State of California – Health and Human Services Agency
Department of Health Care Services

JENNIFER KENT
*DIRECTOR*

EDMUND G. BROWN JR.
*GOVERNOR*

May 26, 2016

Ms. Kristin Dillon
Acting Associate Regional Administrator
Division of Medicaid and Children's Health Operations
Center for Medicare & Medicaid Services
90 Seventh Street, Suite 5-300 (5W)
San Francisco, CA 94103-6707

Dear Ms. Dillon:

The California Department of Health Care Services is pleased to submit for your review and approval California's 1915(i) 16-016 State Plan Amendment (SPA) renewal application as requested, 180 days prior to the expiration date of September 30, 2016.

The 1915(i) currently provides a variety of services including: habilitation, respite, homemaker, home health aide, and adult day care services to the defined eligible population. As of December 31, 2015, 37,470 individuals were served in the State of California under the 1915(i) program.

If you have any questions regarding this SPA, please contact Ms. Rebecca Schupp, Chief, Long-Term Care Division, at (916) 319-9247, or by email at Rebecca.Schupp@dhcs.ca.gov.

ORIGINAL SIGNED

Enclosure

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

FORM APPROVED
OMB No. 0938-0193

# TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL
## FOR: CENTERS FOR MEDICARE & MEDICAID SERVICES

1. TRANSMITTAL NUMBER: 1 6 — 0 1 6

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: October 1, 2016

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
1915(i) of the Social Security Act

7. FEDERAL BUDGET IMPACT
a. FFY 2016-17 $ 225 Million
b. FFY 2017-18 $ 236.3 Million

8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT
Attachment 4.19-B, pages 69-73
Attachment 3.1-i, pages 4, 10a-10n, 32

9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT *(If Applicable)*
Attachment 4.19-B, pages 69-73
Attachment 3.1-i, pages 4, 10a-10n, 32

10. SUBJECT OF AMENDMENT
Renewal of services under 1915(i) SPA

11. GOVERNOR'S REVIEW *(Check One)*

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

ORIGINAL SIGNED

16. RETURN TO
Department of Health Care Services
Attn: State Plan Coordinator
1501 Capitol Avenue, MS4506
P.O. Box 997417
Sacramento, CA 95899-7417

15. DATE SUBMITTED
5/26/2016

**FOR REGIONAL OFFICE USE ONLY**

17. DATE RECEIVED

18. DATE APPROVED

**PLAN APPROVED - ONE COPY ATTACHED**

19. EFFECTIVE DATE OF APPROVED MATERIAL

20. SIGNATURE OF REGIONAL OFFICIAL

21. TYPED NAME

22. TITLE

23. REMARKS



***Instructions on Back***

State Plan Under Title XIX of the Social Security Act
**STATE/TERRITORY: CALIFORNIA**

**DESCRIPTION OF RATE METHODOLOGIES:**

The following rate methodologies are utilized by multiple providers of the services contained in this SPA. The methodologies are described in this section and are referenced under the applicable individual services.

**Rates Set pursuant to a Cost Statement Methodology** – Prior to July 1, 2004, providers were reimbursed based on the permanent cost based rate which was developed using twelve consecutive months of actual allowable costs divided by the actual total consumer utilization (days or hours) for the same period. The permanent cost based rate must be within the applicable upper and lower limit rates established by the Department of Developmental Services.

Effective July1, 2004, pursuant to State Law, under the cost statement methodology, all new providers of services are reimbursed the fixed new vendor rate. Per California Welfare and Institutions Code section 4691.6(f), (g), (i) and (j) the Department may approve rate adjustments that exceed the fixed new vendor rate if necessary in order to pay employees no less than the statewide minimum wage or to provide a minimum of 24 hours or three days of paid sick leave annually.. The rates are developed based on the servicecategory, staff ratio, and are calculated as the mean of permanent cost based rates for like providers established using the permanent costs based rate methodology described above.

If a regional center demonstrates an increase to the fixed new vendor rate is necessary for a provider to provide the service in order to protect a beneficiary's health and safety need, the Department of Development Services can grant prior written authorization to the regional center to reimburse the provider for the service based on the permanent cost based methodology described above using the most current cost data.

The following allowable costs used to calculate the permanent cost based rate:

- Direct costs for covered services: Includes unallocated payroll costs and other unallocated cost that can be directly charged to covered medical services. Direct payroll costs include total compensation (i.e., salaries and benefits and contract compensation) of direct care staff. Other direct costs include costs directly related to the delivery of covered services, such as supervision, materials and supplies, professional and contracted services, capital outlay, and travel. For providers/facilities that are used for multiple purposes, the allowable costs are only those that are directly attributable to the provision of the medical services.

- Indirect costs: Determined by applying the cognizant agency specific approved indirect cost rate to its net direct costs or derived from provider's approved cost allocation plan. If a facility does not have a cognizant agency approved indirect cost rate or approved cost allocation plan, the

costs and related basis used to determine the allocated indirect costs must be in accordance with OMB Circular A-87 (if applicable), Medicare Cost Principle (42 CFR 413 and Medicare Provider Reimbursement Manual Part 1 and Part 2) and in compliance with Medicaid non-institutional reimbursement policy. For providers/facilities that are used for multiple purposes, the allowable costs are only those that are "directly attributable" to the professional component of providing the medical services. For those costs incurred that "benefit" multiple purposes but would be incurred at the same level if the medical services did not occur are not allowed.

The applicable rate schedules are included in the descriptions of services below.

**Usual and Customary Rate Methodology** – Per California Code of Regulations (CCR), Title 17, Section 57210(19), a usual and customary rate "means the rate which is regularly charged by a vendor for a service that is used by both regional center consumers and/or their families and where at least 30% of the recipients of the given service are not regional center consumers or their families. If more than one rate is charged for a given service, the rate determined to be the usual and customary rate for a regional center consumer and/or family shall not exceed whichever rate is regularly charged to members of the general public who are seeking the service for an individual with a developmental disability who is not a regional center consumer, and any difference between the two rates must be for extra services provided and not imposed as a surcharge to cover the cost of measures necessary for the vendor to achieve compliance with the Americans With Disabilities Act." .

**Department of Health Care Services (DHCS) Fee Schedules -** Rates established by the single-state Medicaid agency for services reimbursable under the Medi-Cal program. Fee schedule rates are the maximum amount that can be paid for the service. For providers who have a usual and customary rate that is less than the fee schedule rates, the regional center shall pay the provider's usual and customary rate.

**Median Rate Methodology -** This methodology requires that rates negotiated with new providers may not exceed the regional center's current median rate for the same service, or the statewide current median rate, whichever is lower. This methodology is defined in California Welfare and Institutions Code section 4691.9(b)(a)(2) which stipulates that "no regional center may negotiate a rate with a new service provider, for services where rates are determined through a negotiation between the regional center and the provider, that is higher than the regional center's median rate for the same service code and unit of service, or the statewide median rate for the same service code and unit of service, whichever is lower. The unit of service designation must conform with an existing regional center designation or, if none exists, a designation used to calculate the statewide median rate for the same service." Per California Welfare and Institutions Code section 4691.9(b) and (d), regional centers may negotiate a rate that exceeds

the median rate if necessary in order to pay employees no less than the statewide minimum wage or to provide a minimum of 24 hours or three days of paid sick leave annually.

While the law sets a cap on negotiated rates, the rate setting methodology for applicable services is one of negotiation between the regional center and prospective provider. Pursuant to law and the regional center's contracts with the Department of Developmental Services regional centers must maintain documentation on the process to determine, and the rationale for granting any negotiated rate (e.g. cost-statements), including consideration of the type of service and any education, experience and/or professional qualifications required to provide the service.

If the regional center demonstrates an increase to the median rate is necessary to protect a beneficiary's health and safety, the Department of Developmental Services can grant prior written authorization to the regional center to negotiate the reimbursement rate up to the actual cost of providing the service.

## REIMBURSEMENT METHODOLOGY FOR HABILITATION – COMMUNITY LIVING ARRANGEMENT SERVICES

This service contains the following two subcomponents:

**A. Licensed/Certified Residential Services** – Providers in this subcategory are Foster Family Agency/Certified Family Home, Foster Family Home, Small Family Home, Group Home, Adult Residential Facility, Residential Facility for the Elderly, Out-of-State Residential Facility, Adult Residential Facility for Persons with Special Health Care Needs and Family Home Agency. There are two rate setting methodologies for all providers in this subcategory.

**1) Alternative Residential Model (ARM) Methodology** – The ARM methodology and monthly rates resulted from an analysis of actual costs of operating residential care facilities. The applicable cost components (see below) were analyzed to determine the statistical significance of the variation in costs among facilities by service type, facility size, and operation type. Based upon the results of this statistical analysis, the initial ARM rates were determined and became effective in 1987. Within this methodology 13 different service levels were established based upon the results of this cost analysis. Individual providers apply to be vendored at one of these service levels based upon the staffing ratios, service design, personnel qualifications and use of consultant services as described in their program design.

The following allowable costs were used in setting the ARM rates:

- Direct costs for covered services: Includes unallocated payroll costs and other unallocated cost that can be directly charged to covered medical services. Direct

payroll costs include total compensation (i.e., salaries and benefits and contract compensation) of direct care staff. Other direct costs include costs directly related to the delivery of covered services, such as supervision, materials and supplies, professional and contracted services, capital outlay, and travel. For providers/facilities that are used for multiple purposes, the allowable costs are only those that are directly attributable to the provision of the medical services.

- Indirect costs: Determined by applying the cognizant agency specific approved indirect cost rate to its net direct costs or derived from provider's approved cost allocation plan. If a facility does not have a cognizant agency approved indirect cost rate or approved cost allocation plan, the costs and related basis used to determine the allocated indirect costs must be in accordance with OMB Circular A-87 (if applicable), Medicare Cost Principle (42 CFR 413 and Medicare Provider Reimbursement Manual Part 1 and Part 2) and in compliance with Medicaid non-institutional reimbursement policy. For facilities that are used for multiple purposes, the allowable costs are only those that are "directly attributable" to the professional component of providing the medical services. For those costs incurred that "benefit" multiple purposes but would be incurred at the same level if the medical services did not occur are not allowed.

Rates may be updated by the legislature in various ways, including, but not limited to, the California Consumer Price Index, changes in staffing requirements (e.g. implementation of Direct Support Professional Training,) changes in minimum wage, and cost of living increases. The rate schedule, effective January 1, 2016 can be found at the following link:http://www.dds.ca.gov/Rates/docs/CCF_rate_Jan2016.pdf

The State will review rates for residential facilities set using the ARM methodology every three years to ensure that it complies with the statutory and regulatory requirements as specified under Section 1902(a)(30)(A). This will involve an analysis of the factors that have occurred since the ARM rates were initially developed, including changes in minimum wage and the general economy as measured through various indices such as Medicare Economic Index (MEI). The analysis will determine if the rates are consistent with the current economic conditions in the State while maintaining access to services. If this analysis reveals that the current rates may be excessive or insufficient when compared to the current economic conditions, the State will take steps to determine the 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.

**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 page 70 above.

## 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, 2015, 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 page 70, above. This methodology is used to determine the applicable daily rate for In-Home Day Program, 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.

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 page 70, 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 page 70, above.

## REIMBURSEMENT METHODOLOGY FOR HABILITATION – BEHAVIORAL INTERVENTION SERVICES

This service is comprised of the following two subcomponents:

**A. Non-Facility-Based Behavior Intervention Services**– Providers in this subcategory are Behavior Analyst, Associate Behavior Analyst, Behavior Management Assistant, Behavior Management Consultant, Psychiatrist, Psychiatric Technician, Crisis Team, Client/Parent Support Behavior Intervention Training, Parent Support Services, Individual/Family Training Providers, Family Counselor, and Behavioral Technician. There are two rate setting methodologies to determine the hourly rates for all providers in this subcategory (except psychiatrists – 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 page 70, above.

3) **DHCS Fee Schedules** - As described on page 70, above. The fee schedule, effective March 15, 2016 can be found at the following link:
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 page 70, above.

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## 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 January 1, 2008 July 1, 2015, 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 $13.10 per hour. This rate is based on the current California minimum wage of $10.00 per hour plus Mandated Employer Costs (MEC) of 17.33% calculated on the hourly minimum wage plus $1.17 differential (retention incentive). The MEC is comprised of Social Security (6.20%), Medicare (1.45%), Federal Unemployment (0.80%), State Unemployment (4.40%) and Worker's Compensation (4.48%).

**3) ARM Methodology** - As described on page 71, 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.

**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) and Child Day Care (hourly) 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 page 70, above.

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## REIMBURSEMENT METHODOLOGY FOR ENHANCED HABILITATION – SUPPORTED EMPLOYMENT

Supported employment rates for all providers are set in State statute [Welfare and Institutions Code Section 4860(a)(1)] at $30.82 per job coach hour.

## REIMBURSEMENT METHODOLOGY FOR ENHANCED HABILITATION – PREVOCATIONAL SERVICES

Daily rates for Work Activity Program providers are set using the cost statement methodology, as described on page 69.

The rate schedule, effective July 1, 2006, can be found at the following link: http://www.dds.ca.gov/Rates/docs/WAP_SEP_Rates.pdf

## 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 page 70, above.

## REIMBURSEMENT METHODOLOGY FOR HOME HEALTH AIDE SERVICES

**DHCS Fee Schedules** - As described on page 70, above. Specific hourly rates can be found on the following link: http://files.medi-cal.ca.gov/pubsdoco/Rates/rates_download.asp

## REIMBURSEMENT METHODOLOGY FOR ADULT DAY HEALTH CARE SERVICES
## EFFECTIVE 4/1/12 COMMUNITY BASED ADULT SERVICES

The daily rate for Adult Day Health Care (effective 4/1/12 this service is titled Community Based Adult Services)

- **DHCS Fee Schedules** - As described on page 70, above. Specific daily rates can be found at the following link: http://files.medi-cal.ca.gov/pubsdoco/publications/masters-mtp/part2/communitycd_o01.doc

## REIMBURSEMENT METHODOLOGY FOR PERSONAL EMERGENCY RESPONSE SYSTEMS Effective 10-1-2010

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 page 70, above.

## REIMBURSEMENT METHODOLOGY FOR VEHICLE MODIFICATION AND ADAPTATION Effective 10-1-2010

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 INFANT DEVELOPMENT PROGRAM~~

~~The Infant Development Program is reimbursed based on an hourly rate using the Cost Statement Methodology as described on page 69, above.~~

## REIMBURSEMENT METHODOLOGY FOR SPEECH, HEARING LANGUAGE SERVICES

**DHCS Fee Schedules** - As described on page 70, above. The fee schedule, effective March 15, 2016 can be found at the following link: http://files.medi-cal.ca.gov/pubsdoco/Rates/rates_download.asp

## REIMBURSEMENT METHODOLOGY FOR DENTAL SERVICES

**DHCS Fee Schedules** - As described on page 70, above. The fee schedule, effective March 15, 2016 can be found at the following link: http://files.medi-cal.ca.gov/pubsdoco/Rates/rates_download.asp

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## REIMBURSEMENT METHODOLOGY FOR OPTOMETRIC/OPTICIAN SERVICES

**DHCS Fee Schedules** - As described on page 70, above. The fee schedule, effective March 15, 2016 can be found at the following link: 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, effective March 15, 2016 can be found at the following link: http://files.medi-cal.ca.gov/pubsdoco/Rates/rates_download.asp

## REIMBURSEMENT METHODOLOGY FOR PSYCHOLOGY SERVICES

**DHCS Fee Schedules** - As described on page 70, above. The fee schedule, effective March 15, 2016 can be found at the following link: http://files.medi-cal.ca.gov/pubsdoco/Rates/rates_download.asp

## 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.

**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 page 70, 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 page 70, above.

**3) Rate based on Regional Center Employee Travel Reimbursement** – The maximum rate paid to 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, effective March 15, 2016 can be found at the following link: http://files.medi-cal.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, effective March 15, 2016 can be found at the following link: http://files.medi-cal.ca.gov/pubsdoco/Rates/rates_download.asp

**REIMBURSEMENT METHODOLOGY FOR SPECIALIZED THERAPEUTIC SERVICES**

(including reimbursement for travel, which must be necessary and cost-effective, to a provider for providing Specialized Therapeutic Services that are outside of the individual's residence or program environment due to the disabilities of the individual)

**Median Rate Methodology -** As described on page 70, above.

**REIMBURSEMENT METHODOLOGY FOR TRANSITION/SET-UP EXPENSES**

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

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1. **Services.** *(Specify the State's service title(s) for the HCBS defined under "Services" and listed in Attachment 4.19-B):*

2. **State Medicaid Agency (SMA) Line of Authority for Operating the HCBS State Plan Supplemental Benefit Package.** *(Select one)*:

| | |
|---|---|
| ○ | The HCBS state plan supplemental benefit package is operated by the SMA. Specify the SMA division/unit that has line authority for the operation of the program *(select one)*: |
| | ○ The Medical Assistance Unit *(name of unit)*: |
| | ○ Another division/unit within the SMA that is separate from the Medical Assistance Unit *(name of division/unit)* |
| ◉ | The HCBS state plan supplemental benefit package 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. 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. |

3. **Distribution of State Plan HCBS Operational and Administrative Functions.**

❒ The State assures that in accordance with 42 CFR §431.10, the Medicaid agency exercises administrative discretion in the administration or supervision of the state plan. When a function is performed by other than the Medicaid agency, the 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.

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

| Function | Medicaid Agency | Other State Operating Agency | Contracted Entity | Local Non-State Entity |
|---|---|---|---|---|
| 1 Disseminate information concerning the state plan HCBS to potential enrollees | ☑ | ☑ | ☐ | ☑ |
| 2 Assist individuals in state plan HCBS enrollment | ☑ | ☐ | ☐ | ☑ |
| 3 Manage state plan HCBS enrollment against approved limits, if any | ☑ | ☑ | ☐ | ☑ |
| 4 Review participant service plans to ensure that state plan HCBS requirements are met | ☑ | ☑ | ☐ | ☑ |
| 5 Recommend the prior authorization of state plan HCBS | ☑ | ☐ | ☐ | ☑ |
| 6 Conduct utilization management functions | ☑ | ☑ | ☐ | ☑ |
| 7 Recruit providers | ☑ | ☐ | ☐ | ☑ |
| 8 Execute the Medicaid provider agreement | ☑ | ☑ | ☐ | ☑ |
| 9 Conduct training and technical assistance concerning state plan HCBS requirements | ☑ | ☑ | ☐ | ☑ |
| 10 Conduct quality monitoring of individual health and welfare and State plan HCBS program performance. | ☑ | ☑ | ☐ | ☑ |
| 11 Quality assurance and quality improvement activities | ☑ | ☑ | ☐ | ☑ |

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

This 1915(i) SPA employs an Organized Health Care Delivery System (OHCDS) arrangement. The Department of Developmental Services (DDS) is the OHCDS.

DDS Meets the Regulatory Definition of an OHCDS. Federal Medicaid regulations define an OHCDS as "a public or private organization for delivering health services. It includes, but is not limited to, a clinic, a group practice prepaid capitation plan, and a health maintenance organization." 42 C.F.R. § 447.10(b). The term OHCDS is "open to interpretations broad enough to apply to systems which are not prepaid organizations." See State Medicaid Directors dated December 23, 1993. An OHCDS "must provide at least one service directly (utilizing its own employees, rather than contractors)." *Id.* "So long as the entity continues to furnish at least one service itself, it may contract with other qualified providers to furnish Medicaid covered services." *Id.*

There are adequate safeguards to ensure that OHCDS subcontractors possess the required qualifications and meet applicable Medicaid requirements e.g. maintenance of necessary documentation for the services furnished. . Under state law, regional centers are responsible for ensuring that providers meet these qualifications.

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The OHCDS arrangements preserve participant free choice of qualified providers. Free choice of qualified providers is a hallmark of the California system. Recipients of 1915(i) services select their providers through the person centered planning process orchestrated by the regional centers, which culminates in the development of an individual program plan (signed by the beneficiary) delineating the services to be provided and the individual's choice of provider of such service(s). If an individual's choice of provider is not vendorized, they must go through the regional center vendorization process to ensure that they meet all necessary qualifications. The vendorization process is the process for identification, selection, and utilization of service providers based on the qualifications and other requirements necessary in order to provide services. The vendorization process allows regional centers to verify, prior to the provision of services to individuals, that a provider applicant meets all of the requirements and standards specified in regulations. If a provider meets the qualifications, the regional center must accept them as a vendored provider in the OHCDS.

1915(i) providers are not required to contract with an OHCDS in order to furnish services to participants. Although the open nature of the OHCDS means that virtually all providers will be part of the OHCDS, in the event a provider does not want to affiliate with the OHCDS and regional center, they may go directly to the Department of Health Care Services to execute a provider agreement. However, under state law, the process for qualifying a vendor to provide home-and-community based services to an individual with developmental disabilities is through the regional center.

The OHCDS arrangement provides for appropriate financial accountability safeguards.
Qualified providers of 1915(i) SPA services submit claims to the regional center for services delivered to the beneficiary, pursuant to the individual program plan. The regional center reviews the claim (units of service, rate, etc), pays legitimate claims, and submits the claim of payment to DDS as the OHCDS. The OHCDS reimburses the regional center for the actual cost of the service, certifies the expenditures and submits a claim for the federal financial participation to the Department of Health Care Services. DDS does not "add on" to the actual costs of services incurred by and reimbursed to the regional centers.

The costs for administrative activities are not billed as part of the OHCDS payment and are claimed separately at the appropriate administrative rate.

**4.** ☑ **Conflict of Interest Standards.** The State assures the independence of persons performing evaluations, assessments, and plans of care. Written conflict of interest standards ensure, at a minimum, that persons performing these functions are not:

- related by blood or marriage to the individual, or any paid caregiver of the individual
- financially responsible for the individual
- empowered to make financial or health-related decisions on behalf of the individual
- providers of State plan HCBS for the individual, or those who have interest in or are employed by a provider of State plan HCBS; except, at the option of the State, when providers are given responsibility to perform assessments and plans of care because such individuals are the only willing and qualified provider in a geographic area, and the State devises conflict of interest protections. *(If the State chooses this option, specify the conflict of interest protections the State will implement):*

N/A

**5.** ☑ **Fair Hearings and Appeals.** The State assures that individuals have opportunities for fair hearings and appeals in accordance with 42 CFR 431 Subpart E.

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## Number Served

1. **Projected Number of Unduplicated Individuals To Be Served Annually.** *(Specify):*

| Annual Period | From | To | Projected Number of Participants |
|---|---|---|---|
| Year 1 | 10/1/2016 | 9/30/2017 | 40,000 |
| Year 2 | 10/1/2017 | 9/30/2018 | 42,000 |
| Year 3 | 10/1/2018 | 9/30/2019 | 44,000 |
| Year 4 | 10/1/2019 | 9/30/2020 | 46,000 |
| Year 5 | 10/1/2020 | 9/30/2021 | 48,000 |

2. ☑ **Annual Reporting.** *(By checking this box the State agrees to):* annually report the actual number of unduplicated individuals served and the estimated number of individuals for the following year.

1. ☑ **Income Limits.** The State assures that individuals receiving state plan HCBS are in an eligibility group covered under the State's Medicaid state plan, and who have income that does not exceed 150% of the Federal Poverty Level (FPL).

2. **Medically Needy.** *(Select one)*

1. **Responsibility for Performing Evaluations / Reevaluations.** Independent evaluations/reevaluations to determine whether applicants are eligible for HCBS are performed (*select one*):

| | |
|---|---|
| | Directly by the Medicaid agency |

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| | |
|---|---|
| ◉ | By Other (*specify*): |
| | Regional centers |

2. **Qualifications of Individuals Performing Evaluation/Reevaluation.** There are qualifications (that are reasonably related to performing evaluations) for persons responsible for evaluation/reevaluation for eligibility. *(Specify qualifications):*

The minimum requirement for conducting evaluations/reevaluations is a degree in social sciences or a related field. Case management experience in the developmental disabilities field or a related field may be substituted for education on a year-for-year basis.

3. **Process for Performing Evaluation/Reevaluation.** Describe the process for evaluating whether individuals meet the needs-based State plan HCBS eligibility criteria and any instrument(s) used to make this determination. If the reevaluation process differs from the evaluation process, describe the differences:

4. **Needs-based HCBS Eligibility Criteria.** Needs-based criteria are used to evaluate and reevaluate whether an individual is eligible for HCBS state plan services. The criteria take into account the individual's support needs and capabilities and may take into account the individual's ability to perform two or more ADLs, the need for assistance, and other risk factors: *(Specify the needs-based criteria):*

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- Capacity for independent living.

❒ **Target Group(s).** The State elects to target this 1915(i) State plan HCBS benefit to a specific population. With this election, the State will operate this program for a period of 5 years. At least 90 days prior to the end of this 5 year period, the State may request CMS renewal of this benefit for additional 5-year terms in accordance with 1915(i)(7)(C). (*Specify target group(s)*):

Commencing October 1, 2010, in addition to the needs identified above, the individual must also have a diagnosis of a developmental disability, as defined in Section 4512 of the Welfare and Institutions Code and Title 17, California Code of Regulations, §54000 and §54001 as follows:

***Welfare and Institutions Code 4512.*** *As used in this division:*
*(a) "Developmental disability" means a disability that originates before an individual attains age 18 years, continues, or can be expected to continue, indefinitely, and constitutes a substantial disability for that individual. As defined by the Director of Developmental Services, in consultation with the Superintendent of Public Instruction, this term shall include mental retardation, cerebral palsy, epilepsy, and autism. This term shall also include disabling conditions found to be closely related to mental retardation or to require treatment similar to that required for individuals with mental retardation, but shall not include other handicapping conditions that are solely physical in nature…*
*(l) "Substantial disability" means the existence of significant functional limitations in three or more of the following areas of major life activity, as determined by a regional center, and as appropriate to the age of the person:*
*(1) Self-care.*
*(2) Receptive and expressive language.*
*(3) Learning.*
*(4) Mobility.*
*(5) Self-direction.*
*(6) Capacity for independent living.*
*(7) Economic self-sufficiency.*

***Title 17, CCR, §54000. Developmental Disability.***
*(a) "Developmental Disability" means a disability that is attributable to mental retardation, cerebral palsy, epilepsy, autism, or disabling conditions found to be closely related to mental retardation or to require treatment similar to that required for individuals with mental retardation.*
*(b) The Developmental Disability shall:*
*(1) Originate before age eighteen;*
*(2) Be likely to continue indefinitely;*
*(3) Constitute a substantial disability for the individual as defined in the article.*
*(c) Developmental Disability shall not include handicapping conditions that are:*
*(1) Solely psychiatric disorders where there is impaired intellectual or social functioning which originated as a result of the psychiatric disorder or treatment given for such a disorder. Such psychiatric disorders include psycho-social deprivation and/or psychosis, severe neurosis or personality disorders even where social and intellectual functioning have become seriously impaired as an integral manifestation of the disorder.*
*(2) Solely learning disabilities. A learning disability is a condition which manifests as a significant discrepancy between estimated cognitive potential and actual level of educational performance and which is not a result of generalized mental retardation, educational or psycho-social deprivation,*

*psychiatric disorder, or sensory loss.*
*(3) Solely physical in nature. These conditions include congenital anomalies or conditions acquired through disease, accident, or faulty development which are not associated with a neurological impairment that results in a need for treatment similar to that required for mental retardation.*

***Title 17, CCR, §54001. Substantial Disability.***
*(a)"Substantial disability" means:*
*(1) A condition which results in major impairment of cognitive and/or social functioning, representing sufficient impairment to require interdisciplinary planning and coordination of special or generic services to assist the individual in achieving maximum potential; and*
*(2) The existence of significant functional limitations, as determined by the regional center, in three or more of the following areas of major life activity, as appropriate to the person's age:*
*(A) Receptive and expressive language;*
*(B) Learning;*
*(C) Self-care:*
*(D) Mobility:*
*(E) Self-direction;*
*(F) Capacity for independent living;*
*(G) Economic self-sufficiency.*
*(b) The assessment of substantial disability shall be made by a group of Regional Center professionals of differing disciplines and shall include consideration of similar qualification appraisals performed by other interdisciplinary bodies of the Department serving the potential client. The group shall include as a minimum a program coordinator, a physician, and a psychologist.*
*(c) The Regional Center professional group shall consult the potential client, parents, guardians/conservators, educators, advocates, and other client representatives to the extent that they are willing and available to participate in its deliberations and to the extent that the appropriate consent is obtained.*

**5.** ☑ **Needs-based Institutional and Waiver Criteria.** There are needs-based criteria for receipt of institutional services and participation in certain waivers that are more stringent than the criteria above for receipt of HCBS state plan services. Individuals receiving institutional services and participating in certain waivers on the date that more stringent criteria become effective are exempt from the new criteria until such time as they no longer require that level of care. *(Include copies of the State's official documentation of the need-based criteria for each of the following):*

- *Applicable Hospital*
- *NF*
- *ICF/MR*

## Differences Among Level of Care Criteria

| State Plan HCBS Needs-based eligibility criteria | NF | ICF/MR LOC | Hospitalization LOC |
|---|---|---|---|
| The individual meets the following criteria: | Skilled nursing procedures provided as a part of skilled nursing | The individual must be diagnosed with a developmental disability | The individual requires:<br><br>Continuous availability of |

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| State Plan HCBS Needs-based eligibility criteria | NF | ICF/MR LOC | Hospitalization LOC |
|---|---|---|---|
| A need for habilitation services, as defined in Section 1915(c)(5) of the Social Security Act (42 U.S.C. § 1396 *et seq.*), to teach or train in new skills that have not previously been acquired, such as skills enabling the individual to respond to life changes and environmental demands (as opposed to rehabilitation services to restore functional skills); and<br><br>A likelihood of retaining new skills acquired through habilitation over time; and<br><br>A condition which results in major impairment of cognitive and/or social functioning, representing sufficient impairment to require interdisciplinary planning and coordination of special or generic services to assist the individual in achieving maximum potential, that continues, or can be expected to continue, indefinitely; and<br><br>The existence of significant functional limitations in at least three of the following areas of major life | care are those procedures which must be furnished under the direction of a registered nurse in response to the attending physician's order. The need must be for a level of service which includes the continuous availability of procedures such as, but not limited to, the following:<br><br>Nursing assessment of the individuals' condition and skilled intervention when indicated;<br>Administration of injections and intravenous of subcutaneous infusions;<br>Gastric tube or gastronomy feedings;<br>Nasopharygeal aspiration;<br><br>Insertion or replacement of catheters<br><br>Application of dressings involving prescribed medications;<br><br>Treatment of extensive decubiti;<br><br>Administration of medical gases | and a qualifying developmental deficit exists in either the self-help or social-emotional area. For self-help, a qualifying developmental deficit is represented by two moderate or severe skill task impairments in eating, toileting, bladder control or dressing skill. For the social-emotional area, a qualifying developmental deficit is represented by two moderate or severe impairments from a combination of the following; social behavior, aggression, self-injurious behavior, smearing, destruction of property, running or wandering away, or emotional outbursts. | facilities, services, equipment and medical and nursing personnel for prevention, diagnosis or treatment of acute illness or injury. |

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| State Plan HCBS Needs-based eligibility criteria | NF | ICF/MR LOC | Hospitalization LOC |
|---|---|---|---|
| activity, as appropriate to the person's age<br>Receptive and expressive language;<br>Learning;<br>Self-care;<br>Mobility;<br>Self-direction;<br>Capacity for independent living; | | | |

6. ☑ **Reevaluation Schedule**. The State assures that needs-based reevaluations are conducted at least annually.

7. ☑ **Adjustment Authority**. The State will notify CMS and the public at least 60 days before exercising the option to modify needs-based eligibility criteria in accord with 1915(i)(1)(D)(ii).

8. **Residence in home or community.** The State plan HCBS benefit will be furnished to individuals who reside in their home or in the community, not an institution. *(Specify any residential settings, other than an individual's home or apartment, in which residents will be furnished State plan HCBS, if applicable. Describe the criteria by which the State determines that these settings are not institutional in character such as privacy and unscheduled access to food, activities, visitors, and community pursuits outside the facility):*

Residential settings can include facilities that may house four or more individuals that are unrelated to the service provider. In these instances, the person-centered planning team must determine that the setting is appropriate to the individual's need for independence, choice and community integration. The person-centered process is always used to choose the services and settings and determine if the setting is appropriate to meet the individual's needs and choices. The determination will take into consideration the provision of the following:

1. Private or semi-private bedrooms shared by no more than two persons with personal décor. The choice of residential settings, including making decisions regarding sharing a bedroom, is made by the individual during the person-centered planning process.

2. Private or semi-private bathrooms. The residence must have enough bathroom space to ensure residents' privacy for personal hygiene, dressing, etc.

3. Common living areas or shared common space for interaction between residents, and residents and their guests.

4. Residents must have access to a kitchen area at all times.

5. Residents' opportunity to make decisions on their day-to-day activities, including visitors and when and what to eat, in their home and in the community.

6. Services which meet the needs of each resident.

7. Assurance of residents rights: a) to be treated with respect; b) choose and wear their own clothes; c) have private space to store personal items; d) have private space to visit with friends and family (if individuals choose to share a residence, visitors are allowed at any time, recognizing the rights of their roommates;) e) use the telephone with privacy; f) choose how and with whom to spend free time; and g) individuals can schedule and take part in community activities of their choice; h) residential units are accessible to the individual and have lockable entrance doors with appropriate staff having keys; i) entering into an admission agreement and taking occupancy affords residents of licensed residential facilities the same protections from eviction that tenants have under landlord tenant law of the State, county, city or other designated entity.

Residents are informed of their rights, including the right of freedom from coercion and restraint, upon moving into a licensed residential setting. Additionally, a statement of these rights is posted in the home, including contact information if the individual believes his or her rights have been violated. Also, periodic monitoring and evaluation conducted by regional centers and licensing entities includes verification that personal rights are protected.

Residential settings that contain multiple independent living units (e.g. apartments) are considered home-like settings for the purposes of this State Plan Amendment.

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## Home and Community-Based Settings Transition Plan

California assures that the settings transition plan included in this renewal will be subject to any provisions or requirements included in California's approved Statewide Transition Plan. California will implement any required changes upon approval of the Statewide Transition Plan and will make conforming changes to the State Plan Amendment when it submits the next amendment or renewal.

## Statewide Transition Plan regarding the 1915i State Plan

Starting January 01, 2007, the Deficit Reduction Act of 2005 (DRA) gave states a new option to provide HCBS through their State Plans. Once approved by CMS, State Plans do not need to be renewed nor are they subject to some of the same requirements of waivers. Under this option, states set their own eligibility or needs-based criteria in relation to certain services. The DRA provision eliminated the skilled need requirement and allowed states to cover Medicaid members who have incomes no greater than 150 percent of the federal poverty level and who satisfy the needs-based criteria. The Patient Protection and Affordable Care Act of 2010 created several amendments including elimination of enrollment ceilings, a requirement that services must be provided statewide, and other enrollment changes.

1915(i) provider types include the following:

- Adaptive Skills Trainer
- Adult Residential Facility
- Adult Residential Facility for Persons with Special Health Care Needs
- Associate Behavior Analyst
- Behavior Analyst
- Behavior Management Consultant
- Behavioral Technician/Para-professional
- Building Contractor or Handyman
- Camping Services
- Certified Family Home; Foster Family Home
- Child Day Care Facility; Child Day Care Center; Family Child Care Home
- Client/Parent Support Behavior Intervention Training
- Clinical Psychologist
- Contractor
- Creative Arts Program
- Crisis Intervention Facility
- Crisis Team – Evaluation and Behavioral Intervention
- Day-Type Services (Activity Center, Adult Day Care Facility, Adult Development Center, Behavior Management Program, Community-Based Training Provider, Socialization Training Program; Community Integration Training Program; Community Activities Support Service)
- Dentist
- Dental Hygienist

- Dietitian; Nutritionist
- Dispensing Optician
- Driver Trainer
- Durable Medical Equipment Provider
- Facilitators
- Family Home Agency: Adult Family Home/Family Teaching Home
- Financial Management Services Provider
- Group Home
- Hearing and Audiology Facilities
- Home Health Agency
- Home Health Aide
- Independent Living Program
- Independent Living Specialist
- Individual (Landlord, Property Management)
- Individual or Family Training Provider
- In-Home Day Program
- Licensed Clinical Social Worker
- Licensed Psychiatric Technician
- Licensed Vocational Nurse
- Marriage Family Therapist
- Occupational Therapist
- Occupational Therapy Assistant
- Optometrist
- Orthotic Technician
- Parenting Support Services Provider
- Personal Assistant
- Personal Emergency Response Systems Provider
- Physical Therapist
- Physical Therapy Assistant
- Physician/Surgeon
- Psychiatrist
- Psychologist
- Public Transit Authority
- Public Utility Agency, Retail and Merchandise Company, Health and Safety Agency, Moving Company
- Registered Nurse
- Residential Care Facility for the Elderly
- Residential Facility – Out of State
- Respite Agency
- Small Family Home
- Social Recreation Program

- Special Olympics Trainer
- Speech Pathologist
- Sports Club, e.g., YMCA, Community Parks and Recreation Program; Community-Based Recreation Program
- Supported Employment
- Supported Living Provider
- Translator/Interpreter
- Transportation Provider
- Vehicle Modification and Adaptations
- Work Activity Program

The compliance determination process includes all of the following:

- For settings presumed not to be HCB settings, pursuant to CMS regulations, evidence will be provided to CMS for application of the heightened scrutiny process. Such settings will be identified through the review of state laws and regulations, provider and beneficiary self-surveys, existing monitoring and oversight processes and stakeholder input throughout the transition process.

- For all other settings, a sample of on-site assessments will be conducted. The sample results will be used to inform the stakeholder process as changes are made to the system to ensure monitoring and ongoing compliance through standard processes, such as licensing and/or certification. The sample results will also be used to guide the process of bringing HCB settings into compliance.

- DHCS and State departments have developed an agency-wide core On-Site Assessment Tool, for use in the on-site assessments of HCB settings. The core assessment tool includes questions that relate to each new federal requirement that will be used to determine if the HCB setting meets or does not meet the required federal rule. DHCS and State departments have also developed an agency-wide core Provider Self-Survey Tool, which will be forwarded to all HCB settings for completion. The results of these provider self-surveys will be reviewed by the appropriate State department/entity administering the program, and may trigger on-site assessments when indicators of non-compliance are identified.

- In addition to the core On-Site Assessment Tools and Provider Self-Survey Tools, DHCS and State departments, in collaboration with advocacy organizations, are developing core Beneficiary Self-Survey Tools, which will be distributed by the appropriate State department/entity administering the program to beneficiaries throughout the State.

- The written results of each on-site assessment will be forwarded back to the HCB setting with specific information regarding improvements that will be required in order for the setting to come into compliance with the federal requirements and a timeline for completion. Follow up of the compliance issues will be the responsibility of the administering State department/entity.

- The outcome of the on-site assessments will be reported by each requirement and each HCB site where an on-site assessment was conducted. Remedial actions will be developed to include timelines, milestones and a description of the monitoring process to ensure timelines and milestones are met.

All State-level and individual-setting level remedial actions will be completed no later than March 17, 2019.

The State will ensure that HCB settings remain in compliance with the new requirements by utilizing current ongoing licensing and/or certification processes for both residential and non-residential settings, as well as weaving compliance reviews into current monitoring and oversight processes.

**Stakeholder Input:**

The State conducted two public comment periods and received comments from the DD consumer, stakeholder and advocacy network. Below is a summary of the most common stakeholder input:
California HCBS Requirements must not become stricter than federal regulations.

Please permit Group Homes, Farmsteads, Gated Communities, Disability-Specific Housing, Intentional Communities, and Clustered Group Settings.

Day Programs, Work Programs, and Sheltered Work Programs must remain an appropriate setting.

STP states California does not anticipate relocation of consumers, but gated communities and ICF-DDs are presumed not to have the qualities of HCBS. California must take steps to increase availability of services in integrated settings and have these options available if/when consumers are transitioned.

Those who choose to live or work in a campus or farm based setting should not be forced to change or limit their desired time to be supported in that setting. A least restrictive environment for one person may not be the least restrictive environment for another with different support needs.

Criteria and assessments should NOT be based on physical characteristics, such as density of waiver recipients or proximity to other services or employment opportunities. Home and community settings should be individually assessed for quality based on waiver recipient feedback. Setting size or physical characteristics are not indicators of institutional attitudes or abuse, thus should not be used.

Please allow our sons and daughters to continue to be able to choose from all appropriate options, include rural, farm and ranch options, where many people with autism/DD feel very comfortable and at home.

Because the need for housing and supportive services is so overwhelming, I urge you to please ensure that people with developmental disabilities, and those who love and care for them, do not face even more limits on already scarce and under-funded living options.

CMS claims its new rules are intended to prevent isolation, but a choice to live with one's peers is often the least isolating option of all. We all want for our children, a safe, nurturing, stable, fulfilling life. We do not want our children's choices of living environment or daytime activities to be limited or restricted to settings that will isolate our children and put them at risk of abuse, neglect, or loneliness. It means securing some degree of continuing oversight by many involved families, not by just a for-profit owner of a small home, so that in the absence, by illness, aging or death, of any one of us parents, there are others helping to supervise all the residents.

People with DD must be given the choice of living in a supportive setting that meets their needs when such a setting is a community of others with DD integrated into a larger community. For some people, an intentional community can provide essential support much better than individual or small group housing. It is a serious error to regard all such setting as prohibited "institutions."

Please do not make sweeping restrictions that rule out options for many whom would be well served by them. Decisions about what is community-based should be made based on what actually happens in an environment and how well that fits with the needs of the residents, not based on some description of the housing and its address.

Any implementation of the HCBS waiver program should include the following:

- Maximum ability for the disabled person to be supported in the setting of his/her choice and, if unable to make such a choice, the choice loved ones determine is best.

- A range of options must be included so that we are not trying to create a "one size fits all" environment where outsiders are judging where a disabled individual belongs.

- A high quality of life is essential to each individual and should be the criteria for assessment of a setting, not where housing is located, nor the size of a particular setting, nor who the disabled person wants to live with, nor proximity to any particular amenities.

- People with developmental disabilities, or those who love them, should not have to be afraid of losing critical support services for choosing or developing their desired home, work and community opportunities.

- A least restrictive environment for one person may not be the least restrictive environment for another with different support needs, social needs, or interests. This difference should be respected and supported.

- California must not limit desired support services, employment, or housing choices for people with developmental disabilities, but should instead be helping to expand and fund creative solutions to address this enormous need.

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- No two people with developmental disabilities are exactly alike and therefore no single setting or preference should receive priority for HCBS funding over another.

- Please do not use the HCBS Waiver Program as a means of limiting our children's choices for living the lives they want, in an environment of their choosing, and creating a meaningful future for themselves. Please do not limit their rights.

- If a person without a disability chooses to live on a farm, a ranch, or in a congregate setting (as millions of non-disabled people chose to do), then people with disabilities must be able to avail themselves of the same options, without risking loss of basic, essential support services. Respecting the choices of those with disabilities must trump any paternalistic mandate for particular types of setting.

**Systemic Assessment:**

**Provider Setting Type – Adult Day Program***

| HCBS Setting Requirement # | Requirement Met, Partially Met, Conflicting, Silent | Remedial Strategy | Timeline for Completion |
|---|---|---|---|
| **1** | **Met**<br>22 CCR Section 82022<br>22 CCR Section 82025<br>22 CCR Section 82026<br>22 CCR Section 82068<br>22 CCR Section 82072<br>22 CCR Section 82079<br>22 CCR Section 82087.3<br>22 CCR Section 82088 | None | Not Applicable |
| **2** | **Silent** | Client has choice of adult day program during person-centered planning. | Not Applicable |
| **3** | **Met**<br>22 CCR Section 82072<br>22 CCR Section 82075<br>22 CCR Section 82077.2<br>22 CCR Section 82077.4<br>22 CCR Section 82088<br>22 CCR Section 82092.4<br>22 CCR Section 82092.5<br>22 CCR Section 82092.6 | None | Not Applicable |

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| HCBS Setting Requirement # | Requirement Met, Partially Met, Conflicting, Silent | Remedial Strategy | Timeline for Completion |
|---|---|---|---|
| **3** | **Met**<br>22 CCR Section 82072<br>22 CCR Section 82075<br>22 CCR Section 82077.2<br>22 CCR Section 82077.4<br>22 CCR Section 82088<br>22 CCR Section 82092.4<br>22 CCR Section 82092.5<br>22 CCR Section 82092.6 | None | Not Applicable |
| **4** | **Met**<br>22 CCR Section 82068.2<br>22 CCR Section 82072<br>22 CCR Section 82077.2<br>22 CCR Section 82079<br>22 CCR Section 82088 | None | Not Applicable |
| **5** | **Met**<br>22 CCR Section 82072<br>22 CCR Section 82079 | None | Not Applicable |
| **6** | **Met**<br>22 CCR Section 82068<br>22 CCR Section 82068.3<br>22 CCR Section 82068.5 | None | Not Applicable |
| **7** | **Met**<br>22 CCR Section 82068<br>22 CCR Section 82072<br>22 CCR Section 82088 | None | Not Applicable |
| **8** | **Met**<br>22 CCR Section 82072<br>22 CCR Section 82076 | None. | Not Applicable |
| **9** | **Met**<br>22 CCR Section 82072 | None | Not Applicable |
| **10** | **Met**<br>22 CCR Section 82087<br>22 CCR Section 82088 | None | Not Applicable |

*Adult Day Program includes Adult Day Support Center and Adult Day Care Center.

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**Provider Setting Type – Adult Family Home; Family Teaching Home**

| HCBS Setting Requirement # | Requirement Met, Partially Met, Conflicting, Silent | Remedial Strategy | Timeline for Completion |
|---|---|---|---|
| **1** | **Met**<br>W&I Code Section 4501, 4502, 4646, 4689.1(a)(8)(B-E)<br><br>**Silent**<br>Consumers' control of personal resources | The State will discuss the impacts of this characteristic during the Waiver renewal process. | March 2017 |
| **2** | **Met**<br>W&I Code Section 4501, 4502.1, 4512(b), 4646, 4741, 4689.1(e)(8)(B)&(C)&(F) | None | Not Applicable |
| **3** | **Met**<br>W&I Code Section 4502(b)(2), 4502.1, 4646, 4689.1(e)(8)(B) | None | Not Applicable |
| **4** | **Met**<br>W&I Code Section 4501, 4502(b)(2), 4646, 4689.1(e)(8)(B)&(C) | None | Not Applicable |
| **5** | **Met**<br>W&I Code Section 4512(b), 4646, 4689.1(e)(8)(B)&(C)<br>T17 Section 56084(a)(2) | None | Not Applicable |
| **6** | **Met**<br>T17 Section 56076, 56090(e), 56094<br><br>**Silent**<br>Protection from eviction similar to landlord/tenant law | The State will discuss the impacts of this characteristic during the Waiver renewal process. | March 2017 |
| **7** | **Met**<br>W&I Code Section 4502.1, 4646, 4689.1(8)(F)<br><br>**Silent**<br>Privacy in living unit<br>Lockable doors<br>Choice of roommates<br>Furnish sleeping units | The State will discuss the impacts of this characteristic during the Waiver renewal process. | March 2017 |
| **8** | **Met**<br>W&I Code Section 4502(b)(10), 4602.1, 4689.1(e)(8)(B-E) | None | Not Applicable |
| **HCBS Setting Requirement #** | **Requirement Met, Partially Met, Conflicting, Silent** | **Remedial Strategy** | **Timeline for Completion** |

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| | | | |
|---|---|---|---|
| **9** | **Met**<br>W&I Code Section 4602.1, 4689.1(e)(8)(B-E)<br><br>**Silent**<br>Visitors any time | The State will discuss the impacts of this characteristic during the Waiver renewal process. | March 2017 |
| **10** | **Met**<br>W&I Code Section 4502.1, 4646, 4689.1(a-c)<br>T17 Section 56087(C) | None | Not Applicable |

**Provider Setting Type - Adult Residential Facility, Adult Residential Facility for Persons with Special Health Care Needs, Residential Care Facility for the Elderly, Group Home and Small Family Home – HCBS Waiver for Californians with Developmental Disabilities and 1915(i) State Plan**

| HCBS Setting Requirement # | Requirement Met, Partially Met, Conflicting, Silent | Remedial Strategy | Timeline for Completion |
|---|---|---|---|
| **1** | **Met**<br>W&I Code Section 4501, 4502<br>22 CCR Section 85072(b)(7) | None | Not Applicable |
| **2** | **Met**<br>W&I Code Section 4502<br><br>**Silent:**<br>Option for private unit<br>Documentation of identified setting options not selected by consumer | The State will discuss the impacts of this characteristic during the Waiver renewal process | March 2017 |
| **3** | **Met**<br>W&I Code Section 4502(b)(2)&(8), 4741<br>22 CCR Section 80072(a)(3) | None | Not Applicable |
| **4** | **Met**<br>W&I Code Section 4501, 4502 | None | Not Applicable |

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| HCBS Setting Requirement # | Requirement Met, Partially Met, Conflicting, Silent | Remedial Strategy | Timeline for Completion |
|---|---|---|---|
| **5** | **Met**<br>W&I Code Section 4512(b), 4688.21<br><br>**Silent**<br>Consumers'' choice of provider of services | The State will discuss the impacts of this characteristic during the Waiver renewal process | March 2017 |
| **6** | **Met**<br>W&I Code Section 4741<br><br>SPA 09-023A, Services, 1.A)7.i)<br>DD Waiver: Appendix C-2, Facility Specifications | None | Not Applicable |
| **7** | **Met**<br>W&I Code Section 4502(b)(2)<br>T17 §50510(a)(2)<br><br>**Conflicting**<br>Lockable entrance doors for individuals that are bedridden<br><br>**Silent:**<br>Privacy in sleeping or living unit<br>Lockable entrance doors<br>Freedom to furnish and decorate sleeping or living units | The State will discuss the impacts of this characteristic during the Waiver renewal process | March 2017 |
| **8** | **Met**<br>W&I Code Section 4502(b)(10)<br>22 CCR Section 80072, 80076(4)<br><br>**Silent**<br>Access to food at any time | The State will discuss the impacts of this characteristic during the Waiver renewal process | March 2017 |

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| HCBS Setting Requirement # | Requirement Met, Partially Met, Conflicting, Silent | Remedial Strategy | Timeline for Completion |
|---|---|---|---|
| **9** | **Met**<br>W&I Code Section 4503(c)<br><br>**Silent**<br>Visitors each day, any time | The State will discuss the impacts of this characteristic during the Waiver renewal process | March 2017 |
| **10** | **Met**<br>22 CCR Section 80087, 80088<br><br>**Silent**<br>Full access | The State will discuss the impacts of this characteristic during the Waiver renewal process | March 2017e |

**Provider Setting Type – Certified Family Home; Foster Family Home**

| HCBS Setting Requirement # | Requirement Met, Partially Met, Conflicting, Silent | Remedial Strategy | Timeline for Completion |
|---|---|---|---|
| **1** | **Met**<br>W&I Code Section 4501, 4502, 4646<br>T22 Section 89372 | None | Not Applicable |
| **2** | **Met**<br>W&I Code 4501, 4502, 4502.1, 4512(b), 4646,<br>T22 Section 89372<br><br>**Silent**<br>Option for private unit<br>Documentation of identified setting options not selected by consumer | The State will discuss the impacts of this characteristic during the Waiver renewal process. | March 2017 |
| **3** | **Met**<br>W&I Code 4502, 4646<br>T22 Section 89372 | None | Not Applicable |
| **4** | **Met**<br>W&I Code Section 4501, 4502, 4646<br>T22 Section 89372 | None | Not Applicable |

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| HCBS Setting Requirement # | Requirement Met, Partially Met, Conflicting, Silent | Remedial Strategy | Timeline for Completion |
|---|---|---|---|
| **5** | **Met**<br>W&I Code Section 4512(b), 4646 | None | Not Applicable |
| **6** | **Met**<br>1915(c)–Appendix C-2: Facility Specifications<br>1915(i)–Services, 1.A)7.i) | None | Not Applicable |
| **7** | **Met**<br>W&I Code Section 4502, 4502.1, 4646<br>T22 Section 89372<br>**Silent**<br>Privacy in living unit<br>Lockable doors<br>Choice of roommates<br>Furnish sleeping units | The State will discuss the impacts of this characteristic during the Waiver renewal process. | March 2017 |
| **8** | **Met**<br>W&I Code Section 4501, 4502, 4502.1, 4646<br>22 CCR Section 89376 | None | Not Applicable |
| **9** | **Met**<br>W&I Code Section 4501, 4502, 4502.1, 4646<br>22 CCR Section 89372 | None | Not Applicable |
| **10** | **Met**<br>W&I Code Section 4502, 4646<br>22 CCR Section 80087, 80088 | None | Not Applicable |

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**Provider Setting Type – Child Day Care Facility; Child Day Care Center; Family Child Care Home**

| HCBS Setting Requirement # | Requirement Met, Partially Met, Conflicting, Silent | Remedial Strategy | Timeline for Completion |
|---|---|---|---|
| **1** | **Met**<br>W&I Code Section 4501, 4502, 4646 | None | Not Applicable |
| **2** | **Met**<br>W&I Code Section 4502, 4512(b), 4646<br><br>**Silent**<br>Documentation of identified setting options not selected by consumer. | The State will discuss the impacts of this characteristic during the Waiver renewal process. | March 2017 |
| **3** | **Met**<br>W&I Code Section 4502, 4646<br>T22 Section 101223, 102423 | None | Not Applicable |
| **4** | **Met**<br>W&I Code Section 4501, 4502, 4646 | None | Not Applicable |
| **5** | **Met**<br>W&I Code Section 4512(b), 4646 | None | Not Applicable |

**Provider Setting Type – Day-Type Services***

| HCBS Setting Requirement # | Requirement Met, Partially Met, Conflicting, Silent | Remedial Strategy | Timeline for Completion |
|---|---|---|---|
| **1** | **Met**<br>W&I Code Section 4501, 4502(a), 4512(b), 4688.21<br><br>**Silent**<br>Consumer's control of personal resources<br>Integrated in and supports full access…to the greater community | The State will discuss the impacts of this characteristic during the Waiver renewal process. | March 2017 |
| **2** | **Met**<br>W&I Code Section 4512(b)<br><br>**Silent**<br>Documentation of identified setting options not selected by consumer. | The State will discuss the impacts of this characteristic during the Waiver renewal process. | March 2017 |

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| HCBS Setting Requirement # | Requirement Met, Partially Met, Conflicting, Silent | Remedial Strategy | Timeline for Completion |
|---|---|---|---|
| **3** | **Met**<br>W&I Code Section 4502(b)(2)&(8)<br>22 CCR Section 82072(a)(1-4) | None | Not Applicable |
| **4** | **Met**<br>W&I Code Section 4501, 4502(b)(1)&(6)&(7), 4688.21<br><br>**Silent**<br>Optimizes, but does not regiment | The State will discuss the impacts of this characteristic during the Waiver renewal process. | March 2017 |
| **5** | **Met**<br>W&I Code Section 4512(b), 4688.21 | None | Not Applicable |

* Day-Type Services in the HCBS Waiver for Californians with Developmental Disabilities and 1915(i) State Plan include Activity Center, Adult Day Care Facility, Adult Development Center, Behavior Management Program, Community-Based Training Provider, Socialization Training Program; Community Integration Training Program; Community Activities Support Service.

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## Person-Centered Planning & Service Delivery

**1.** ☑ There is an independent assessment of individuals determined to be eligible for the State plan HCBS benefit. The assessment is based on:

- An objective face-to-face assessment with a person-centered process by an agent that is independent and qualified;
- Consultation with the individual and if applicable, the individual's authorized representative, and includes the opportunity for the individual to identify other persons to be consulted, such as, but not limited to, the individual's spouse, family, guardian, and treating and consulting health and support professionals caring for the individual;
- An examination of the individual's relevant history, including findings from the independent evaluation of eligibility, medical records, an objective evaluation of functional ability, and any other records or information needed to develop the plan of care;
- An examination of the individual's physical and mental health care and support needs, strengths and preferences, available service and housing options, and when unpaid caregivers will be relied upon to implement the plan of care, a caregiver assessment;
- If the State offers individuals the option to self-direct State plan HCBS, an evaluation of the ability of the individual (with and without supports), or the individual's representative, to exercise budget and/or employer authority; and
- A determination of need for (and, if applicable, determination that service-specific additional needs-based criteria are met for), at least one State plan home and community-based service before an individual is enrolled into the State plan HCBS benefit

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**2.** ☑ Based on the independent assessment, the individualized plan of care:

- Is developed with a person-centered process in consultation with the individual, and others at the option of the individual such as the individual's spouse, family, guardian, and treating and consulting health care and support professionals. The person-centered planning process must identify the individual's physical and mental health support needs, strengths and preferences, and desired outcomes;
- Takes into account the extent of, and need for, any family or other supports for the individual, and neither duplicates, nor compels, natural supports;
- Prevents the provision of unnecessary or inappropriate care;
- Identifies the State plan HCBS that the individual is assessed to need;
- Includes any State plan HCBS in which the individual has the option to self-direct the purchase or control ;
- Is guided by best practices and research on effective strategies for improved health and quality of life outcomes; and
- Is reviewed at least every 12 months and as needed when there is significant change in the individual's circumstances.

**3. Responsibility for Face-to-Face Assessment of an Individual's Support Needs and Capabilities.** There are educational/professional qualifications (that are reasonably related to performing assessments) of the individuals who will be responsible for conducting the independent assessment, including specific training in assessment of individuals with physical and mental needs for HCBS. *(Specify qualifications):*

The minimum requirement is a degree in social sciences or a related field. Case management experience in the developmental disabilities field or a related field may be substituted for education

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4. **Responsibility for Service Plan Development**. There are qualifications (that are reasonably related to developing plans of care) for persons responsible for the development of the individualized, person-centered plan of care. *(Specify qualifications):*

5. **Supporting the Participant in Service Plan Development**. Supports and information are made available to the participant (and/or the additional parties specified, as appropriate) to direct and be actively engaged in the service plan development process. *(Specify: (a) the supports and information made available, and (b) the participant's authority to determine who is included in the process):*

The service plan, commonly referred to as the individual program plan (IPP), is prepared jointly by the planning team, which at minimum includes the individual or, as appropriate their parents, legal guardian or conservator, or authorized representative and a representative (service coordinator) from the regional center. Individuals may choose among qualified service coordinators. When invited by the individual, others may join the planning team.

The IPP is developed through a person-centered process of individualized needs determination with active participation by the individual/representative in the plan development and takes into account the individual's needs and preferences. Person-centered planning is an approach to determining, planning for, and working toward the preferred future of the individual and her or his family. In this approach to planning that is focused on the individual, other members of the planning team adopt the role of consultants or advisors who help the individual achieve their preferred future. Decisions regarding the goals, services and supports included in the IPP are driven by the individual.

a) *the supports and information made available* –Information available for supporting recipients in the IPP process includes but is not limited to the following documents, all of which are available using the links below or through the DDS website at www.dds.ca.gov:

1. "Individual Program Plan Resource Manual" - This resource manual is designed to facilitate the adoption of the values that lead to person-centered individual program planning. It is intended for use by all those who participate in person-centered planning. It was developed with extensive input from service recipients, families, advocates and providers of service and support.

2. "Person Centered Planning" - This publication consists of excerpts taken from the Individual Program Plan Resource Manual to provide recipients and their families information regarding person-centered planning.

3. "From Conversations to Actions Using the IPP" - This booklet shares the real life stories of how recipients can set their goals and objectives and work through the IPP process to achieve them.

4. "From Process to Action: Making Person-Centered Planning Work" - This guide provides a quick look at questions that can help a planning team move the individual program plan from process to action focusing on the person and the person's dreams for a preferred future.

b) *The participant's authority to determine who is included in the process* – As noted above, the IPP planning team, at a minimum, consists of the recipient and, where appropriate, his or her parents, legal guardian or conservator, or authorized representative, and an authorized regional center representative. With the consent of the recipient/parent/representative, other individuals,

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6. **Informed Choice of Providers.** *(Describe how participants are assisted in obtaining information about and selecting from among qualified providers of the 1915(i) services in the service plan):*

7. **Process for Making Service Plan Subject to the Approval of the Medicaid Agency**. *(Describe the process by which the service plan is made subject to the approval of the Medicaid agency):*

8. **Maintenance of Service Plan Forms**. Written copies or electronic facsimiles of service plans are maintained for a minimum period of 3 years as required by 45 CFR §74.53. Service plans are maintained by the following *(check each that applies)*:

| | | | | | |
|---|---|---|---|---|---|
| | Medicaid agency | | Operating agency | ☐ | Case manager |
| | Other (*specify):* | | | | |

1. **State plan HCBS.** *(Complete the following table for each service. Copy table as needed):*

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

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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 *(Specify)*: | License *(Specify):* | Certification *(Specify):* | Other Standard *(Specify):* |
|---|---|---|---|
| | | | |

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| | As appropriate, a business license as required by the local jurisdiction where the business is located. | | university. A minimum of five years of experience in child or family services, two years of which have been in an administrative or managerial position.<br><br>Certified family home providers meet requirements for foster family homes (Refer to Foster Family Homes below). |
| Foster Family Homes (FFHs) (Children Only) Payment for this service will not be duplicated or supplanted through Medicaid funding. | Health and Safety Code §§1500-1567.8<br><br>As appropriate, a business license as required by the local jurisdiction where the business is located. | N/A | Title 22, CCR §§89200-89587.1 Regulations adopted by DSS to specify requirements for licensure of Foster Family Homes.<br><br>Qualifications/Requirements for FFH providers:<br>1. Comply with applicable laws and regulations and:<br>2. Provide care and supervision to meet the child's needs including communicating with the child;<br>3. Maintain all child records, safeguard cash resources and personal property;<br>4. Direct the work of others in providing care when applicable,<br>5. Apply the reasonable and prudent parent standard;<br>6. Promote a normal, healthy, balanced, and supported childhood experience and treat a child as<br>part of the family;<br>7. Attend training and professional development;<br>8. Criminal Records/Child Abuse Registry clearance;<br>9. Report special incidents;<br>10. Ensure each child's personal rights;<br>11. Maintain a clean, safe, health home environment.<br>12. Maintain standards identified in "Needs-Based Evaluation/Reevaluation" item #8. |
| Small Family Homes (Children Only) | Health and Safety Code §§1500-1567.8 | N/A | Title 22, CCR §§ 83000-83088. Regulations adopted by DSS to specify requirements for licensure of Small |

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| | As appropriate, a business license as required by the local jurisdiction where the business is located. | | Family Homes.<br>Licensee/Administrator Qualifications<br>▪ Criminal Records/Child Abuse Index Clearance;<br>▪ At least 18 years of age;<br>▪ Documented education, training, or experience in providing family home care and supervision appropriate to the type of children to be served. The amount of units or supervision appropriate to the type of children to be served. The amount of units or training hours is not specified. The following are examples of acceptable education or training topics. Programs which can be shown to be similar are accepted:<br>○ Child Development;<br>○ Recognizing and/or dealing with learning disabilities;<br>○ Infant care and stimulation;<br>○ Parenting skills;<br>○ Complexities, demands and special needs of children in placement;<br>○ Building self esteem, for the licensee or the children;<br>○ First aid and/or CPR;<br>○ Bonding and/or safeguarding of children's property;<br>○ Ability to keep financial and other records;<br>○ Ability to recruit, employ, train, direct the work of and evaluate qualified staff.<br><br>Maintain standards identified in "Needs-Based Evaluation/Reevaluation" item #8. |
| Group Homes (Children Only) | Health and Safety Code §§ 1500-1567.8<br><br>As appropriate, a business license as required by the local jurisdiction | N/A | Title 22, CCR, § 84000-84808<br>Regulations adopted by DSS to specify requirements for licensure of Group Homes.<br>Administrator Qualifications:<br>1. Master's degree in a behavioral science, plus a minimum of one year of employment as a social worker in an agency serving children or in a group residential program for children; |

| | | | |
|---|---|---|---|
| | where the business is located. | | 2. Bachelor's degree, plus at least one year of administrative or supervisory experience (as above);<br>3. At least two years of college, plus at least two years administrative or supervisory experience (as above); or<br>4.Completed high school, or equivalent, plus at least three years administrative or supervisory experience (as above); and,<br>5. Criminal Records/Child Abuse Registry Clearance<br>Maintain standards identified in "Needs-Based Evaluation/Reevaluation" item #8. |
| Adult Residential Facilities (ARF) | Health and Safety Code §§ 1500 through 1567.8<br><br>As appropriate, a business license as required by the local jurisdiction where the business is located. | N/A | Title 22, CCR, §§85000-85092: Establish licensing requirements for persons 18 years of age through 59 years of age; and persons 60 years of age and older by exception.<br><br>**Administrator Qualifications**<br>▪ At least 21 years of age;<br>▪ High school graduation or a GED;<br>▪ Complete a program approved by DSS that consists of 35 hours of classroom instruction<br>○ 8 hrs. in laws, including resident's personal rights, regulations, policies, and procedural standards that impact the operations of adult residential facilities;<br>○ 3 hrs. in business operations;<br>○ 3 hrs. in management and supervision of staff;<br>○ 5 hrs. in the psychosocial needs of the facility residents;<br>○ 3 hrs. in the use of community and support services to meet the resident's needs;<br>○ 4 hrs. in the physical needs of the facility residents;<br>○ 5 hrs. in the use, misuse and interaction of drugs commonly used by facility residents;<br>○ 4 hrs. on admission, retention, and assessment procedures;<br>▪ Pass a standardized test, administered by the Department of Social Services |

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| | | | with a minimum score of 70%.<br>▪ Criminal Record/Child Abuse Registry Clearance.<br><br>**Additional Administrator Qualifications may also include**:<br>▪ Has at least one year of administrative and supervisory experience in a licensed residential program for persons<br>▪ with developmental disabilities, and is one or more of the following:<br>(A) ) A licensed registered nurse.<br>(B) A licensed nursing home administrator.<br>(C) ) A licensed psychiatric technician with at least five years of experience serving individuals with developmental disabilities.<br>(D) An individual with a bachelors degree or more advanced degree in the health or human services field and two years' experience working in a licensed residential program for persons with developmental disabilities and special health care needs. Maintain standards identified in "Needs-Based Evaluation/Reevaluation" item #8. |
| Residential Care Facility for the Elderly (RCFE) | Health and Safety Code §§1569-1569.889 provides statutory authority for licensing of RCFEs. Identified as the CA Residential Care Facilities for the Elderly Act.<br><br>As appropriate, a business license as required by the | N/A | Title 22, CCR, §§87100-87793: Establish licensing requirements for facilities where 75 percent of the residents are sixty years of age or older. Younger residents must have needs compatible with other residents.<br><br>**Administrator Qualifications:**<br>1. Knowledge of the requirements for providing care and supervision appropriate to the residents.<br>2. Knowledge of and ability to conform to the applicable laws, rules and regulations.<br>3. Ability to maintain or supervise the maintenance of financial and other records.<br>4. Ability to direct the work of others.<br>5. Good character and a continuing |

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| | local jurisdiction where the business is located. | | reputation of personal integrity.<br>6. High school diploma or equivalent.<br>7. At least 21 years of age.<br>8. Criminal Record Clearance.<br><br>Maintain standards identified in "Needs-Based Evaluation/Reevaluation" item #8. |
| Residential Facility (out of state) | Appropriate Facility License, as required by State law.<br><br>As appropriate, a business license as required by the local jurisdiction where the business is located. | N/A | Department approval is required per the Welfare and Institutions Code, § 4519.<br><br>Maintain standards identified in "Needs-Based Evaluation/Reevaluation" item #8. |
| Adult Residential Facility for Persons with Special Health Care Needs | Health and Safety Code §§1500-1569.87<br><br>Appropriate license DSS CCLD as to type of facility<br><br>As appropriate, a business license as required by the local jurisdiction where the business is located. | | Welfare and Institutions Code, § 4684.50 et seq.<br><br>**The administrator must:**<br>1. Complete the 35-houradministrator certification program pursuant to paragraph (1) of subdivision (c) of Section 1562.3 of the Health and Safety Code without exception,<br>2. Has at least one year of administrative and supervisory experience in a licensed residential program for persons with developmental disabilities, and is one or more of the following:<br>a. A licensed registered nurse.<br>b. A licensed nursing home administrator.<br>c. A licensed psychiatric technician with at least five years of experience serving individuals with developmental disabilities.<br>d. An individual with a bachelors degree or more advanced degree in the health or human services field and two years experience |

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| | | | working in a licensed residential program for persons with developmental disabilities and special health care needs.<br><br>Maintain standards identified in "Needs-Based Evaluation/Reevaluation" item #8. |
| Family Home Agency(FHA):<br><br>Adult Family Home(AFH)/Family Teaching Home(FTH) | No state licensing category.<br><br>As appropriate, a business license as required by the local jurisdiction where the business is located. | AFH Title 17, CCR, §56088 Authorizes the FHA to issue a Certificate of Approval to each family home which has:<br>1. Completed the criminal record review ;<br>2. Been visited by the FHA and a determination ensuring safe and reasonable and the prospective providers experience, knowledge, cooperation, history and interest to become an approved family home.<br>3. Completed required orientation and training. | Welfare and Institutions Code 4689.1-4689.6 provides statutory authority for FHA.<br><br>FHA employs sufficient staff with the combined experience, training and education to perform the following duties:<br>1. Administration of the FHA;<br>2. Recruitment of family homes;<br>3. Training of FHA staff and family homes;<br>4. Ensuring an appropriate match between the needs and preferences of the consumer<br>and the family home;<br>5. Monitoring of family homes;<br>6. Provision of services and supports to consumers and family homes which are consistent with the consumer's preferences and needs and the consumer's IPP; and<br>7. Coordination with the regional center and others.<br><br>In order to accomplish these duties, selection criteria for hiring purposes should include but not be limited to: education in the fields of social work, psychology, education of related areas; experience with persons with developmental disabilities; experience in program management, fiscal management and organizational development. |
| Supported Living Provider | No state licensing category.<br><br>As appropriate, a business | N/A | SLS requirements:<br>1. Service design including:<br>▪ Staff hiring criteria, including any minimum qualifications requirements; and<br>▪ Procedures and practices the agency |

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| | license as required by the local jurisdiction where the business is located. | will use to screen paid staff, consultants, and volunteers who will have direct contact with consumers.<br>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.<br>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. |

**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):* |
|---|---|---|
| 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)<br><br>regional centers – including verification of standards identified in “Needs-Based Evaluation/Reevaluation“ item #8. | Annually<br><br>Annually |

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|---|---|---|
| Family Home Agency | regional centers<br>DDS | Annually<br>Biennially |
| Adult Family Home and Family Teaching Home | Family Home Agency | Monthly |

**Service Delivery Method.** *(Check each that applies)*:

| | | | |
|---|---|---|---|
| ☐ | Participant-directed | ❒ | 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: | **Habilitation – Day Services** |
| Service Definition (Scope)*:* | |

Habilitation – Day Services includes three components:

**A) Community-Based Day Services** – (Providers identified with "CB" below)

These services provide assistance with acquisition, retention, or improvement in self-help, socialization and adaptive skills which may take place in a residential or non-residential setting. Services may be furnished four or more hours per day on a regularly scheduled basis, for one or more days per week unless provided as an adjunct to other day activities included in an individual's plan of care. These services enable the individual to attain or maintain his or her maximum functional level and shall be coordinated with any physical, occupational, or speech therapies listed in the plan of care. In addition, day habilitation service may serve to reinforce skills or lessons taught in school, therapy, or other settings. Day habilitation services may include paid/volunteer work strategies when the individualized planning process determines that supported employment or prevocational services are not appropriate for the individual.

**B) Activity-Based/Therapeutic Day Services** – (Providers identified with "AT" below)

These services provide assistance with acquisition, retention, or improvement in self-help, socialization and adaptive skills through therapeutic and/or physical activities and are designed to:

- Gain insight into problematic behavior
- Provide opportunities for expression of needs and feelings
- Enhance gross and fine motor development
- Promote language development and communication skills
- Increase socialization and community awareness
- Improve communication skills
- Provide visual, auditory and tactile awareness and perception experiences
- Assist in developing appropriate peer interactions

**C) Mobility Related Day Services –** (Providers identified with "MT" below)

These services foster the acquisition of greater independence and personal choice by teaching individuals how to use public transportation or other modes of transportation which will enable them to move about the community independently.

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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 USC 1401(16 and 17).

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):*

A consumer may receive specialized recreation and non-medical therapies (including, but not limited to, art, dance, and music) when the regional center determines that the service is a primary or critical means for ameliorating the physical, cognitive, or psychosocial effects of the consumer's developmental disability, or the service is necessary to enable the consumer to remain in his or her home and no alternative service is available to meet the consumer's need.

☑ Medically needy *(specify limits):*

A consumer may receive specialized recreation and non-medical therapies (including, but not limited to, art, dance, and music) when the regional center determines that the service is a primary or critical means for ameliorating the physical, cognitive, or psychosocial effects of the consumer's developmental disability, or the service is necessary to enable the consumer to remain in his or her home and no alternative service is available to meet the consumer's need.

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

| Provider Type *(Specify)*: | License *(Specify):* | Certification *(Specify):* | Other Standard *(Specify):* |
|---|---|---|---|
| Mobility Training Services Agency (MT) | No state licensing category.<br><br>As appropriate, a business license as required by the local jurisdiction where the business is located. | N/A | Personnel providing this service possess the skill, training or education necessary to teach individuals how to use public transportation or other modes of transportation which enable them to move about the community independently including:<br>a) previous experience working with individuals with developmental disabilities and awareness of associated problems, attitudes and behavior patterns;<br>b) a valid California Driver's license and current insurance;<br>c) ability to work independently with minimal supervision according to specific guidelines; and<br>d) flexibility and adaptive skills to facilitate individual recipient needs. |

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| Mobility Training Services Specialist (MT) | No state licensing category.<br><br>As appropriate, a business license as required by the local jurisdiction where the business is located. | N/A | Individuals providing this service possess the following minimum requirements:<br>1. Previous experience working with individuals with developmental disabilities and awareness of associated problems, attitudes and behavior patterns;<br>2. A valid California Driver's license and current insurance;<br>3. Ability to work independently, flexibility and adaptive skills to facilitate individual recipient needs. |
| Driver Trainer (MT) | Valid California driver's license<br><br>As appropriate, a business license as required by the local jurisdiction where the business is located. | Current certification by the California Department of Motor Vehicles as a driver instructor. | N/A |
| Adaptive Skills Trainer (CB) | No state licensing category.<br><br>As appropriate, a business license as required by the local jurisdiction where the business is located. | N/A | Individual providing this service shall possess:<br>1. Master's degree in education, psychology, counseling, nursing, social work, applied behavior analysis, behavioral medicine, speech and language or rehabilitation; and<br>2. At least one year of experience in the designing and implementation of adaptive skills training plans. |
| Personal Assistant (CB) | No state licensing category<br><br>As appropriate, a business license as | N/A | N/A |

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| | required by the local jurisdiction where the business is located. | | |
| Socialization Training Program; Community Integration Training Program: Community Activities Support Service (CB) | Facility license (Health and Safety Code §§ 1500-1567.8) if applicable<br><br>As appropriate, a business license as required by the local jurisdiction where the business is located. | N/A | Qualifications and training of staff per agency guidelines.<br><br>For Community Integration Training Program: Program directors must have at least a bachelor's degree. Direct service workers may be qualified by experience. |
| Activity Center (CB) | Facility license (Health and Safety Code §§ 1500-1567.8) if applicable<br><br>As appropriate, a business license as required by the local jurisdiction where the business is located. | N/A | Requires written program design, recipient entrance and exit criteria, staff training, etc.<br><br>Director must have BA/BS with 18 months experience in human services delivery, or five years experience in human services delivery field. Supervisory staff must have three years experience plus demonstrated supervisory skills. |
| Adult Development Centers (CB) | Facility license (Health and Safety Code §§ 1500-1567.8) if applicable)<br><br>As appropriate, a business | N/A | Requires written program design, recipient entrance and exit criteria, staff training, etc.<br><br>Director must have BA/BS with 18 months experience in human services delivery, or five years experience in human services delivery field. Supervisory staff must have three years |

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| | license as required by the local jurisdiction where the business is located. | | experience plus demonstrated supervisory skills. |
| Behavior Management Program (CB) | Facility license (Health and Safety Code §§ 1500-1567.8) if applicable<br><br>As appropriate, a business license as required by the local jurisdiction where the business is located. | N/A | Requires written program design, recipient entrance and exit criteria, staff training, etc.<br><br>Director must have BA/BS with 18 months experience in human services delivery, or five years experience in human services delivery field. Supervisory staff must have three years experience plus demonstrated supervisory skills. |
| Independent Living Program (CB) | Facility license (Health and Safety Code §§ 1500-1567.8) if applicable<br><br>As appropriate, a business license as required by the local jurisdiction where the business is located. | N/A | Requires written program design, recipient entrance and exit criteria, staff training, etc.<br><br>Director must have BA/BS with 18 months experience in human services delivery, or five years experience in human services delivery field. Supervisory staff must have three years experience plus demonstrated supervisory skills. |
| Independent Living Specialist (CB) | No state licensing category.<br><br>As appropriate, a business license as required by the local | N/A | Possesses the skill, training, or education necessary to teach recipients to live independently and/or to provide the supports necessary for the recipient to maintain a self-sustaining, independent living situation in the community, such as one year experience providing services to individuals in a residential or non-residential setting and possession of at |

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| | jurisdiction where the business is located. | | least a two-year degree in a subject area related to skills training and development of program plans for eligible individuals. |
| Social Recreation Program (CB) | Facility license (Health and Safety Code §§ 1500-1567.8) if applicable<br><br>As appropriate, a business license as required by the local jurisdiction where the business is located. | N/A | Requires written program design, recipient entrance and exit criteria, staff training, etc.<br><br>Director must have BA/BS with 18 months experience in human services delivery, or five years experience in human services delivery field. Supervisory staff must have three years experience plus demonstrated supervisory skills. |
| Art Therapist (AT) | No state licensing category.<br><br>As appropriate, a business license as required by the local jurisdiction where the business is located. | Current registration issued by the American Art Therapy Association. | N/A |
| Dance Therapist (AT) | No state licensing category.<br><br>As appropriate, a business license as required by the local jurisdiction where the business is located. | Validly registered as a dance therapist by the American Dance Therapy Association. | N/A |

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| Music Therapist (AT) | No state licensing category.<br><br>As appropriate, a business license as required by the local jurisdiction where the business is located. | Valid registration issued by the National Association for Music Therapy. | N/A |
| Recreational Therapist (AT) | No state licensing category.<br><br>As appropriate, a business license as required by the local jurisdiction where the business is located. | Certification issued by either the National Council for Therapeutic Recreation Certification or the California Board of Recreation and Park Certification. | N/A |
| Specialized Recreational Therapy (AT) | Credentialed and/or licensed as required by the State in the field of therapy being offered<br><br>As appropriate, a business license as required by the local jurisdiction where the business is located. | Equestrian therapists shall possess a current accreditation and instructor certification with the North American Riding for the Handicapped Association | N/A |
| Creative Art Program (AT) | Facility license (Health and Safety Code §§ 1500-1567.8) if | N/A | Program Director: Equivalent of a high school diploma and experience with persons with developmental disabilities. |

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| | applicable<br><br>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.<br><br>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. |
| In-Home Day Program (CB) | No state licensing category.<br><br>As appropriate, a business license as required by the local jurisdiction where the business is located. | N/A | Qualifications and training for staff in agency guidelines.<br><br>Providers may include employees of community-based day, pre-vocation, or vocational programs. |
| 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:<br>1. Ability to perform the functions required by the individual plan of care;<br>2. Demonstrated dependability and personal integrity;<br>3. Willingness to pursue training as necessary based upon the individual |

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| | | | consumer's needs. |

**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):* |
|---|---|---|
| All Habilitation – Day 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) and regional centers | Annually |

**Service Delivery Method.** *(Check each that applies)*:

| | | | |
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| ☑ | Participant-directed | ☑ | Provider managed |

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

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| Service Title: | **Habilitation - Behavioral Intervention Services** |

Service Definition (Scope)*:*

Habilitation—Behavioral Intervention Services include two components:
**A) Individual/Group Practitioners -** which may provide Behavioral Intervention Services in multiple settings, including the individual's home, workplace, etc. depending on the individual's needs.
**B) Crisis Support** – If relocation becomes necessary, emergency housing in the person's home community is available. Crisis Support provides a safe, stable highly structured environment by combining concentrated, highly skilled staffing (e.g. psychiatric technicians, certified behavior analysts) and intensive behavior modification programs. Conditions that would qualify an individual for crisis support include aggression to others, self-injurious behavior, property destruction, or other pervasive behavior issues that have precluded effective treatment in the current living arrangement.

While the location and intensity of the components of this service vary based on the individual's needs, all components of behavioral intervention services include use and development of intensive behavioral intervention (see #1 below) programs to improve the recipient's development; and behavior tracking and analysis. The intervention programs will be restricted to generally accepted,

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evidence-based, positive approaches. Behavioral intervention services are designed to assist individuals in acquiring, retaining and improving the self-help, socialization and adaptive skills necessary to reside successfully in home and community-based settings. Services may be provided to family members if they are for the benefit of the recipient. Services for family members may include training and instruction about treatment regimens and risk management strategies to enable the family to support the recipient.

The participation of parent(s) of minor children is critical to the success of a behavioral intervention plan. The person-centered planning team determines the extent of participation necessary to meet the individual's needs. "Participation" includes the following meanings: Completion of group instruction on the basics of behavior intervention; Implementation of intervention strategies, according to the intervention plan; If needed, collection of data on behavioral strategies and submission of that data to the provider for incorporation into progress reports; Participation in any needed clinical meetings; provision of suggested nominal behavior modification materials or community involvement if a reward system is used. If the absence of sufficient participation prevents successful implementation of the behavioral plan, other services will be provided to meet the individual's identified needs.

(1) "Intensive behavioral intervention" means any form of applied behavioral analysis (ABA) based treatment (see #2 below) that is comprehensive, designed to address all domains of functioning, and provided in multiple settings, depending on the individual's needs and progress. Interventions can be delivered in a one-to-one ratio or small group format, as appropriate.
(2) "Applied behavioral analysis based treatment" means the design, implementation, and evaluation of systematic instructional and environmental modifications to promote positive social behaviors and reduce or ameliorate behaviors which interfere with learning and social interaction.

Behavioral Habilitation services do not include services otherwise available to the person under the Individuals with Disabilities Education Act or the Rehabilitation Act of 1973.

Behavioral Intervention services will supplement and not supplant Behavioral Health Treatment services available through EPSDT for individuals with a diagnosis of Autism Spectrum Disorder.

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 *(Specify)*: | License *(Specify):* | Certification *(Specify):* | Other Standard *(Specify):* |
|---|---|---|---|
| Crisis Team-Evaluation and Behavioral Intervention | Licensed in accordance with Business and Professions | Certified as appropriate to the skilled professions staff | Program utilizes licensed and/or certified personnel as appropriate to provide develop and implement individualized crisis behavioral services plans. Specific |

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| | Code as appropriate to the skilled professions staff assigned to the team.<br><br>As appropriate, a business license as required by the local jurisdiction where the business is located. | assigned to the team. | qualifications and training of personnel per agency guidelines consistent with requirements for Behavior Analyst, Behavior Management Assistant, Behavior Management Consultant: Psychologist, Psychiatric Technician or Psychiatrist established in this section. |
| Crisis Intervention Facility | Health and Safety Code §§1500-1569.889<br><br>As appropriate, a business license as required by the local jurisdiction where the business is located. | Refer to "Other Standard." | Crisis services may be provided in any of the types of 24-hour care services identified in Habilitation – Community Living Arrangement Services (CLAS) section. Refer to the CLAS section for standards. |
| Psychiatrist | Business and Professions Code, Division 2, Chapter 5, commencing at § 2000<br><br>Licensed as a physician and surgeon by the Medical Board of California.<br><br>As appropriate, a business | Certified by the American Board of Psychiatry and Neurology | N/A |

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| | license as required by the local jurisdiction where the business is located. | | |
| Behavior Management Assistant:<br>(Psychology Assistant; Associate Licensed Clinical Social Worker) | As appropriate, a business license as required by the local jurisdiction where the business is located.<br><br>Business and Professions Code §2913; §4996-4996.2 | Registered as either:<br>1. A psychological assistant of a psychologist by the Medical Board of California or Psychology Examining Board; or<br>2. An Associate Licensed Clinical Social Worker pursuant to Business and Professions Code, Section 4996.18. | Possesses a Bachelor of Arts or Science Degree and has either:<br>1. Twelve semester units in applied behavior analysis and one year of experience in designing and/or implementing behavior modification intervention services; or<br>2. Two years of experience in designing and/or implementing behavior modification intervention services. |
| Behavior Management Consultant: (Psychologist) | Business and Professions Code, §2940-2948<br><br>As appropriate, a business license as required by the local jurisdiction where the business is located. | N/A | N/A |
| Behavior Management Consultant: | Business and Professions Code §§4996- | N/A | N/A |

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| Licensed Clinical Social Worker | 4996.2<br><br>As appropriate, a business license as required by the local jurisdiction where the business is located. | | |
| Behavior Management Consultant: Marriage Family Child Counselor | Business and Professions Code §§4980-4981<br><br>As appropriate, a business license as required by the local jurisdiction where the business is located. | N/A | N/A |
| Licensed Psychiatric Technician | Business and Professions Code §4500 et seq.<br><br>Possesses a valid psychiatric technician's license issued by the California State Board of Vocational Nurse and Psychiatric Technician Examiners<br><br>As appropriate, a business license as required by the | N/A | N/A |

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| | local jurisdiction where the business is located. | | |
| Client/Parent Support Behavior Intervention Training | Licensed in accordance with Business and Professions Code as appropriate to the skilled professions of staff.<br><br>As appropriate, a business license as required by the local jurisdiction where the business is located. | Refer to "Other Standard." | Client/Parent Support Behavior Intervention Training services may be provided by a Behavior Analyst, Behavior Analyst, Associate Behavior Analyst, Psychologist, Psychiatric Technician or Psychiatrist.<br>Specific qualifications and training of providers are as specified in the requirements established in this section. |
| Behavior Analyst | Licensed in accordance with Business and Professions Code as appropriate to the skilled professions staff.<br><br>As appropriate, a business license as required by the local jurisdiction where the business is located. | Certification by the national Behavior Analyst Certification Board. | N/A |
| Family Counselor | Valid license with the | N/A | N/A |

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| (MFCC), Clinical Social Worker (CSW) | California Board of Behavioral Science Examiners<br><br>As appropriate, a business license as required by the local jurisdiction where the business is located.<br><br>**MFCC:** Business and Professions Code §§4980-4984.9<br><br>**CSW:** Business and Professions Code §§4996-4997 | | |
| Parenting Support Services Provider | As appropriate, a business license as required by the local jurisdiction where the business is located. | N/A | Vendor must ensure that trainers are credentialed and/or licensed as required by the State of California to practice in the field of training being offered. |
| Individual or Family Training Provider | As appropriate, a business license as required by the local jurisdiction where the business is located. | N/A | Vendor must ensure that trainers are credentialed and/or licensed as required by the State of California to practice in the field of training being offered. |

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| Associate Behavior Analyst | No state licensing category.<br><br>As appropriate, a business license as required by the local jurisdiction where the business is located. | Certification by the national Behavior Analyst Certification Board | Works under the direct supervision of a Behavior Analyst or Behavior Management Consultant. |
| Behavioral Technician /Paraprofessional | No state licensing category<br><br>As appropriate, a business license as required by the local jurisdiction where the business is located. | N/A | Works under the direct supervision of a Behavior Analyst or Behavior Management Consultant.<br><br>(1) Has a High School Diploma or the equivalent, has completed 30 hours of competency-based training designed by a certified behavior analyst, and has six months experience working with persons with developmental disabilities; or<br>(2) Possesses an Associate's Degree in either a human, social, or educational services discipline, or a degree or certification related to behavior management, from an accredited community college or educational institution, and has six months experience working with persons with developmental disabilities. |

**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):* |
|---|---|---|
| All Habilitation – Behavioral Intervention 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 | Verified upon application for vendorization and ongoing thereafter through oversight and monitoring activities. |

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| | service design. | |
| Crisis Intervention Facilities | Department of Social Services – Community Care Licensing Division (DSS-CCLD) and regional centers | Annually |

**Service Delivery Method.** *(Check each that applies)*:

| | | | |
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| ☐ | Participant-directed | ☑ | 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: **Respite Care**

Service Definition (Scope)*:*

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:

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.

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.

Respite also includes the following subcomponent:

Family Support Respite – Regularly provided 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.

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.

Respite care may be provided in the following locations:

- Private residence
- Residential facility licensed by the Department of Social Services.
- Respite facility licensed by the Department of Social Services

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- Other community setting approved by the State that is not a private residence, such as:
  - Adult Family Home/Family Teaching Home
  - Certified Family Homes for Children
  - Adult Day Care Facility
  - Camp
  - Child Day Care Facility
  - Licensed Preschool

Respite services do not duplicate services provided under the Individuals with Disabilities Education (IDEA) Act of 2004.

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):*

A consumer may receive up to 21 days of out-of-home respite services in a fiscal year, and up to 90 hours of in-home respite in a quarter unless it is demonstrated that the intensity of the consumer's care and supervision needs are such that additional respite is necessary to maintain the consumer in the family home, or there is an extraordinary event that impacts the family member's ability to meet the care and supervision needs of the consumer. These limits do not apply to family support respite.

☑ Medically needy *(specify limits):*

A consumer may receive up to 21 days of out-of-home respite services in a fiscal year, and up to 90 hours of in-home respite in a quarter unless it is demonstrated that the intensity of the consumer's care and supervision needs are such that additional respite is necessary to maintain the consumer in the family home, or there is an extraordinary event that impacts the family member's ability to meet the care and supervision needs of the consumer. These limits do not apply to family support respite.

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

| Provider Type *(Specify)*: | License *(Specify):* | Certification *(Specify):* | Other Standard *(Specify):* |
|---|---|---|---|
| Individual | No state licensing category.<br><br>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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| | where the business is located. | | |
| Respite Agency | No state licensing category.<br><br>As appropriate, a business license as required by the local jurisdiction where the business is located. | N/A | The agency director shall posses at a minimum:<br>1. A bachelor's degree and a minimum of 18 months experience in the management of a human services delivery system, or;<br>2. Five years experience in a human services delivery system, including at least two years in a management or supervisory position. |
| Adult Day Care Facility | Health and Safety Code §§ 1500 - 1567.8<br><br>As appropriate, a business license as required by the local jurisdiction where the business is located. | N/A | The administrator shall have the following qualifications:<br>1. Attainment of at least 18 years of age.<br>2. Knowledge of the requirements for providing the type of care and supervision needed by clients, including ability to communicate with such clients.<br>3. Knowledge of and ability to comply with applicable law and regulation.<br>4. Ability to maintain or supervise the maintenance of financial and other records.<br>5. Ability to direct the work of others, when applicable.<br>6. Ability to establish the facility's policy, program and budget.<br>7. Ability to recruit, employ, train, and evaluate qualified staff, and to terminate employment of staff, if applicable to the facility.<br>8. A baccalaureate degree in psychology, social work or a related human services field and a minimum of one year experience in the management of a human services delivery system; or three years experience in a human services delivery system including at least one year in a management or supervisory position and two years experience or training in one of the |

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| | | | following:<br>A. Care and supervision of recipients in a licensed adult day care facility, adult day support center or an adult day health care facility.<br>B. Care and supervision of one or more of the categories of persons to be served by the center.<br><br>The licensee must make provision for continuing operation and carrying out of the administrator's responsibilities during any absence of the administrator by a person who meets the qualification of an administrator. |
| Respite Facility;<br>Residential Facility: Foster Family Agency (FFA)-Certified Family Homes (Children Only) | FFA licensed pursuant to Health and Safety Code §§1500-1567.8 provides statutory authority for DSS licensing of facilities identified in the CA Community Care Facilities Act.<br><br>As appropriate, a business license as required by the local jurisdiction where the business is located. | Certified Family Homes; Title 22, CCR, § 88030 establishes requirements for FFA certification of family homes. | Title 22, CCR §§ 88000-88087. Regulations adopted by DSS to specify requirements for licensure of FFA's, certification and use of homes,<br><br>FFA administrator qualifications:<br>(1) A Master's Degree in social work or a related field. Three years of experience in the field of child or family services, two years of which have been administrative/ managerial; or,<br><br>(2) A Bachelor's Degree in a behavioral science from an accredited college or university. A minimum of five years of experience in child or family services, two years of which have been in an administrative or managerial position.<br><br>Certified family home providers meet requirements for foster family homes (Refer to Foster Family Homes below). |
| Respite Facility;<br>Residential Facility: Foster Family Homes (FFHs) (Children Only)<br>Payment for this | Health and Safety Code §§1500-1567.8<br><br>As appropriate, a business license as | N/A | Title 22, CCR §§89200-89587.1 Regulations adopted by DSS to specify requirements for licensure of Foster Family Homes.<br><br>Qualifications/Requirements for FFH providers: |

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| service will not be duplicated or supplanted through Medicaid funding. | required by the local jurisdiction where the business is located. | | 1. Comply with applicable laws and regulations and:<br>2. Provide care and supervision to meet the child's needs including communicating with the child;<br>3. Maintain all child records, safeguard cash resources and personal property;<br>4. Direct the work of others in providing care when applicable,<br>5. Apply the reasonable and prudent parent standard;<br>6. Promote a normal, healthy, balanced, and supported childhood experience and treat a child as<br>part of the family;<br>7. Attend training and professional development;<br>8. Criminal Records/Child Abuse Registry clearance;<br>9. Report special incidents;<br>10. Ensure each child's personal rights; and,<br>11. Maintain a clean, safe, health home environment. |
| Respite Facility; Residential Facility: Small Family Homes (Children Only) | Health and Safety Code §§1500-1567.8<br><br>As appropriate, a business license as required by the local jurisdiction where the business is located. | N/A | Title 22, CCR §§ 83000-83088. Regulations adopted by DSS to specify requirements for licensure of Small Family Homes.<br>Licensee/Administrator Qualifications<br>▪ Criminal Records/Child Abuse Index Clearance;<br>▪ At least 18 years of age;<br>▪ Documented education, training, or experience in providing family home care and supervision appropriate to the type of children to be served. The amount of units or supervision appropriate to the type of children to be served. The amount of units or training hours is not specified. The following are examples of acceptable education or training topics. Programs which can be shown to be similar are accepted:<br>○ Child Development;<br>○ Recognizing and/or dealing with learning disabilities; |

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| | | | ○ Infant care and stimulation;<br>○ Parenting skills;<br>○ Complexities, demands and special needs of children in placement;<br>○ Building self esteem, for the licensee or the children;<br>○ First aid and/or CPR;<br>○ Bonding and/or safeguarding of children's property;<br>○ Ability to keep financial and other records;<br>○ Ability to recruit, employ, train, direct the work of and evaluate qualified staff. |
| Respite Facility; Residential Facility: Group Homes (Children Only) | Health and Safety Code §§ 1500-1567.8<br><br>As appropriate, a business license as required by the local jurisdiction where the business is located. | N/A | Title 22, CCR, § 84000-84808 Regulations adopted by DSS to specify requirements for licensure of Group Homes.<br>Administrator Qualifications:<br>1. Master's degree in a behavioral science, plus a minimum of one year of employment as a social worker in an agency serving children or in a group residential program for children;<br>2. Bachelor's degree, plus at least one year of administrative or supervisory experience (as above);<br>3. At least two years of college, plus at least two years administrative or supervisory experience (as above); or<br>4.Completed high school, or equivalent, plus at least three years administrative or supervisory experience (as above); and,<br>5. Criminal Records/Child Abuse Registry Clearance |
| Respite Facility; Residential Facility: Adult Residential Facilities (ARF) | Health and Safety Code §§ 1500 through 1567.8<br><br>As appropriate, a business license as required by the local jurisdiction where the | N/A | Title 22, CCR, §§85000-85092: Establish licensing requirements for persons 18 years of age through 59 years of age; and persons 60 years of age and older by exception.<br><br>**Administrator Qualifications**<br>▪ At least 21 years of age;<br>▪ High school graduation or a GED;<br>▪ Complete a program approved by DSS that consists of 35 hours of classroom instruction |

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| | business is located. | | ○ 8 hrs. in laws, including resident's personal rights, regulations, policies, and procedural standards that impact the operations of adult residential facilities;<br>○ 3 hrs. in business operations;<br>○ 3 hrs. in management and supervision of staff;<br>○ 5 hrs. in the psychosocial needs of the facility residents;<br>○ 3 hrs. in the use of community and support services to meet the resident's needs;<br>○ 4 hrs. in the physical needs of the facility residents;<br>○ 5 hrs. in the use, misuse and interaction of drugs commonly used by facility residents;<br>○ 4 hrs. on admission, retention, and assessment procedures;<br>▪ Pass a standardized test, administered by the Department of Social Services with a minimum score of 70%.<br>▪ Criminal Record/Child Abuse Registry Clearance.<br><br>**Additional Administrator Qualifications may also include**:<br>▪ Has at least one year of administrative and supervisory experience in a licensed residential program for persons<br>▪ with developmental disabilities, and is one or more of the following:<br>(A) ) A licensed registered nurse.<br>(B) ) A licensed nursing home administrator.<br>(C) ) A licensed psychiatric technician with at least five years of experience serving individuals with developmental disabilities.<br>(D) An individual with a bachelors degree or more advanced degree in the health or human services field and two years' experience working in a licensed residential program for persons with developmental disabilities and special health care needs. |

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| Respite Facility; Residential Facility: Residential Care Facility for the Elderly (RCFE) | Health and Safety Code §§1569-1569.889 provides statutory authority for licensing of RCFEs. Identified as the CA Residential Care Facilities for the Elderly Act.<br><br>As appropriate, a business license as required by the local jurisdiction where the business is located. | N/A | Title 22, CCR, §§87100-87793: Establish licensing requirements for facilities where 75 percent of the residents are sixty years of age or older. Younger residents must have needs compatible with other residents.<br><br>**Administrator Qualifications:**<br>1. Knowledge of the requirements for providing care and supervision appropriate to the residents.<br>2. Knowledge of and ability to conform to the applicable laws, rules and regulations.<br>3. Ability to maintain or supervise the maintenance of financial and other records.<br>4. Ability to direct the work of others.<br>5. Good character and a continuing reputation of personal integrity.<br>6. High school diploma or equivalent.<br>7. At least 21 years of age.<br>8. Criminal Record Clearance. |
| Respite Facility; Residential Facility: Adult Residential Facility for Persons with Special Health Care Needs | Health and Safety Code §§1500-1569.87<br><br>Appropriate license DSS CCLD as to type of facility<br><br>As appropriate, a business license as required by the local jurisdiction where the business is located. | | Welfare and Institutions Code, § 4684.50 et seq.<br><br>**The administrator must:**<br>3. Complete the 35-houradministrator certification program pursuant to paragraph (1) of subdivision (c) of Section 1562.3 of the Health and Safety Code without exception,<br>4. Has at least one year of administrative and supervisory experience in a licensed residential program for persons with developmental disabilities, and is one or more of the following:<br>a. A licensed registered nurse.<br>b. A licensed nursing home administrator.<br>c. A licensed psychiatric technician with at least five years of experience serving individuals with developmental disabilities.<br>d. An individual with a bachelors |

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| | | | degree or more advanced degree in the health or human services field and two years experience working in a licensed residential program for persons with developmental disabilities and special health care needs. |
| Respite Facility; Residential Facility: Family Home Agency(FHA):<br><br>Adult Family Home(AFH)/Family Teaching Home(FTH) | No state licensing category.<br><br>As appropriate, a business license as required by the local jurisdiction where the business is located. | AFH Title 17, CCR, §56088 Authorizes the FHA to issue a Certificate of Approval to each family home which has:<br>1. Completed the criminal record review ;<br>2. Been visited by the FHA and a determination ensuring safe and reasonable and the prospective providers experience, knowledge, cooperation, history and interest to become an approved family home.<br>3. Completed required orientation and training. | Welfare and Institutions Code 4689.1-4689.6 provides statutory authority for FHA.<br><br>FHA employs sufficient staff with the combined experience, training and education to perform the following duties:<br>1. Administration of the FHA;<br>2. Recruitment of family homes;<br>3. Training of FHA staff and family homes;<br>4. Ensuring an appropriate match between the needs and preferences of the consumer<br>and the family home;<br>5. Monitoring of family homes;<br>6. Provision of services and supports to consumers and family homes which are consistent with the consumer's preferences and needs and the consumer's IPP; and<br>7. Coordination with the regional center and others.<br><br>In order to accomplish these duties, selection criteria for hiring purposes should include but not be limited to: education in the fields of social work, psychology, education of related areas; experience with persons with developmental disabilities; experience in program management, fiscal management and organizational development. |
| Camping Services | As appropriate, a business license as required by the local jurisdiction | The camp submits to the local health officer either<br>1) Verification that the camp is | Camp Director Qualifications: must be at least 25 years of age, and have at least two seasons of administrative or supervisory experience in camp activities.<br><br>Health Supervisor (physician, registered |

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| | where the business is located. | accredited by the American Camp Association or 2) A description of operating procedures that addresses areas including supervisor qualifications and staff skill verification criteria. | nurse or licensed vocational nurse) employed full time will verify that all counselors have been trained in first aid and CPR. |
| Child Day Care Facility Child Day Care Center; Family Child Care Home | Health and Safety Code §§ 1596.90 – 1597.621<br><br>As appropriate, a business license as required by the local jurisdiction where the business is located. | Child Day Care Center: Title 22 CCR, §§101151-101239.2<br><br>Family Child Care Home: Title 22 CCR §§102351.1-102424 | The administrator shall have the following qualifications:<br>1. Attainment of at least 18 years of age.<br>2. Knowledge of the requirements for providing the type of care and supervision children need and the ability to communicate with such children.<br>3. Knowledge of and ability to comply with applicable law and regulation.<br>4. Ability to maintain or supervise the maintenance of financial and other records.<br>5. Ability to establish the center's policy, program and budget.<br>6. Ability to recruit, employ, train, direct and evaluate qualified staff. |

**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):* |
|---|---|---|
| All respite 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. |

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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.** *(Check each that applies)*:

| | | | |
|---|---|---|---|
| ☑ | Participant-directed | ☑ | 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):* | |
| Service Title: | **Supported Employment** |
| Service Definition (Scope)*:* | |

Supported employment services are defined in California Welfare and Institutions Code § 4851(n), (r), and (s). 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.

The supported employment services provided are:

- Group Supported Employment (defined in California Welfare and Institutions Code §4851(r).
- Training and supervision of an individual while engaged in work in an integrated setting in the community.
- Recipients in group-supported employment receive supervision 100% of the time by the program and usually are paid according to productive capacity. A particular individual may be compensated at a minimum wage or at a rate less than minimum wage.
- Individual Supported Employment (defined in California Welfare and Institutions Code §4851(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
  - Job analysis
  - Training in adaptive functional skills
  - Social skill training
  - Ongoing support services (e.g., independent travel, money management)
  - 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).

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 *(Specify)*: | License *(Specify):* | Certification *(Specify):* | Other Standard *(Specify):* |
|---|---|---|---|
| Supported Employment | No state licensing category.<br><br>Federal/State Tax Exempt Letter.<br><br>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 |

**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):* |
|---|---|---|
| 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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| | for the performance or operation of the service; the staff qualifications and duty statements; and service design. | |
| Supported Employment Programs | Commission on Accreditation of Rehabilitation Facilities (CARF) | Within four years at start-up; every one to three years thereafter |

**Service Delivery Method.** *(Check each that applies)*:

| | | | |
|---|---|---|---|
| ☐ | Participant-directed | ☑ | 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: **Prevocational Services**

Service Definition (Scope)*:*

- Work activity programs are defined in California Welfare and Institutions Code §4851(e). These services are usually provided in a segregated setting and provide a sufficient amount and variety of work to prepare and maintain eligible adult individuals at their highest level of vocational functioning. Individuals receive compensation based upon their performance and upon prevailing wage. Accordingly, the rate of compensation for any individual varies, and may exceed 50% of minimum wage, because of variations in the prevailing wage rate for particular tasks and the individual's performance. Services are limited to:

  - Work services consisting of remunerative employment which occur no less than 50% of the individual's time in program, as defined in Title 17, California Code of Regulations, Section 58820(c)(1).

  - No more than 50% of the individual's time in program can be spent in a combination of work adjustment and supportive habilitation services.

  - Work adjustment services, as defined in Title 17, California Code of Regulations, Section 58820(c)(2)(A)(1-9), consisting of:

    - Physical capacities development
    - Psychomotor skills development
    - Interpersonal and communicative skills
    - Work habits development
    - Development of vocationally appropriate dress and grooming
    - Productive skills development
    - Work practices training
    - Work-related skills development
    - Orientation and preparation for referral to Vocational Rehabilitation.

  - Supportive habilitation services as defined in Title 17, California Code of Regulations,

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§58820(c)(2)(B)(1-5):

- Personal safety practices training
- Housekeeping maintenance skills development
- Health and hygiene maintenance skills development
- Self-advocacy training, individual counseling, peer vocational counseling, career counseling and peer club participation
- Other regional center approved vocationally related activities

o 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 *(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 *(Specify)*: | License *(Specify):* | Certification *(Specify):* | Other Standard *(Specify):* |
|---|---|---|---|
| Work Activity Program | Facility license (Health and Safety Code §§ 1500-1567.8) if applicable<br><br>Federal/State Tax Exempt Letter.<br><br>As appropriate, a business license as required by the local jurisdiction where the business is | Programs must initially meet the Department of Rehabilitation Program certification standards and be accredited by CARF within four years of providing services. | N/A |

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| | located. | | |

**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 Delivery Method.** *(Check each that applies)*:

| | | | |
|---|---|---|---|
| ☐ | Participant-directed | ☑ | 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: **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 supplement and 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):*

❒ 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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| ☑ | Medically 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. |

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

| Provider Type *(Specify)*: | License *(Specify):* | Certification *(Specify):* | Other Standard *(Specify):* |
|---|---|---|---|
| Individual | No state licensing category.<br><br>As appropriate, a business license as required by the local jurisdiction where the business is located. | N/A | Individual providers of homemaker services shall have the ability to maintain, strengthen, or safeguard the care of individuals in their homes. |
| Service Agency | No state licensing category.<br><br>As appropriate, a business license as required by the local jurisdiction where the business is located. | N/A | Must employ, train and assign personnel who maintain, strengthen, or safeguard the care of individuals in their homes. |

**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 and Service Agency | 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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| | for the performance or operation of the service; the staff qualifications and duty statements; and service design. | |

**Service Delivery Method.** *(Check each that applies)*:

| | | | |
|---|---|---|---|
| ☐ | Participant-directed | ☐ | 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: | **Home Health Aide Services** |

Service Definition (Scope)*:*

Services defined in 42 CFR §440.70 that are provided when home health aide services furnished under the approved State plan limits are exhausted. Home health aide services will supplement and not supplant services available through the approved Medicaid State plan or the EPSDT benefit. The scope and nature of these services do not differ from home health aide services furnished under the State plan. Services are defined in the same manner as provided in the approved State plan. The provider qualifications specified in the State plan apply.

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):* |
| | 1915(i) Home Health Aide services will be a continuation of services beyond the amount, duration and scope of the State Plan benefit. |
| ☑ | Medically needy *(specify limits):* |
| | 1915(i) Home Health Aide services will be a continuation of services beyond the amount, duration and scope of the State Plan benefit. |

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

| Provider Type *(Specify)*: | License *(Specify):* | Certification *(Specify):* | Other Standard *(Specify):* |
|---|---|---|---|
| Home Health Agency | Health and Safety Code §§1725-1742<br><br>As appropriate, a business license as | Medi-Cal certification using Medicare standards, Title 22, CCR, §51217. | N/A |

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| | required by the local jurisdiction where the business is located. | | |
| Home Health Aide | Health and Safety Code §§1725-1742<br><br>As appropriate, a business license as required by the local jurisdiction where the business is located. | Title 22, CCR § 74746<br><br>Complete a training program approved by the California Department of Public Health and is certified pursuant to Health and Safety Code § 1736.1. | 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):* |
|---|---|---|
| Home Health Agency, Home Health Aide | California Department of Public Health<br><br>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. | No less than every three years<br><br>Verified upon application for vendorization and ongoing thereafter through oversight and monitoring activities. |

**Service Delivery Method.** *(Check each that applies)*:

| | | | |
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| ☐ | Participant-directed | ☑ | Provider managed |

**Service Specifications** *(Specify a service title from the options for HCBS State plan services in Attachment 4.19-B):*

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| Service Title: | **Adult Day Health Care (New title "Community Based Adult Services" effective 4/1/12)** |
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Service Definition (Scope)*:*

Services furnished four or more hours per day on a regularly scheduled basis, for one or more days per week, in the community, encompassing both health and social services needed to ensure the optimal functioning of the individual. Meals provided as part of these services shall not constitute a "full nutritional regimen" (3 meals per day). Physical, occupational and speech therapies indicated in the individual's plan of care will be furnished as component parts of this service. Adult Day Health Care services will supplement and not supplant services available through the approved Medicaid State plan or the EPSDT benefit."

Transportation between the individual's place of residence and the adult day health center will be provided as a component part of adult day health services. The cost of this transportation is included in the rate paid to providers of adult day health services. 1915(i) Effective 4/1/12, this service is referred to as "Community Based Adult Services" (CBAS)

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):* |
| | 1915(i) Adult Day Health Care services will be a continuation of services beyond the amount, duration and scope of State Plan and/or 1115 demonstration benefit. |
| ☑ | Medically needy *(specify limits):* |
| | 1915(i) Adult Day Health Care services will be a continuation of services beyond the amount, duration and scope of State Plan and/or 1115 demonstration benefit. |

| Specify whether the service may be provided by a *(check each that applies):* | | |
|---|---|---|
| | ☑ | Relative |
| | ☑ | Legal Guardian |
| | ☑ | Legally Responsible Person |

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

| Provider Type *(Specify)*: | License *(Specify):* | Certification *(Specify):* | Other Standard *(Specify):* |
|---|---|---|---|
| Adult Day Health Care Center | Health and Safety Code §§1570-1596.5<br><br>An appropriate business | Title 22, CCR, §54301 | Title 22, CCR, §§ 78201-78233 |

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| | license as required by the local jurisdiction where the agency is located. | | |

**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):* |
|---|---|---|
| Adult Day Health Care Center | California Department of Public Health (Licensing)<br><br>California Department of Aging (Certification)<br><br>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. | At least every two years<br><br>At least every two years<br><br>Verified upon application for vendorization and ongoing thereafter through oversight and monitoring activities. |

**Service Delivery Method.** *(Check each that applies)*:

| | | | |
|---|---|---|---|
| ☐ | Participant-directed | ☑ | Provider managed |

| **Service Specifications** *(Specify a service title from the options for HCBS State plan services in Attachment 4.19-B):* | |
|---|---|
| Service Title: | Other - Personal Emergency Response System –Effective 10/1/10 |
| Service Definition (Scope)*:* | |
| PERS is a 24-hour emergency assistance service which enables the recipient to secure immediate assistance in the even of an emotional, physical, or environmental emergency. PERS are individually designed to meet the needs and capabilities of the recipient and includes training, installation, repair, maintenance, and response needs. The following are allowable:<br>1. 24-hour answering/paging;<br>2. Beepers; | |

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3. Med-alert bracelets;
4. Intercoms;
5. Life-lines;
6. Fire/safety devices, such as fire extinguishers and rope ladders;
7. Monitoring services;
8. Light fixture adaptations (blinking lights, etc.);
9. Telephone adaptive devices not available from the telephone company;
10. Other electronic devices/services designed for emergency assistance.

PERS services are limited to those individuals who have no regular caregiver or companion for periods of time, and who would otherwise require extensive routine supervision. By providing immediate access to assistance, PERS services prevent institutionalization of these individuals. PERS services will only be provided as a waiver service to individuals in a non-licensed environment.

All items shall meet applicable standards of manufacture, design, and installation. Repairs to and maintenance of such equipment shall be performed by the manufacturer's authorized dealers where possible.

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):* |

| | | |
|---|---|---|
| Specify whether the service may be provided by a *(check each that applies):* | ☑ | Relative |
| | ☑ | Legal Guardian |
| | ☑ | Legally Responsible Person |

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

| Provider Type *(Specify)*: | License *(Specify):* | Certification *(Specify):* | Other Standard *(Specify):* |
|---|---|---|---|
| Other - Personal Emergency Response Systems | No state licensing category.<br><br>An appropriate business license as | Certification / registration as appropriate for the type of system being purchased. | Providers shall be competent to meet applicable standards of installation, repair, and maintenance of emergency response systems. Providers shall also be authorized by the manufacturer to install, repair, and maintain such systems if such a manufacturer's authorization program exists. |

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| | required by the local jurisdiction where the agency is located. | | Providers of human emergency response services shall possess or have employed persons who possess current licenses, certifications or registrations as necessary and required by the State of California for persons providing personal emergency response services. |

**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):* |
|---|---|---|
| Personal Emergency Response Systems | 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.** *(Check each that applies)*:

| | | | |
|---|---|---|---|
| ☐ | Participant-directed | ☑ | Provider managed |

**Service Specifications** *(Specify a service title from the options for HCBS State plan services in Attachment 4.19-B):*

Service Title: **Other - Vehicle Modification and Adaptation – effective 10/1/2010**

Service Definition (Scope)*:*

Vehicle modification and adaptations are devices, controls, or services which enable recipients to increase their independence or physical safety, and which allow the recipient to live in their home. The repair, maintenance, installation, and training in the care and use, of these items are included. Vehicle adaptations must be performed by the manufacturer's authorized dealer. Repairs to and maintenance of such equipment shall be performed by the manufacturer's authorized dealer where possible.

The following types of modifications or adaptations to the vehicle are allowable:

1. Door handle replacements;
2. Door widening;
3. Lifting devices;
4. Wheelchair securing devices;

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5. Adapted seat devices;
6. Adapted steering, acceleration, signaling, and braking devices; and
7. Handrails and grab bars

Modifications or adaptations to vehicles shall be included if, on an individual basis, the cost effectiveness of vehicle adaptations, relative to alternative transportation services, is established. Adaptations to vehicles are limited to vehicles owned by the recipient, or the recipient's family and do not include the purchase of the vehicle itself.

The recipient's family includes the recipient's biological parents, adoptive parents, stepparents, siblings, children, spouse, domestic partner (in those jurisdictions in which domestic partners are legally recognized), or a person who is legal representative of the recipient.

Vehicle modifications and adaptations will only be provided when they are documented in the individual plan of care and when there is a written assessment by a licensed Physical Therapist or a registered Occupational Therapist.

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):*

| Specify whether the service may be provided by a *(check each that applies):* | | |
|---|---|---|
| | ☑ | Relative |
| | ☑ | Legal Guardian |
| | ☑ | Legally Responsible Person |

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

| Provider Type *(Specify)*: | License *(Specify):* | Certification *(Specify):* | Other Standard *(Specify):* |
|---|---|---|---|
| Vehicle Modification and Adaptation | No state licensing category.<br><br>An appropriate business license as required by the local jurisdiction for the | Registration with the California Department of Consumer Affairs, Bureau of Automotive Repairs. | Providers shall be competent to meet applicable standards of installation, repair, and maintenance of vehicle adaptations and shall also be authorized by the manufacturer to install, repair, and maintain such systems where possible. |

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| | | |
|---|---|---|
| | adaptations to be completed. | |

**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):* |
|---|---|---|
| Vehicle Modification and Adaptation | 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.** *(Check each that applies)*:

| | | | |
|---|---|---|---|
| ☐ | Participant-directed | ☑ | Provider managed |

**2. Policies Concerning Payment for State Plan HCBS Furnished by Legally Responsible Individuals, Other Relatives and Legal Guardians.** *(Select one):*

○ The State does not make payment to legally responsible individuals, other relatives or legal guardians for furnishing state plan HCBS.

◉ The State makes payment to *(check each that applies):*

☐ **Legally Responsible Individuals.** The State makes payment to legally responsible individuals under specific circumstances and only when the relative is qualified to furnish services. *(Specify (a) the legally responsible individuals who may be paid to furnish such services and the services they may provide; (b) in cases where legally responsible individuals are permitted to furnish personal care or similar services, the State must assure and describe its policies to determine and ensure that the services are extraordinary (over and above that which would ordinarily be provided by a legally responsible individual); (c) how the State ensures that the provision of services by a legally responsible individual is in the best interest of the participant; (d) the State's strategies for ongoing monitoring of the provision of services by legally responsible individuals; and, (e) the controls that are employed to ensure that payments are made only for services rendered):*

❒ **Relatives.** The State makes payment to relatives under specific circumstances and only when the relative is qualified to furnish services. *(Specify: (a) the types of relatives who may be paid to furnish such services, and the services they may provide, (b) the specific*

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# Services

**1. State plan HCBS.** *(Continued from service list beginning on page 13 and ending on page 62.)*

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

Service Title: **Speech, Hearing and Language Services**

Service Definition (Scope)*:*

Speech, Hearing and Language services are defined in Title 22, California Code of Regulations, Sections 51096, 51098, and 51094.1 as speech pathology, audiological services, and hearing aids, respectively. Speech pathology services mean services for the purpose of identification, measurement and correction or modification of speech, voice or language disorders and conditions, and counseling related to such disorders and conditions. Audiological services means services for the measurement, appraisal, identification and counseling related to hearing and disorders of hearing; the modification of communicative disorders resulting from hearing loss affecting speech, language and auditory behavior; and the recommendation and evaluation of hearing aids. Hearing aid means any aid prescribed for the purpose of aiding or compensating for impaired human hearing loss.

These services will be provided to individuals age 21 and older as described in the approved Medicaid State plan for individuals under the age of 21. The provider qualifications listed in the plan will apply, and are hereby incorporated into this request by reference. 1915(i) HCBS SPA Speech, Hearing and Language services will supplement and 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):*

☐ Categorically needy *(specify limits):*

☐ Medically needy *(specify limits):*

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

| Provider Type *(Specify)*: | License *(Specify):* | Certification *(Specify):* | Other Standard *(Specify):* |
|---|---|---|---|
| Speech Pathologist | Business & Professions Code §§ 2532-2532.8<br><br>As appropriate, a business license as required by the local jurisdiction where the business is located. | N/A | N/A |

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|---|---|---|---|
| Audiology | Business & Professions Code §§ 2532-2532.8<br><br>As appropriate, a business license as required by the local jurisdiction where the business is located. | N/A | N/A |
| Hearing and Audiology Facilities | No state licensing category.<br><br>As appropriate, a business license as required by the local jurisdiction where the business is located. | N/A | An audiology facility:<br>1. Employs at least one audiologist who is licensed by the Speech Pathology and Audiology Examining Committee of the Medical Board of California; and<br>2. Employs individuals, other than 1. above, who perform services, all of whom shall be:<br>• Licensed audiologists; or<br>• Obtaining required professional experience, and whose required professional experience application has been approved by the Speech Pathology and Audiology Examining Committee of the Medical Board of California. |

**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):* |
|---|---|---|
| All Speech, Hearing and Language 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. |
| Speech Pathologist | Speech-Language Pathology and Audiology and Hearing Aid Dispensers Board | Biennially. |
| Audiology | Speech-Language Pathology and Audiology and Hearing Aid Dispensers Board | Biennially if non-dispensing audiologist; annually if dispensing. |
| Hearing and Audiology Facilities | Speech-Language Pathology and Audiology and Hearing Aid Dispensers Board | Biennially. |

**Service Delivery Method.** *(Check each that applies)*:

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|---|---|---|---|
| ☐ | Participant-directed | ☑ | 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: | **Dental Services** |
| Service Definition (Scope)*:* | |
| Dental services are defined in Title 22, California Code of Regulations, Section 51059 as professional services performed or provided by dentists including diagnosis and treatment of malposed human teeth, of disease or defects of the alveolar process, gums, jaws and associated structures; the use of drugs, anesthetics and physical evaluation; consultations; home, office and institutional calls.<br><br>These services will be provided to individuals age 21 and older as described in the approved Medicaid State plan for individuals under the age of 21. The provider qualifications listed in the plan will apply, and are hereby incorporated into this request by reference. 1915(i) HCBS SPA Dental Services will supplement and 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):* | |
| ☐ | Categorically needy *(specify limits):* |
| | |
| ☐ | Medically needy *(specify limits):* |
| | |

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

| Provider Type *(Specify)*: | License *(Specify):* | Certification *(Specify):* | Other Standard *(Specify):* |
|---|---|---|---|
| Dentist | Business & Professions Code §§ 1600-1976<br><br>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):* |
|---|---|---|

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| | | |
|---|---|---|
| Dentists | 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. |
| Dentists | Dental Board of California | Biennially |

**Service Delivery Method.** *(Check each that applies)*:

| | | | |
|---|---|---|---|
| ☐ | Participant-directed | ☑ | 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: **Optometric/Optician Services**

Service Definition (Scope)*:*

Optometric/Optician Services are defined in Title 22, California Code of Regulations, Sections 51093 and 51090, respectively. Optometric services means any services an optometrist may perform under the laws of this state. Dispensing optician means an individual or firm which fills prescriptions of physicians for prescription lenses and kindred products and fits and adjusts such lenses and spectacle frames. A dispensing optician is also authorized to act on the advice, direction and responsibility of a physician or optometrist in connection with the fitting of a contact lens or contact lenses.

These services will be provided to individuals age 21 and older as described in the approved State plan for individuals under the age of 21. The provider qualifications listed in the plan will apply, and are hereby incorporated into this request by reference. 1915(i) HCBS SPA Optometric/Optician services will supplement and 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):*

☐ Categorically needy *(specify limits):*

☐ Medically needy *(specify limits):*

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

| Provider Type *(Specify)*: | License *(Specify):* | Certification *(Specify):* | Other Standard *(Specify):* |
|---|---|---|---|
| Orthoptic Technician | Business and Professions Codes in Chapter 7, | An orthoptic technician is validly certified by the American | N/A |

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| | | | |
|---|---|---|---|
| Optometrist | Article 3 Sections 3041, 3041.3, 3056, 3057<br><br>An optometrist is validly licensed as an optometrist by the California State Board of Optometry<br><br>As appropriate, a business license as required by the local jurisdiction where the business is located. | Orthoptic Council<br><br>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):* |
|---|---|---|
| All Optometric/Optician service 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. |
| Orthoptic Technician | American Orthoptic Council | Every three years |
| Optometrist | California State Board of Optometry | Biennially |

**Service Delivery Method.** *(Check each that applies)*:

| | | | |
|---|---|---|---|
| ☐ | Participant-directed | ☑ | 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: | **Prescription Lenses and Frames** |
| Service Definition (Scope)*:* | |

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Prescription Lens/Frames are defined in Title 22, California Code of Regulations, Section 51162. Eyeglasses, prosthetic eyes and other eye appliances means those items prescribed by a physician or optometrist for medical conditions related to the eye.

These services will be provided to individuals age 21 and older as described in the approved Medicaid State plan for individuals under the age of 21. The provider qualifications listed in the plan will apply, and are hereby incorporated into this request by reference. 1915(i) HCBS SPA Prescription Lenses and Frames will supplement and 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):*

☐ Categorically needy *(specify limits):*

☐ Medically needy *(specify limits):*

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

| Provider Type *(Specify)*: | License *(Specify):* | Certification *(Specify):* | Other Standard *(Specify):* |
|---|---|---|---|
| Dispensing Optician | Business and Professions Code §§ 2550-2560.<br><br>As appropriate, a business license as required by the local jurisdiction where the business is located. | Registered as a dispensing optician by the Division of Allied Health Professions of the Medical Board of California | 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):* |
|---|---|---|
| All Prescription Lens/ Frame 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 | Verified upon application for vendorization and ongoing thereafter through oversight and monitoring activities. |

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| | | |
|---|---|---|
| | service design. | |
| Dispensing Optician | Medical Board of California | Biennially |

**Service Delivery Method.** *(Check each that applies)*:

| | | | |
|---|---|---|---|
| ☐ | Participant-directed | ☑ | 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: **Psychology Services**

Service Definition (Scope)*:*

Psychology Services are defined in Title 22, California Code of Regulations, Section 51099 as the services of a person trained in the assessment, treatment, prevention, and amelioration of emotional and mental health disorders.

These services will be provided to individuals age 21 and older as described in the approved Medicaid State plan for individuals under the age of 21. The provider qualifications listed in the plan will apply, and are hereby incorporated into this request by reference. 1915(i) HCBS SPA Psychology Services will supplement and 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):*

☐ Categorically needy *(specify limits):*

☐ Medically needy *(specify limits):*

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

| Provider Type *(Specify)*: | License *(Specify):* | Certification *(Specify):* | Other Standard *(Specify):* |
|---|---|---|---|
| Clinical Psychologist | Business and Professions Code, §§2940-2948<br><br>As appropriate, a business license as required by the local jurisdiction where the business is located. | N/A | N/A |

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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):* |
| Clinical Psychologists | 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. |
| Clinical Psychologist | Board of Psychology | Biennially |

| **Service Delivery Method.** *(Check each that applies)*: | | | |
|---|---|---|---|
| ☐ | Participant-directed | ☑ | 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: | **Chore Services** | | |
| Service Definition (Scope)*:* | | | |
| Services needed to maintain the home in a clean, sanitary and safe environment. This service includes heavy household chores such as washing floors, windows and walls, tacking down loose rugs and tiles, moving heavy items of furniture in order to provide safe access and egress, and minor repairs such as those which could be completed by a handyman. These services will be provided only in cases where neither the individual, nor anyone else in the household, is capable of performing or financially providing for them, and where no other relative, caregiver, landlord, community/volunteer agency, or third party payor is capable of or responsible for their provision. In the case of rental property, the responsibility of the landlord, pursuant to the lease agreement, will be examined prior to any authorization of service. | | | |
| 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 *(Specify)*: | License *(Specify):* | Certification *(Specify):* | Other Standard *(Specify):* |
| Individual | As appropriate for the services | N/A | Individual chore service providers shall possess the following minimum qualifications: |

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|---|---|---|---|
| | to be done.<br><br>As appropriate, a business license as required by the local jurisdiction where the business is located. | | 1. The ability to perform the functions required in the individual plan of care;<br>2. Demonstrate dependability and personal integrity. |

**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 ongoing thereafter through oversight and monitoring activities. |

**Service Delivery Method.** *(Check each that applies)*:

| | | | |
|---|---|---|---|
| ☐ | Participant-directed | ☑ | 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: **Communication Aides**

Service Definition (Scope)*:*

Communication aides are those human services necessary to facilitate and assist persons with hearing, speech, or vision impairment to be able to effectively communicate with service providers, family, friends, co-workers, and the general public. The following are allowable communication aides, as specified in the recipient's plan of care:

1. Facilitators;
2. Interpreters and interpreter services; and
3. Translators and translator services.

Communication aide services include evaluation for communication aides and training in the use of communication aides.

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):*

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|---|---|
| | |
| ☐ | Medically needy *(specify limits):* |
| | |

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

| Provider Type *(Specify)*: | License *(Specify):* | Certification *(Specify):* | Other Standard *(Specify):* |
|---|---|---|---|
| Facilitators | No state licensing category.<br><br>An appropriate business license as required by the local jurisdiction for the adaptations to be completed. | N/A | Qualifications and training as appropriate. |
| Interpreter | No state licensing category.<br><br>An appropriate business license as required by the local jurisdiction for the adaptations to be completed. | N/A | 1. Fluency in both English and a language other than English; and<br>2. The ability to read and write accurately in both English and a language other than English. |
| Translator | No state licensing category.<br><br>An appropriate business license as required by the local jurisdiction for the adaptations to be completed. | N/A | 1. Fluency in both English and a language other than English; and<br>2. The ability to read and write accurately in both English and a language other than English. |

**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):* |
|---|---|---|
| All Communication Aid 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 | Verified upon application for vendorization and ongoing thereafter through oversight and monitoring activities. |

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|---|---|---|
| | service design. | |

**Service Delivery Method.** *(Check each that applies)*:

| | | | |
|---|---|---|---|
| ☐ | Participant-directed | ☑ | 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: **Environmental Accessibility Adaptations**

Service Definition (Scope)*:*

Those physical adaptations to the home, required by the individual's plan of care, which are necessary to ensure the health, welfare and safety of the individual, or which enable the individual to function with greater independence in the home, and without which, the individual would require institutionalization. Such adaptations may include the installation of ramps and grab-bars, widening of doorways, modification of bathroom facilities, or installation of specialized electric and plumbing systems which are necessary to accommodate the medical equipment and supplies which are necessary for the welfare of the individual. Excluded are those adaptations or improvements to the home which are of general utility, and are not of direct medical or remedial benefit to the individual, such as carpeting, roof repair, central air conditioning, etc. Adaptations which add to the total square footage of the home are excluded form this benefit. All services shall be provided in accordance with applicable State or local building codes.

It may be necessary to make environmental modifications to an individual's home before he/she transitions from an institution to the community. Such modifications may be made while the person is institutionalized. Environmental modifications, included in the individual's plan of care, may be furnished up to 180 days prior to the individual's discharge from an institution. However, such modifications will not be considered complete until the date the individual leaves the institution and is determined eligible for 1915(i) State Plan Services.

In the event an individual dies before the relocation can occur, but after the modifications have been made, the State will claim FFP at an administrative rate for services that would have been necessary for relocation to have taken place.

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 *(Specify)*: | License *(Specify):* | Certification *(Specify):* | Other Standard *(Specify):* |
|---|---|---|---|
| Contractor | A current license, certification or | See "License" | N/A |

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| | registration with the State of California as appropriate for the type of modification being purchased. | | |

**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):* |
|---|---|---|
| Contractor appropriate for the type of adaption to be completed. | 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 as needed/ required. |

**Service Delivery Method.** *(Check each that applies)*:

| | | | |
|---|---|---|---|
| ☐ | Participant-directed | ☑ | 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: **Non-Medical Transportation**

Service Definition (Scope)*:*

Service offered in order to enable individuals eligible for 1915(i) State Plan Services to gain access to other community services, activities and resources, specified by the plan of care. This service is offered in addition to medical transportation required under 42 CFR 431.53 and transportation services under the Medicaid State plan, defined in 42 CFR 440.170(a) (if applicable), and shall not replace them.

Transportation services shall be offered in accordance with the individual's plan of care and shall include transportation aides and such other assistance as is necessary to assure the safe transport of the recipient. Private, specialized transportation will be provided to those individuals who cannot safely access and utilize public transportation services (when available.) Whenever possible, family, neighbors, friends, or community agencies which can provide this service without charge will be utilized. A regional center may offer vouchers to family members or adult consumers to allow the families and consumers to procure their own transportation 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):*

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| ☐ | Medically needy *(specify limits):* |
|---|---|
| | |

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

| Provider Type *(Specify)*: | License *(Specify):* | Certification *(Specify):* | Other Standard *(Specify):* |
|---|---|---|---|
| Individual Transportation Provider | Valid California driver's license<br><br>As appropriate, a business license as required by the local jurisdiction where the business is located. | N/A | Welfare and Institutions Code Section 4648. |
| Transportation Company: Transportation Broker; Transportation Provider–Add-itional Component | As appropriate, a business license as required by the local jurisdiction where the business is located. | N/A | Welfare and Institutions Code Section 4648.3. |
| Public Transit Authority | As appropriate, a business license as required by the local jurisdiction where the business is located. | N/A | Welfare and Institutions Code Section 4648.3. |

**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):* |
|---|---|---|
| All Transportation 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.** *(Check each that applies)*:

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| | | | |
|---|---|---|---|
| ☐ | Participant-directed | ☑ | 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: | **Nutritional Consultation** |
| Service Definition (Scope)*:* | |
| Nutritional Consultation includes the provision of consultation and assistance in planning to meet the nutritional and special dietary needs of the consumers. These services are consultative in nature and do not include specific planning and shopping for, or preparation of meals for consumers. | |
| 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 *(Specify)*: | License *(Specify):* | Certification *(Specify):* | Other Standard *(Specify):* |
|---|---|---|---|
| Dietitian; Nutritionist | No state licensing category.<br><br>As appropriate, a business license as required by the local jurisdiction where the business is located. | Dietician: Valid registration as a member of the American Dietetic Association | Nutritionist must possess a Master's Degree in one of the following:<br>a. Food and Nutrition;<br>b. Dietetics; or<br>c. Public Health Nutrition;<br>or is employed as a nutritionist by a county health department. |

**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):* |
|---|---|---|
| All Nutritional Consultation 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 | Verified upon application for vendorization and ongoing thereafter through oversight and monitoring activities. |

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| | | |
|---|---|---|
| | and duty statements; and service design. | |
| | | |

**Service Delivery Method.** *(Check each that applies)*:

| | | | |
|---|---|---|---|
| ☐ | Participant-directed | ☑ | 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: **Skilled Nursing**

Service Definition (Scope)*:*

Services listed in the plan of care which are within the scope of the State's Nurse Practice Act and are provided by a registered professional nurse, or licensed practical or vocational nurse under the supervision of a registered nurse, licensed to practice in the State. 1915(i) HCBS SPA Skilled Nursing Services will supplement and 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):*

☐ Categorically needy *(specify limits):*

☐ Medically needy *(specify limits):*

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

| Provider Type *(Specify)*: | License *(Specify):* | Certification *(Specify):* | Other Standard *(Specify):* |
|---|---|---|---|
| Registered Nurse (RN) | Business and Professions Code, §§ 2725-2742<br><br>Title 22, CCR, § 51067<br><br>As appropriate, a business license as required by the local jurisdiction where the business is located. | N/A | N/A |
| Licensed Vocational Nurse (LVN) | Business and Professions Code, §§ 2859-2873.7<br><br>Title 22, CCR, § 51069<br><br>As appropriate, a | N/A | N/A |

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|---|---|---|---|
| | business license as required by the local jurisdiction where the business is located. | | |
| Home Health Agency: RN or LVN | Title 22, CCR, §§ 74600 et. seq.<br><br>**RN:** Business and Professions Code, §§ 2725-2742<br>Title 22, CCR, § 51067<br><br>**LVN:** Business and Professions Code, §§ 2859-2873.7<br>Title 22, CCR, § 51069<br><br>As appropriate, a business license as required by the local jurisdiction where the business is located. | Medi-Cal Certification using Medicare standards<br><br>Title 22, CCR, §§ 51069-51217. | 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):* |
|---|---|---|
| All Skilled Nursing 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. |
| Registered Nurse | Board of Registered Nursing, Licensing and regional centers | Every two years |
| Licensed Vocational Nurse | Board of Vocational Nursing and Psychiatric Technicians, Licensing and regional centers | Every two years |

**Service Delivery Method.** *(Check each that applies)*:

| | | | |
|---|---|---|---|
| ☐ | Participant-directed | ☑ | 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: | **Specialized Medical Equipment and Supplies** |

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| Service Definition (Scope)*:* |
|---|
| Specialized Medical Equipment and Supplies include: (a) devices, controls, or appliances, specified in the plan of care, that enable participants to increase their ability to perform activities of daily living; (b) devices, controls, or appliances that enable the participant to perceive, control, or communicate with the environment in which they live; (c) items necessary for life support or to address physical conditions along with ancillary supplies and equipment necessary to the proper functioning of such items; (d) such other durable and non-durable medical equipment not available under the approved Medicaid State plan that is necessary to address participant functional limitations; and, (e) necessary medical supplies not available under the approved Medicaid State plan. The repair, maintenance, installation, and training in the care and use, of these items is also included. Funding for items reimbursed by this State Plan Amendment are in addition to any medical equipment and supplies furnished under the approved Medicaid State plan and exclude those items that are not of direct medical or remedial benefit to the participant. All items shall meet applicable standards of manufacture, design, and installation, and must meet Underwriter's Laboratory or Federal Communications Commission codes, as applicable. Repairs to and maintenance of such equipment shall be performed by the manufacturer's authorized dealer where possible. |
| 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 *(Specify)*: | License *(Specify):* | Certification *(Specify):* | Other Standard *(Specify):* |
|---|---|---|---|
| Durable Medical Equipment Dealer | If applicable, a current license with the State of California as appropriate for the type of equipment or supplies being purchased.<br><br>As appropriate, a business license as required by the local jurisdiction where the business is located. | If applicable, a current certification with the State of California as appropriate for the type of equipment or supplies being purchased. | Be authorized by the manufacturer to install, repair and maintain such systems if such a manufacturer's program exists. |

**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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| | | |
|---|---|---|
| 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.** *(Check each that applies)*:

| | | | |
|---|---|---|---|
| ☐ | Participant-directed | ☑ | 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: **Specialized Therapeutic Services**

Service Definition (Scope)*:*

Specialized Therapeutic Services are services that provide physical, behavioral/social-emotional health, and or dental health care that have been adapted to accommodate the unique complexities presented by HCBS enrolled individuals. These complexities include requiring:

1. Additional time with the health care professional to allow for effective communication with patients to ensure the most effective treatment;
2. Additional time with the health care professional to establish the patient's comfort and receptivity to treatment to avoid behavioral reactions that will further complicate treatment;
3. Additional time for diagnostic efforts due to the masking effect of some developmental disabilities on health care needs;
4. Specialized expertise and experience of the health care professional in diagnosing health care needs that may be masked or complicated by a developmental disability;
5. Treatment to be provided in settings that are more conducive to the patient's ability to effectively receive treatment, either in specialized offices or facilities that offer better structured interaction with the patient or which may provide additional comfort and support which is needed to reduce patient anxiety that is related to his or her developmental disabilities.

All of these additional elements to Specialized Therapeutic Services are designed and proven effective in ensuring the health and safety of the consumers. They are also designed or adapted with specialized expertise, experience or supports to ensure that the impact of a person's developmental disability does not impede the practitioner's ability to effectively provide treatment. The design features and/or expertise levels required by these consumers have been developed through years of experience and are not available through existing Medicaid State plan services. These features are critical to maintain, preserve, or improve the health status and developmental progress of each individual who is referred to these Specialized Therapeutic Services.

Specialized Therapeutic Services include:

1. Oral Health Services: Diagnostic, Prophylactic, Restorative, Oral Surgery
2. Services for Maladaptive Behaviors/Social-Emotional Behavior Impairments (MB/SEDI) Due

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to/Associated with a Developmental Disability: Individual and group interventions and counseling

3. Physical Health Services: Physical Therapy, Occupational Therapy, Speech Therapy, Respiratory Therapy, Diagnostic and Treatment, Physician Services, Nursing Services, Diabetes Self-Management

The need for a Specialized Therapeutic Service must be identified in the Individual Program Plan, also known as a Plan of Care, and is to be provided only when the individual's regional center planning team has:

1. Determined the reason why other generic or approved Medicaid State plan services can not/do not meet the unique oral health, behavioral/social-emotional health, physical health needs of the consumer as a result of his/her developmental disability and the impact of the developmental disability on the delivery of therapeutic services;
2. Determined that a provider with specialized expertise/knowledge in serving individuals with developmental disabilities is needed, i.e., a provider of Medicaid State Plan services does not have the appropriate qualifications to provide the service;
3. Determined that the individual's needs cannot be met by an approved Medicaid State plan provider delivering routine approved Medicaid State plan services;
4. Determined that the Specialized Therapeutic Service is a necessary component of the overall Plan of Care that is needed to avoid institutionalization; and
5. Consulted with a Regional Center clinician.

The need to continue the Specialized Therapeutic Service will be evaluated during the mandatory annual review of the individual's IPP in order to determine if utilization is appropriate and progress is being made as a result of the service being provided.

The following specify the differences between Specialized Therapeutic Services and services available under the approved Medicaid State Plan:

1. Provider qualifications.
2. The scope (what is provided).
3. The services will be offered either at the consumer's home, the program site, or when appropriate, the provider's site.

Providers of Specialized Therapeutic Services must hold a current State license or certificate to practice in the respective clinical field for which they are vendored and have at least one year of experience working providing direct care in the field of licensure with persons with developmental disabilities, validation of which must be obtained by the regional center prior to vendorization and maintained in the regional center vendor file. This expanded qualification requirement differentiates providers of Specialized Therapeutic Services from approved Medicaid State plan providers. These providers include physicians/surgeons, nurse practitioners, registered nurses, licensed vocational nurses, psychologists, social workers, speech therapists, physical therapists, physical therapy assistants, dental hygienists, dentists, and marriage and family therapists. Certified occupational therapists, occupational therapy assistants, respiratory therapists, and chemical addiction counselors are also included.

Scope of Services: When provided as a home and community-based service, a Specialized Therapeutic Service may require one or more of the following if determined critical to the ongoing maintenance of the oral care, health care, or behavioral/social-emotional health care of the individuals in his/her residence or

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program environment. This expansion of the scope of the Specialized Therapeutic Service differentiates it from other approved Medicaid State plan services. These are provided as a component of an allowable specialized therapeutic service and are designed to improve the consumer or caregiver's capacity to effectively access services, interpret care instructions, or provide care as directed by the clinical professional. Each of these will be provided only if it is directly associated with a specialized therapeutic service provided to an individual and are included in an approved plan of care.

1. Family support and counseling - Critical to a full understanding of the impact of involved developmental disabilities on the presenting health care need and effective treatment. The health care practitioner delivering the health, dental, or behavioral/social-emotional health specialized services may need to provide family support and/or counseling, as well as consumer training and consultation with other physicians or involved professionals, in order to ensure the proper understanding of the treatment and support in the person's home environment and that it is critical to effective treatment of people with developmental disabilities;
2. If cost-effective and necessary, the regional center may include the cost of travel in order to allow the provider to provide the care at a location that is necessary due to the disabilities of the individual;
3. Consultation with other involved professionals in meeting the physical, behavioral/social-emotional health and/or dental health needs of the consumer through specialized therapeutic services. This allows the clinical provider of specialized therapeutic services to properly involve other professional care givers who deliver services in accordance with the individual's plan of care;
4. Consumer training - at times the individual will require additional training by a specialized therapeutic service provider to maintain or enhance the long-term impact of the oral, behavioral/social-emotional health, or health care treatment provided. An appropriately licensed or certified provider, as defined above, will provide this training.

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 *(Specify)*: | License *(Specify):* | Certification *(Specify):* | Other Standard *(Specify):* |
|---|---|---|---|
| Dentist<br>Dental Hygienist<br>Psychologist<br>Marriage and Family Therapist<br>Social Worker<br>Chemical Addiction Counselor<br>Physician/Surgeon<br>Speech Therapist | Business and Professions Code:<br><br>Dentist: §1628-1635<br>Dental Hygienist: §1766 & 1768<br>Psychologist: §2940-2946 | Chemical Addition Counselor - certified in accordance with Title 9 CCR § 9846-13075<br><br>Physicians and Surgeons: Business and Professions | Providers of Specialized Therapeutic Services must hold a current State license or certificate to practice in the respective clinical field for which they are vendored and have at least one year of experience working providing direct care in the field of licensure with persons with developmental disabilities. |

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|---|---|---|---|
| Occupational Therapist<br>Occupational Therapy Assistant<br>Physical Therapist<br>Physical Therapy Assistant<br>Respiratory Therapist<br>RN<br>LVN<br>Nurse Practitioner | Marriage & Family Therapist: §4986.2<br>Social Worker: §4996.1 – 4996.2<br>Physician/Surgeon: §2080-2096<br>Speech Therapist: §2532.1-2532.6<br>Occupational Therapist and Assistant: §2570.6<br>Physical Therapist: §2636.5<br>Physical Therapy Assistant: §2655<br>Respiratory Therapist: §3733-3737<br>RN § 2725-2742<br>LVN § 2859-2873.7<br>Nurse Practitioner: §2834-2837<br><br>As appropriate, a business license as required by the local jurisdiction where the business is located. | Code, §2080-2085 | |
| **Verification of Provider Qualifications** (*For each provider type listed above. Copy rows as needed*): | | | |

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| Provider Type *(Specify)*: | Entity Responsible for Verification *(Specify):* | Frequency of Verification *(Specify):* |
|---|---|---|
| All Specialized Therapeutic 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. |

**Service Delivery Method.** *(Check each that applies)*:

| | | | |
|---|---|---|---|
| ☐ | Participant-directed | ☑ | 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)*:*

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.

"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.

This service includes necessary furnishings, household items and services that an individual needs for successful transition to community living and may include:

- 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.

These services exclude:

- 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.

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.

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Some of these expenses may be incurred before the individual transitions from an institution to the community. In such cases, the Transition/Set Up expenses incurred while the person was institutionalized are not considered complete until the date the individual leaves the institution. Transition/Set Up expenses included in the individual's plan of care may be furnished up to 180 days prior to the individual's discharge from an institution. However, such expenses will not be considered complete until the date the individual leaves the institution and is determined eligible for 1915(i) State Plan Services.

In the event an individual dies before the relocation can occur, but after the expenses have been incurred, the State will claim FFP at the administrative rate for services which would have been necessary for relocation to have taken place.

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 *(Specify)*: | License *(Specify):* | Certification *(Specify):* | Other Standard *(Specify):* |
|---|---|---|---|
| Public Utility Agency<br><br>Retail and Merchandise Company<br><br>Health and Safety agency<br><br>Individual (landlord, property management)<br><br>Moving Company | 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):* |
|---|---|---|
| All Transition/Set Up Providers | Regional centers, through the vendorization process, verify providers meet requirements/ qualifications outlined in Title 17, CCR, § 54310 | Verified upon application for vendorization and ongoing thereafter through oversight and |

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| | | |
|---|---|---|
| | 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. | monitoring activities. |

| | | | |
|---|---|---|---|
| **Service Delivery Method.** *(Check each that applies)*: | | | |
| ☐ | Participant-directed | ☑ | Provider managed |

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## Methods and Standards for Establishing Payment Rates

1. **Services Provided Under Section 1915(i) of the Social Security Act.** For each optional service, describe the methods and standards used to set the associated payment rate. *(Check each that applies, and describe methods and standards to set rates*):
**See attachment 4.19-B for descriptions of the rate setting methodologies for the services identified below.**

| | | |
|---|---|---|
| ☐ | HCBS Case Management | |
| | | |
| ☐ | HCBS Homemaker | |
| | | |
| ☐ | HCBS Home Health Aide | |
| | | |
| ☐ | HCBS Personal Care | |
| | | |
| ☐ | HCBS Adult Day Health | |
| | | |
| ☐ | HCBS Habilitation | |
| | | |
| ☐ | HCBS Respite Care | |
| | | |
| ☑ | Other Services | |
| | ☑ | HCBS Speech, Hearing and Language Services |
| | ☑ | HCBS Dental Services |
| | ☑ | HCBS Optometric/Optician Services |
| | ☑ | HCBS Prescription Lenses and Frames |
| | ☑ | HCBS Psychology Services |
| | ☑ | HCBS Chore Services |
| | ☑ | HCBS Communication Aides |
| | ☑ | HCBS Environmental Accessibility Adaptations |
| | ☑ | HCBS Non-Medical Transportation |
| | ☑ | HCBS Nutritional Consultation |
| | ☑ | HCBS Skilled Nursing |
| | ☑ | HCBS Specialized Medical Equipment and Supplies |
| | ☑ | HCBS Specialized Therapeutic Services |
| | ☑ | HCBS Transition/Set-Up Expenses |
| For Individuals with Chronic Mental Illness, the following services: | | |
| | ☐ | HCBS Day Treatment or Other Partial Hospitalization Services |
| | | |
| | ☐ | HCBS Psychosocial Rehabilitation |
| | | |
| | ☐ | HCBS Clinic Services (whether or not furnished in a facility for CMI) |

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|---|---|---|
| | | *circumstances under which payment is made; (c) the State's strategies for ongoing monitoring of the provision of services by relatives, and; (d) the controls that are employed to ensure that payments are made only for services rendered):* |
| | | |
| | | **Legal Guardians.** The State makes payment to legal guardians under specific circumstances and only when the guardian is qualified to furnish services. *(Specify: (a) the types of services for which payment may be made, (b) the specific circumstances under which payment is made; (c) the State's strategies for ongoing monitoring of the provision of services by legal guardians, and; (d) the controls that are employed to ensure that payments are made only for services rendered):* |
| | | |
| | | **Other policy.** *(Specify)*: |
| | | |

## Participant-Direction of Services

*Definition: Participant-direction means self-direction of services per §1915(i)(1)(G)(iii).*

**1. Election of Participant-Direction**. (*Select one):*

| | |
|---|---|
| ◉ | The State does not offer opportunity for participant-direction of state plan HCBS. |
| ○ | Every participant in HCBS state plan services (or the participant's representative) is afforded the opportunity to elect to direct services. Alternate service delivery methods are available for participants who decide not to direct their services. |
| ○ | Participants in HCBS state plan services (or the participant's representative) are afforded the opportunity to direct some or all of their services, subject to criteria specified by the State. *(Specify criteria):* |
| | |

**2. Description of Participant-Direction.** *(Provide an overview of the opportunities for participant-direction under the HCBS State Plan option, including: (a) the nature of the opportunities afforded; (b) how participants may take advantage of these opportunities; (c) the entities that support individuals who direct their services and the supports that they provide; and, (d) other relevant information about the approach to participant-direction):*

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3. **Participant-Directed Services**. *(Indicate the HCBS that may be participant-directed and the authority offered for each. Add lines as required):*

| Participant-Directed Service | Employer Authority | Budget Authority |
|---|---|---|
| | ☐ | ☐ |
| | ☐ | ☐ |

4. **Financial Management.** (*Select one):*

| | |
|---|---|
| ○ | Financial Management is not furnished. Standard Medicaid payment mechanisms are used. |
| ○ | Financial Management is furnished as an administrative function. |

5. ☐ **Participant–Directed Service Plan.** The State assures that, based on the independent assessment, a person-centered process produces an individualized plan of care for participant-directed services that:
   - Is directed by the individual or authorized representative and builds upon the individual's preferences and capacity to engage in activities that promote community life;
   - Specifies the services to be participant-directed, and the role of family members or others whose participation is sought by the individual or representative;
   - For employer authority, specifies the methods to be used to select, manage, and dismiss providers;
   - For budget authority, specifies the method for determining and adjusting the budget amount, and a procedure to evaluate expenditures; and
   - Includes appropriate risk management techniques.

6. **Voluntary and Involuntary Termination of Participant-Direction.** *(Describe how the State facilitates an individual's transition from participant-direction, and specify any circumstances when transition is involuntary):*

7. **Opportunities for Participant-Direction**

   a. **Participant–Employer Authority** (individual can hire and supervise staff). (*Select one):*

| | |
|---|---|
| ○ | The State does not offer opportunity for participant-employer authority. |
| ○ | Participants may elect participant-employer Authority *(Check each that applies):* |
| | ☐ **Participant/Co-Employer**. The participant (or the participant's representative) functions as the co-employer (managing employer) of workers who provide waiver services. An agency is the common law employer of participant-selected/recruited staff and performs necessary payroll and human resources functions. Supports are available to assist the participant in conducting employer-related functions. |
| | ☐ **Participant/Common Law Employer**. The participant (or the participant's representative) is the common law employer of workers who provide waiver services. An IRS-approved Fiscal/Employer Agent functions as the participant's agent in performing payroll and other employer responsibilities that are required by federal and state law. Supports are available to assist the participant in conducting employer-related functions. |

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b. **Participant–Budget Authority** (individual directs a budget). (*Select one):*

| | |
|---|---|
| ○ | The State does not offer opportunity for participants to direct a budget. |
| ○ | Participants may elect Participant–Budget Authority. |
| | **Participant-Directed Budget**. *(Describe in detail the method(s) that are used to establish the amount of the budget over which the participant has authority, including how the method makes use of reliable cost estimating information, is applied consistently to each participant, and is adjusted to reflect changes in individual assessments and service plans. Information about these method(s) must be made publicly available and included in the plan of care):* |
| | |
| | **Expenditure Safeguards.** *(Describe the safeguards that have been established for the timely prevention of the premature depletion of the participant-directed budget or to address potential service delivery problems that may be associated with budget underutilization and the entity (or entities) responsible for implementing these safeguards):* |
| | |

## Quality Management Strategy

*(Describe the State's quality management strategy in the table below):*

| **Requirement** | **Monitoring Activity** *(What)* | **Monitoring Responsibilities** *(Who)* | **Evidence** *(Data Elements)* | **Management Reports** *(Yes/No)* | **Frequency** *(Mos/Yrs)* |
|---|---|---|---|---|---|
| Service plans address assessed needs of enrolled participants, are updated annually, and document choice of services and providers. | A stratified random sample of IPPs will be reviewed to ensure all requirements are met. Sample size will represent a 95% confidence level with no more than a 5% margin of error. | DDS and DHCS | Number and percent of reviewed individual program plans (IPPs) that adequately addressed the consumers' assessed needs.<br>Numerator = number of consumer IPPs reviewed that addressed all assessed needs.<br>Denominator = total number of consumer IPPs reviewed. | Yes | Biennially |
| | | | Number and percent of consumer IPPs that addressed the consumer's identified health needs and safety risks.<br>Numerator = number of consumer IPPs reviewed that addressed the consumers' identified health needs and safety risks.<br>Denominator = total number of consumer IPPs reviewed. | | |
| | | | Number and percent of consumer IPPs that addressed the consumer's goals.<br>Numerator = number of consumer IPPs reviewed that addressed the consumers' goals.<br>Denominator = total number of | | |

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| **Requirement** | **Monitoring Activity** *(What)* | **Monitoring Responsibilities** *(Who)* | **Evidence** *(Data Elements)* | **Management Reports** *(Yes/No)* | **Frequency** *(Mos/Yrs)* |
|---|---|---|---|---|---|
| | | | consumer IPPs reviewed. | | |
| | | | Number and percent of consumer IPPs developed in accordance with State policies and procedures.<br>Numerator = number of consumer IPPs developed in accordance with State policies and procedures.<br>Denominator = total number of consumer IPPs reviewed. | | |
| | | | Number and percent of consumer IPPs that were reviewed or revised at required intervals.<br>Numerator = number of consumer IPPs that were reviewed or revised at required intervals.<br>Denominator = total number of IPPs reviewed. | | |
| | | | Number and percent of consumer IPPs that were revised, when needed, to address changing needs.<br>Numerator = number of consumer IPPs that were revised to address change in consumer needs.<br>Denominator = number of consumer records reviewed that indicated a revision to the IPP was necessary to address changing need. | | |
| | | | Number and percent of participants who received services, including the type, scope, amount, duration and | | |

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| **Requirement** | **Monitoring Activity** *(What)* | **Monitoring Responsibilities** *(Who)* | **Evidence** *(Data Elements)* | **Management Reports** *(Yes/No)* | **Frequency** *(Mos/Yrs)* |
|---|---|---|---|---|---|
| | | | frequency, specifically identified in the IPP.<br>Numerator = number of consumers who received services that matched the services identified in the IPP.<br>Denominator = total number of consumer IPPs reviewed. | | |
| | | | Number and percent of IPPs that that are signed by the consumer/parent/legal representative indicating agreement with the services and providers identified in the IPP.<br>Numerator = number of IPPs that are signed by the consumer/parent/legal representative.<br>Denominator = total number of IPPs reviewed. | | |
| Providers meet required qualifications | Review of Vendor Master File records that indicate regional center verification of provider qualifications. | DDS | Number and percent of licensed providers that initially meet all required standards prior to furnishing Medicaid services.<br>Numerator = number of providers that initially meet all required standards prior to furnishing Medicaid services.<br>Denominator = number of all providers. | No | Monthly<br><br>Continuously and Ongoing |
| Qualified providers (cont.) | Review of Vendor Master File records that indicate regional center verification | DDS | Number and percent of non-licensed/non-certified providers that initially meet all required standards | No | Monthly<br><br>Continuously |

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| **Requirement** | **Monitoring Activity** *(What)* | **Monitoring Responsibilities** *(Who)* | **Evidence** *(Data Elements)* | **Management Reports** *(Yes/No)* | **Frequency** *(Mos/Yrs)* |
|---|---|---|---|---|---|
| | of provider qualifications. | | prior to furnishing state plan services. Numerator = number of providers that initially meet all required standards prior to furnishing state plan services. Denominator = number of all providers. | | and Ongoing |
| Qualified providers (cont.) | Review of facilities licensed by the Department of Social Services (DSS) to determine compliance with regulations regarding provision of services, health and safety and provider qualifications. | DSS | Number and percent of providers licensed by the Department of Social Services (DSS) reviewed annually. Numerator = number of DSS licensed providers reviewed annually. Denominator = total number of providers licensed by DSS that require annual review. | Yes | Annually |
| Qualified providers (cont.) | Review of Direct Service Professional (DSP) Training Program report to ensure completion of required training. | DDS | Number and percent of direct support professionals (DSPs) that successfully complete 70 hours of competency based training within two years of hire. Numerator = number of DSPs who successfully complete the training. Denominator = number of DSPs who are required to take the training. | Yes | Annually |
| Qualified providers (cont.) | Review of a minimum of 126 randomly selected licensed/certified residential settings to ensure the home and community characteristics required in this state plan are | DHCS, DDS | Number and percent of licensed/certified settings that maintain the home and community characteristics required in this state plan. Numerator = number of licensed/certified settings that | Yes | Biennially |

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| **Requirement** | **Monitoring Activity** *(What)* | **Monitoring Responsibilities** *(Who)* | **Evidence** *(Data Elements)* | **Management Reports** *(Yes/No)* | **Frequency** *(Mos/Yrs)* |
|---|---|---|---|---|---|
| | maintained. | | maintain the home and community characteristics required in this state plan.<br>Denominator = number of settings reviewed. | | |
| The SMA retains authority and responsibility for program operations and oversight. | Review of policies and procedures to ensure compliance with federal commitments/ requirements. | DHCS | Number and percent of policies and procedures reviewed by the Medicaid Agency found to be in compliance.<br>Numerator = number of policies and procedures reviewed by the Medicaid Agency that were found to be in compliance.<br>Denominator = total number of policies and procedures reviewed by the Medicaid Agency. | Yes. | Continuously and ongoing |
| SMA retains authority (cont.) | Review of a stratified random sample of IPPs to ensure all requirements are met. Sample size will represent a 95% confidence level with no more than a 5% margin of error. | DHCS | Number and percent of consumer IPPs developed in accordance with State policies and procedures.<br>Numerator = number of consumer IPPs developed in accordance with State policies and procedures.<br>Denominator = total number of IPPs reviewed. | Yes | Biennially |
| SMA retains authority (cont.) | Meetings conducted between the Medicaid Agency, DDS and DSS (As required). | DHCS, DDS, DSS | Number and percent of required coordination meetings conducted between the Medicaid Agency, DDS and DSS (As required).<br>Numerator = number of coordination meetings conducted.<br>Denominator = total number of | Yes | At least quarterly. |

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| **Requirement** | **Monitoring Activity** *(What)* | **Monitoring Responsibilities** *(Who)* | **Evidence** *(Data Elements)* | **Management Reports** *(Yes/No)* | **Frequency** *(Mos/Yrs)* |
|---|---|---|---|---|---|
| | | | planned coordination meetings. | | |
| SMA retains authority (cont.) | Oversight/monitoring meetings conducted between the Medicaid Agency and DDS. | DHCS, DDS | Number and percent of required oversight/monitoring meetings conducted between DDS and the Medicaid agency.<br>Numerator = number of oversight meetings conducted.<br>Denominator = number of planned oversight meetings. | Yes | At least quarterly. |
| SMA retains authority (cont.) | DDS Quality Management Executive Committee Meetings | DHCS, DDS | Number and percent of DDS Quality Management Executive Committee Meetings conducted.<br>Numerator = number of Quality Management Executive Committee Meetings Conducted.<br>Denominator = total number of planned Quality Management Executive Committee Meetings. | Yes | At least semi-annually. |
| SMA retains authority (cont.) | DDS fiscal audit repayments | State Medicaid Agency<br><br>Operating Agency | Number and percent of funds identified in DDS fiscal audits for repayment that were recovered.<br>Numerator = dollar amount of funds identified for repayment by DDS audits that were recovered.<br>Denominator = total dollar amount identified for recovery. | Yes | Continuously and ongoing |
| The SMA maintains financial accountability through payment of claims for services that are | Audits of Regional Center | DDS | Number and percent of claims paid in accordance with the reimbursement methodology in the approved state plan. | Yes | Biennially |

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| **Requirement** | **Monitoring Activity** *(What)* | **Monitoring Responsibilities** *(Who)* | **Evidence** *(Data Elements)* | **Management Reports** *(Yes/No)* | **Frequency** *(Mos/Yrs)* |
|---|---|---|---|---|---|
| authorized and furnished to enrolled participants by qualified providers. | | | Numerator = number of claims paid in accordance with the reimbursement methodology in the approved state plan.<br>Denominator = total number of claims reviewed. | | |
| Financial accountability (cont.) | Audits of vendors | DDS | Number and percent of claims paid in accordance with the reimbursement methodology in the approved state plan.<br>Numerator = number of claims paid in accordance with the reimbursement methodology in the approved state plan.<br>Denominator = total number of claims reviewed. | Yes | Continuously and Ongoing with randomly selected vendors with expenditures over $100,000 or upon referral. |
| Financial accountability (cont.) | Audits of vendors | Regional Centers | Number and percent of claims paid in accordance with the reimbursement methodology in the approved state plan.<br>Numerator = number of claims paid in accordance with the reimbursement methodology in the approved state plan.<br>Denominator = total number of claims reviewed. | Yes | Continuously and Ongoing of no less than 4% of the total number of vendors in specified service categories for which payments in the prior year were $100,000 or |

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| **Requirement** | **Monitoring Activity** *(What)* | **Monitoring Responsibilities** *(Who)* | **Evidence** *(Data Elements)* | **Management Reports** *(Yes/No)* | **Frequency** *(Mos/Yrs)* |
|---|---|---|---|---|---|
| | | | | | less. |
| Financial accountability (cont.) | Review of a stratified random sample of consumer records. Sample size will represent a 95% confidence level with no more than a 5% margin of error. | DHCS, DDS | Number and percent of claims paid in accordance with the consumer's authorized services.<br>Numerator = number of claims paid in accordance with the consumer's authorized services.<br>Denominator = total number of claims for participants reviewed. | Yes | Biennially |
| The State identifies, addresses and seeks to prevent incidents of abuse, neglect, and exploitation, including the use of restraints. | Review of Special Incident Report (SIR) database | DDS, Regional Centers | Number and percent of special incidents reported within required timeframes.<br>Numerator = number of special incidents reported within required timeframes.<br>Denominator = number of special incidents reported. | Yes | Monthly |
| The State identifies, addresses and seeks to prevent incidents of abuse, neglect, and exploitation, including the use of restraints (cont.) | Review of Special Incident Report (SIR) database | DDS<br><br>Regional Centers<br><br>Independent Risk Management Contractor | Number and percent of special incidents for which appropriate actions were taken.<br>Numerator = number of incident reports that documented appropriate actions were taken.<br>Denominator = number of incidents reported. | Yes | Daily<br><br>Monthly<br><br>Continuously and Ongoing |
| The State identifies, addresses and seeks to prevent incidents of abuse, neglect, and exploitation, including the use of | Review of a stratified random sample of consumer records. Sample size will represent a 95% confidence level with no more than a | DHCS, DDS | Number and percent of consumers whose special health care requirements or safety needs are met.<br>Numerator = number of consumers whose special health care | Yes | Monthly<br><br>Annually |

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| **Requirement** | **Monitoring Activity** *(What)* | **Monitoring Responsibilities** *(Who)* | **Evidence** *(Data Elements)* | **Management Reports** *(Yes/No)* | **Frequency** *(Mos/Yrs)* |
|---|---|---|---|---|---|
| restraints (cont.) | 5% margin of error. | | requirements or safety needs are met. Denominator = total number of consumers reviewed with special health care requirements or safety needs. | | |

| | |
|---|---|
| Describe the process(es) for remediation and systems improvement. | The following describes State's quality management framework which starts with establishing clear expectations for performance (design), collecting and analyzing data to determine if the expectations are met (discovery), and finally, taking steps to correct deficiencies or improve processes and services (remediation and improvement).<br><br>**Service Plans or individual program plans (IPPs)**<br>Performance expectations (design) in this area include:<br>• Service plans must address all participants' assessed needs (including health and safety risk factors) and personal goals.<br>• Service plans are reviewed at least annually and updated/revised when warranted by changes in the participant's needs.<br>• Services are delivered in the type, scope, amount, duration, and frequency in accordance with the service plan.<br>• Participants are afforded choice of qualified providers.<br><br>Data collected (discovery) to determine if expectations are met includes:<br>• DDS and DHCS conduct biennial monitoring reviews of a stratified random sample of service recipient records to ensure service plans meet the expectations identified above. Monitoring will be completed over a two year period with reports produced after reviewing each geographical region (regional center). The statewide sample size will produce results with a 95% confidence level and no more than 5% margin of error. For example, with an estimated 40,000 recipients, the sample size would be 381.<br>• The recipient survey portion of the recently revised Client Development and Evaluation Report (CDER) includes questions regarding the recipient's satisfaction with services.<br>• Annually, all recipients receive a statement of services and supports purchased by the regional center for the purpose of determining if services were delivered.<br><br>Steps to correct deficiencies or improve processes and services (remediation and improvement) include:<br>• Regional centers are required to submit plans to correct all issues identified in the biennial monitoring conducted by DDS and DHCS. These plans are reviewed and approved by the State.<br>• The data from the monitoring reviews allows for identification of trends in a particular area (e.g. specific requirement or geographical area).<br>• If any of the monitoring reviews result in a significant level of compliance issues, a follow-up review will be scheduled to evaluate the progress of the corrective actions taken in response to the previous monitoring review.<br>• Extra training and/or monitoring is provided if issues are not remediated or improvement is not shown.<br>• DDS' Quality Management Executive Committee (QMEC), also attended by DHCS management, meets quarterly to |

review data regarding service recipients, explore issues or concerns that may require intervention, and develop strategies and/or interventions for improved outcomes.

**Qualified Providers**
Performance expectations (design) in this area include:

- DDS sets qualifications for providers through the regulatory process.
- Regional centers, through the vendorization process, verify that each provider meets the required qualifications (e.g. license, program design, staff qualifications) prior to services being rendered.
- DDS developed and funds the Direct Support Professional (DSP) Training program. This is a 70 hour, competency-based program mandatory for all direct service staff working in licensed residential facilities. The program is based upon minimum core competencies staff must have to ensure the health and safety of individuals being served.
- DSS-CCLD is responsible for licensing community care facilities and establishes qualifications for providers. Administrators and applicants/licensees (sometimes one and the same) are required to take a 35-hour course from an approved trainer and pass a written test with a score of 70 percent or above to be a qualified administrator/licensee. There is a two-year re-certification requirement where they need to take an additional 35 hours of training. For each application, they must have a training plan in their facility operational plan for each of the new and continuing staff working in a community care facility.

Data collected (discovery) to determine if expectations are met includes:

- As part of the established biennial DDS/DHCS oversight activities, on-site monitoring of service providers is conducted. Included in this review, service providers and direct support professionals are interviewed to determine that they are: knowledgeable regarding the care needs on the individual's plan of care for which they are responsible and that these services are being delivered; knowledgeable of and responsive to the health and safety/well-being needs of the consumer(s); and aware of their responsibilities for risk mitigation and reporting.
- An additional component of the established biennial DHCS/DDS on-site monitoring is a review of facilities in which four or more individuals reside to ensure the facilities maintain home and community characteristics.
- DSS-CCLD monitors all licensed community care facilities to identify compliance issues. Facilities are reviewed to determine compliance with regulations regarding provision of services, health and safety and provider qualifications.
- DSP training data is used to not only identify the success rate of staff taking the course, but also in what form (e.g. through classroom setting or challenge test) the course was taken and what areas (written test or skills check) caused failure for those who did not pass the course.
- Regional centers also monitor each licensed residential community care facility annually to verify or identify any

issues with program implementation.

- Special incident report data allows for identification of trends with individual providers or types of providers.

Steps to correct deficiencies or improve processes and services (remediation and improvement) include:

- Regional centers are required to submit plans to correct all issues identified in the biennial monitoring conducted by DDS and DHCS. These plans are reviewed and approved by the State.
- Any DSS-CCLD monitoring visit that results in a finding of non-compliance results in the development of a plan of correction. This requires follow-up by DSS-CCLD staff to verify that corrections were made.
- Issues identified during monitoring visits by regional centers may result in the need to develop a corrective action plan which details the issues identified and the steps needed to resolve the issues. The results of these reviews, as well as data from the special incident report system, are used to identify trends with individual or types of providers which may then result in focused or widespread training or other remediation measures.
- DDS' Quality Management Executive Committee (QMEC), also attended by DHCS management, meets quarterly to review data regarding service recipients, explore issues or concerns that may require intervention, and develop strategies and/or interventions for improved outcomes. As an example, data from the special incident report system and analysis by the State's independent risk management contractor indicated that the second largest cause of unplanned hospitalizations was due to psychiatric admissions. In response, the QMEC approved the implementation of skill checks within challenge tests. The skill checks now require staff to demonstrate proficiency in the proper method of assisting individuals in the self-administration of medications.

**SMA Programmatic Authority**
Performance expectations (design) in this area include:

- DHCS and DDS conduct biennial monitoring reviews of a stratified random sample of service recipient records to ensure service plans meet expectations.
- DHCS reviews and approves reports developed as a result of these monitoring visits.
- DHCS negotiates approval and amendment requests for the interagency agreement with DDS to ensure consistency with federal requirements.
- DHCS approves Section 1915(i) related policies and procedures that are developed by DDS to ensure consistency with federal requirements.
- DHCS participates, as necessary, in training to regional centers and providers regarding Section 1915(i) policies and procedures.
- DHCS, in conjunction with DDS and DSS-CCLD, holds quarterly meetings. The purpose of these meetings is to

discuss issues applicable to licensed providers (community care facilities, day programs.)

- DHCS participates in the quarterly DDS Quality Management Executive Committee. The purpose of these meetings is to review data regarding service recipients, explore issues or concerns that may require intervention, and develop strategies and/or interventions for improved outcomes.

Data collected (discovery) to determine if expectations are met includes:

- Results from the biennial monitoring reviews, conducted by DHCS and DDS, of a stratified random sample of service recipient records to ensure service plans meet the expectations identified previously.
- Documentation of DHCS approval of monitoring or other required reports. Monitoring reports will also include approved plans submitted in response to findings by DHCS and DDS.
- Evidence of training provided as a result of findings from DHCS and DDS monitoring reviews.
- Minutes from meetings DHCS participates in documenting issues discussed and resolution activities planned.

Steps to correct deficiencies or improve processes and services (remediation and improvement) include:

- Regional centers are required to submit plans to correct all issues identified in the biennial monitoring conducted by DHCS and DDS. These plans are reviewed and approved by the State.
- If any of the monitoring reviews result in a significant level of compliance issues, a follow-up review will be scheduled to evaluate the progress of the corrective actions taken in response to the previous monitoring review.
- Extra training and/or monitoring is provided if issues are not remediated or improvement is not shown.

**SMA Maintains Financial Accountability**
Performance expectations (design) in this area include:

- DHCS reviews a sample of working papers prepared by DDS audit staff of the biennial fiscal audits. These fiscal audits are designed to wrap around the required annual independent CPA audit of each regional center.
- DHCS also annually reviews a sample of audits conducted of service providers.
- DHCS ensures recipients are eligible for Medi-Cal prior to claims being made.
- DHCS maintains invoice tracking, payment and reconciliation processes.

Data collected (discovery) to determine if expectations are met includes:

- Results of the audit reviews identify fiscal compliance issues.

- Electronic records and hard copy reports (as needed) are generated identifying recipients eligible for claiming.
- Tracking logs verify consistency between invoices, payments and funding authority.

Steps to correct deficiencies or improve processes and services (remediation and improvement) include:

- DHCS monitors and provides consultation as necessary regarding corrective actions and follow-up activities resulting from regional center and vendor audits. All issues identified in the audits include corrective action plans which may include policy revisions or repayments if necessary.
- DHCS works with DDS to resolve issues, if any, with identifying Medi-Cal eligibility of recipients.

**Risk Mitigation**
Performance expectations (design) in this area include:

- Service plans must address all participants' assessed needs (including health and safety risk factors) and personal goals.
- DDS, through the regulatory process, has identified requirements for service providers and regional centers regarding reporting of special incidents. Providers must report all special incidents to the regional center within 24 hours. Subsequently, regional centers must report special incidents to DDS within two working days.
- DDS has implemented an automated special incident report (SIR) system and database which allows complex analysis of multiple factors to identify trends and provide feedback to regional centers.
- DDS provides data from the SIR system to the State's independent risk management contractor for further analysis.
- Regional centers must transmit SIRs, including the outcomes and preventative actions taken, to DDS as well as local licensing offices and investigative agencies as appropriate.
- Regional centers must develop and implement a risk management and prevention plan.
- Regional centers are responsible for using data from the SIR system for identifying trends that require follow-up.
- The State's independent risk management contractor is responsible for reviewing and analyzing DDS SIR data to identify statewide, regional and local trends requiring action. This includes defining indicators of problems requiring further inquiry. Additionally, the contractor performs ongoing review and analysis of the research and current literature with respect to preventing accidents, injuries and other adverse incidents.

Data collected (discovery) to determine if expectations are met includes:

- DDS and DHCS conduct biennial monitoring reviews of a stratified random sample of service recipient records to ensure service plans address health and safety risk factors.
- The recipient survey portion of the CDER includes questions regarding the recipient's feelings of safety, availability of

| | |
|---|---|
| | assistance if needed, and access to medical care.<br>• Data from the SIR system includes recipient characteristics, risk factors, residence, responsible service provider and other relevant information. This data is updated daily and is available not only to DDS but also to regional centers for reviewing data of incidents in their area.<br>• As part of the established biennial DDS/DHCS monitoring activities, information is gathered regarding the regional center's risk management system. Additionally, information is obtained reflecting how the regional center is organized to provide clinical expertise and monitoring of individuals with health issues, as well as any improvement in access to preventative health care resources.<br><br>Steps to correct deficiencies or improve processes and services (remediation and improvement) include:<br>• Regional centers are required to submit plans to correct all issues identified in the biennial monitoring conducted by DDS and DHCS. These plans are reviewed and approved by the State.<br>• If any of the monitoring reviews result in a significant level of compliance issues, a follow-up review will be scheduled to evaluate the progress of the corrective actions taken in response to the previous monitoring review.<br>• DDS uses data from the SIR system to identify compliance issues such as reporting timelines and notifications of other agencies if required. Contact is made with regional centers for correction. Training or technical assistance is provided if necessary.<br>• Utilizing results of data analysis from the SIR system, the State's risk management contractor conducts a variety of activities, including: develop and disseminate periodic reports and materials on best practices related to protecting and promoting the health, safety, and well-being of service recipients; provide on-site technical assistance to regional centers related to local risk management plans and activities; define indicators requiring further inquiry.<br>• The risk management contractor also develops and maintains a website, (www.ddssafety.net) for recipients and their families, providers, professionals, and regional center staff. This web site is dedicated to the dissemination of information on the prevention and mitigation of risk factors for persons with developmental disabilities. The site includes information from across the nation on current research and best practices and practical information directed towards improving health and safety. |

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# Methods and Standards for Establishing Payment Rates

1. **Services Provided Under Section 1915(i) of the Social Security Act.** For each optional service, describe the methods and standards used to set the associated payment rate. *(Check each that applies, and describe methods and standards to set rates*):

**See attachment 4.19-B for descriptions of the rate setting methodologies for the services identified below.**

| | |
|---|---|
| ❒ | Habilitation – Community Living Arrangement Services |
| ❒ | Habilitation - Day Services |
| ❒ | Habilitation – Behavioral Intervention Services |
| ❒ | Respite Care |
| ❒ | Enhanced Habilitation - Supported Employment |
| ❒ | Enhanced Habilitation – Prevocational Services |
| ☐ | Personal Care Services |
| ❒ | Homemaker |
| ❒ | Home Health Aide |
| ❒ | Adult Day Health Care |
| ❒ | Other Services |
| | ❒ HCBS Personal Emergency Response Systems – Effective 10-1-2010 |
| | ❒ HCBS Vehicle Modification and Adaptation – Effective 10-1-2010 |

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):*

| | |
|---|---|
| ◉ | 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. |
| ○ | 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.<br>The presumptive period will be \| \| days (not to exceed 60 days). |