that date. All rates are published at: http://files.medi-cal.ca.gov/pubsdoco/Rates/rates_download.asp

REIMBURSEMENT METHODOLOGY FOR PSYCHOLOGY SERVICES

There are two rate setting methodologies for this service:

1. **DHCS Fee Schedules** - As described on page 70, above. The fee schedule rates for Psychology Services were set as of July 15, 2016 and are effective for services provided on or after that date. All rates are published at: http://files.medi-cal.ca.gov/pubsdoco/Rates/rates_download.asp
2. Median Rate Methodology – the median rate (as defined previously) may be used if the provider has at least one year experience working with persons with developmental disabilities.

REIMBURSEMENT METHODOLOGY FOR CHORE SERVICES

Usual and Customary Rate Methodology - As described on page 70, above.

REIMBURSEMENT METHODOLOGY FOR COMMUNICATION AIDES

There are two methodologies to determine the monthly rate for this service.

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1) **Usual and Customary Rate Methodology** - As described on page 70, above. If the provider does not have a usual and customary rate, then rates are set using #2 below.

2) **Median Rate Methodology** - As described on pages 70-71, above.

REIMBURSEMENT METHODOLOGY FOR ENVIRONMENTAL ACCESSIBILITY ADAPTATIONS

Usual and Customary Rate Methodology - As described on page 70, above.

REIMBURSEMENT METHODOLOGY FOR NON-MEDICAL TRANSPORTATION

There are three methodologies to determine the monthly rate for this service (except individual transportation providers – see Rate based on Regional Center Employee Travel Reimbursement below).

1) **Usual and Customary Rate Methodology** - As described on page 70, above. If the provider does not have a usual and customary rate, then rates are set using #2 below.

2) **Median Rate Methodology** - As described on pages 70-71, above.

3) **Rate based on Regional Center Employee Travel Reimbursement** – The maximum rate paid to an individual transportation provider is established as the travel rate paid by the regional center to its own employees. This rate is used only for services provided by an individual transportation provider.

REIMBURSEMENT METHODOLOGY FOR NUTRITIONAL CONSULTATION

Usual and Customary Rate Methodology - As described on page 70, above.

REIMBURSEMENT METHODOLOGY FOR SKILLED NURSING

DHCS Fee Schedules - As described on page 70, above. The fee schedule rates for Skilled Nursing Services were set as of July 15, 2016 and are effective for services provided on or after that date. All rates are published at:http://files.medical.ca.gov/pubsdoco/Rates/rates_download.asp

REIMBURSEMENT METHODOLOGY FOR SPECIALIZED MEDICAL EQUIPMENT AND SUPPLIES

DHCS Fee Schedules - As described on page 70, above. The fee schedule rates for Specialized Medical Equipment and Supplies were set as of July 15, 2016 and are effective for services provided on or after that date. All rates are published at:http://files.medical.ca.gov/pubsdoco/Rates/rates_download.asp

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REIMBURSEMENT METHODOLOGY FOR TRANSITION/SET-UP EXPENSES

Usual and Customary Rate Methodology - As described on page 70, above.

REIMBURSEMENT METHODOLOGY FOR COMMUNITY-BASED TRAINING SERVICES

The maximum rate for this service is set in State statute [Welfare and Institutions Code Section 4688.21(c)(7)] at \$14.99 per hour.

REIMBURSEMENT METHODOLOGY FOR FINANCIAL MANAGEMENT SERVICES

Rates for FMS are set in State regulation, Title 17, CCR, Section 58888(b) as follows:

If the FMS functions as a fiscal/employer agent, the rate is based on the number of participant-directed services used by the consumer:

- (A) A rate not to exceed a maximum of \$45.88 per consumer per month for one participant-directed service; or
- (B) A rate not to exceed a maximum of \$71.73 per consumer per month for two or three participant-directed services; or
- (C) A rate not to exceed a maximum of \$96.86 per consumer per month for four or more participant-directed services.

If the FMS functions as a co-employer, the rate is not to exceed a maximum of \$96.86 per consumer per month for one to four co-employer services.

REIMBURSEMENT METHODOLOGY FOR FAMILY SUPPORT SERVICES

There are two rate setting methodologies for this service. If the provider does not have a “usual and customary,” then the maximum rate is set using the median rate setting methodology. Usual and customary and median rates are defined previously.

REIMBURSEMENT METHODOLOGY FOR HOUSING ACCESS SERVICES

The rate for Housing Access Service is determined utilizing the U&C rate methodology as previously defined.

REIMBURSEMENT METHODOLOGY FOR FAMILY/ CONSUMER TRAINING

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The median rate methodology, as described on pages 70-71 above, is used to determine the hourly rates for providers in this subcategory.

REIMBURSEMENT METHODOLOGY FOR OCCUPATIONAL THERAPY

There are two rate setting methodologies to determine the hourly rates for providers in this subcategory.

1. **DHCS Fee Schedules** - As described on page 70, above. The fee schedule rates for Occupational Therapy Services were set as of July 15, 2016 and are effective for services provided on or after that date. All rates are published at: http://files.medical.ca.gov/pubsdoco/Rates/rates_download.asp.
2. Median Rate Methodology – As described on pages 70-71, above.

REIMBURSEMENT METHODOLOGY FOR PHYSICAL THERAPY

There are two rate setting methodologies to determine the hourly rates for providers in this subcategory.

1. **DHCS Fee Schedules** - As described on page 70, above. The fee schedule rates for Physical Therapy Services were set as of July 15, 2016 and are effective for services provided on or after that date. All rates are published at: http://files.medical.ca.gov/pubsdoco/Rates/rates_download.asp.
2. Median Rate Methodology – As described on pages 70-71, above.