



Department of Health Care Services **MEMORANDUM**

DATE: September 26, 2016

TO: Congregate Living Health Facility Owners and/or Operators

FROM: Rebecca Schupp, Chief
Long-Term Care Division

SUBJECT: Centers for Medicare and Medicaid Services Federal Home and
Community-Based Settings Final Rule

On March 17, 2014, new federal Home and Community Based Services (HCBS) final rules became effective in the Federal Register for 1115, 1915(c) waivers, 1915(i) state plan services, and 1915(k) community first choice state plan option. As these rules pertain to 1915(c) waivers, there are requirements for all HCBS settings which include: private residences, provider-owned / controlled settings both residential and non-residential, and person-centered planning, . The Centers for Medicare & Medicaid Services (CMS) is allowing five years (until March 17, 2019) for states and providers to comply with the final rule. In addition to existing settings and providers complying with the final rule, CMS has instructed states that all new providers and settings under development must already be in compliance with the final rule prior to enrollment into any HCBS waiver.

More information on the HCB settings final rule can be found [here](#).

California specific information on the HCB settings final rule can be found here: [here](#)

The Department of Health Care Services (DHCS) is working diligently to incorporate the required setting characteristics into Congregate Living Health Facility (CLHF) provider enrollment processes. DHCS is not able to enroll CLHFs until the new enrollment process is finalized, presented and discussed with all applicants. DHCS will reach out to all CLHF applicants to discuss the new federal settings characteristic requirements and provider enrollment process(es). Meanwhile, DHCS appreciates your patience and understanding.