

Center for Medicaid and CHIP Services
Disabled and Elderly Health Programs Group
Division of Long Term Services & Supports

May 22, 2012

Mr. Toby Douglas
Director
California Department of Health Care Services
P.O. Box 997413 MS 0000
Sacramento, CA 95899-7413

Dear Mr. Douglas:

We are ready to approve your request for an initial 1915(c) home and community-based services (HCBS) waiver for adults age 21 and over who are at risk of entering or reside in a nursing facility and wish to reside in the community. The State has entitled this waiver the "San Francisco Community Living Support Benefit Waiver". This waiver has been assigned CMS control number 0855.R00, which should be referenced on all future correspondence relating to this waiver.

For this HCBS waiver, you have requested a waiver of 1902(a)(10)(B) of the Social Security Act (the Act) in order to waive comparability of services, and a waiver of statewideness at 1902(a)(1) of the Act, in order to offer services to eligible individuals in the city and county of San Francisco. CMS approves this waiver for a five year period, with an effective date of July 1, 2012.

This waiver will offer the following supports for waiver participants: Care Coordination, Community Living Support Benefit (CLSB) In Licensed Settings, Behavior Assessment and Planning, Community Living Support Benefit in Housing Sites, Enhanced Care Coordination, Environmental Accessibility Adaptations, and Home Delivered Meals. The following number of unduplicated recipients and estimates of average per capita cost of waiver services have been approved:

<u>Year</u>	<u>Unduplicated Recipients</u>	<u>Average Per Capita Cost of Waiver Services (Factor D + D')</u>
1	221	\$76940.00
2	377	\$78737.00
3	417	\$83506.00
4	453	\$ 84663.00

<u>Year</u>	<u>Unduplicated Recipients</u>	<u>Average Per Capita Cost of Waiver Services (Factor D + D')</u>
5	486	\$85761.00

This approval is subject to your agreement to serve no more individuals than those indicated above. If the State wishes to serve more individuals or make any other alterations to this waiver, an amendment must be submitted for approval. The State may renew the waiver at the end of the initial five year period by providing evidence and documentation of satisfactory performance and oversight.

We appreciate the cooperation and effort provided by you and your staff during the development of this new home and community-based services waiver program. Please contact Ali Smilow, of my staff at 410-786-0790 with any questions related to this approval.

Sincerely,



Ralph Lollar
Director

cc: CMS Region IX