

March 19, 2026

THIS LETTER SENT VIA EMAIL

Ms. Courtney Miller, Director
Division of Program Operations
Medicaid and CHIP Operations Group
Centers for Medicare & Medicaid Services
601 East 12th Street, Room 355
Kansas City, MO 64106

STATE PLAN AMENDMENT 26-0014: INTERMEDIATE CARE FACILITIES FOR THE DEVELOPMENTALLY DISABLED – CONTINUOUS NURSING (ICF/DD-CN): TRANSITION OF BENEFIT/SETTING

Dear Ms. Miller:

The Department of Health Care Services (DHCS) is submitting State Plan Amendment (SPA) 25-0026 for your review and approval. This SPA proposes to transition the Intermediate Care Facilities for the Developmentally Disabled – Continuous Nursing (ICF/DD-CN) benefit/setting from the 1915(c) Home and Community-Based Alternatives (HCBA) waiver to the Medicaid State Plan. This SPA was originally issued as SPA 25-0026 and then subsequently renumbered as SPA 26-0014. DHCS seeks an effective date of July 1, 2026, for this SPA.

In order to come into compliance with federal Home and Community-Based Services (HCBS) setting requirements at 42 CFR 441.301(c)(4)-(5), the State is transitioning the ICF/DD-CN Non-Vent Dependent and Vent-Dependent benefit/setting from the HCBA Waiver into the Medicaid State Plan as a Long-Term Care (LTC) benefit/setting. This transition aligns with the State's HCBS Statewide Transition Plan (STP) and was approved by the Centers for Medicare & Medicaid Services (CMS) through the State's Corrective Action Plan (CAP).

This SPA proposes to amend the following pages:

- Limitations on Attachment 3.1-A, Page 21 – redline and clean
- Supplement 9 to Attachment 3.1, Pages 1-14 – new



Ms. Miller
Page 2
March 19, 2026

- Attachment 4.19-D, Pages 3, 5, 15.4c3, and Table 1 – redline and clean

DHCS has determined that this amendment will not have a direct effect on Indian Health Programs and Urban Indian Organizations. CMS agreed with this determination on May 9, 2025. Under SPA 25-0026, a public notice was released on May 12, 2025, and an addendum was released on May 23, 2025. At the end of the 30-day public comment period, the Department received 19 comments.

The following documents are included in this submission:

- CMS 179 Form
- Public Notice and Addendum
- Standard Funding Questions
- Amended State Plan Pages

If you have any questions or need additional information, please contact James (Jake) Johnson, Division Chief of Integrated Systems of Care Division, at (916) 713-8150 or by email at Jake.Johnson@dhcs.ca.gov.

Sincerely,



Tyler Sadwith
State Medicaid Director
Chief Deputy Director, Health Care Programs
California Department of Health Care Services

Enclosures

cc: Lindy Harrington
Assistant State Medicaid Director
Director's Office
California Department of Health Care Services
Lindy.Harrington@dhcs.ca.gov

Saralyn M. Ang-Olson, JD, MPP
Chief Compliance Officer
Office of Compliance
California Department of Health Care Services
Saralyn.Ang-Olson@dhcs.ca.gov

Ms. Miller

Page 3

March 19, 2026

Susan Philip
Deputy Director
Health Care Delivery Systems
California Department of Health Care Services
Susan.Philip@dhcs.ca.gov

Joseph Billingsley
Assistant Deputy Director
Health Care Delivery Systems
California Department of Health Care Services
Joseph.Billingsley@dhcs.ca.gov

James (Jake) Johnson, Chief
Integrated Systems of Care Division
California Department of Health Care Services
Jake.Johnson@dhcs.ca.gov

**TRANSMITTAL AND NOTICE OF APPROVAL OF
STATE PLAN MATERIAL**

FOR: CENTERS FOR MEDICARE & MEDICAID SERVICES

1. TRANSMITTAL NUMBER
2 6 — 0 0 1 4

2. STATE
CA

3. PROGRAM IDENTIFICATION: TITLE OF THE SOCIAL SECURITY ACT XIX XXI

TO: CENTER DIRECTOR
CENTERS FOR MEDICAID & CHIP SERVICES
DEPARTMENT OF HEALTH AND HUMAN SERVICES

4. PROPOSED EFFECTIVE DATE
July 1, 2026

5. FEDERAL STATUTE/REGULATION CITATION
Title 42 CFR 447 Subpart C

6. FEDERAL BUDGET IMPACT (Amounts in WHOLE dollars)
a. FFY 2026 \$ 110,750
b. FFY 2027 \$ 443,000

7. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT
Limitations on Attachment 3.1-A, Page 21
Supplement 9 to Attachment 3.1-A, Pages 1-14 (new)
Attachment 4.19-D, Pages 3, 5, 15.4c3, Table 1

8. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable)
Limitations on Attachment 3.1-A, Page 21
Attachment 4.19-D, Pages 3, 5, 15.4c3, Table 1

9. SUBJECT OF AMENDMENT
Transition of the Intermediate Care Facility for the Developmentally Disabled (ICF-DD) - Continuous Nursing (CN) from a 1915(c) Waiver benefit/setting to a Long-Term Care (LTC) benefit/setting in the State Plan, effective July 1, 2026.

10. 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:
Please note: The Governor's Office does not wish to review the State Plan Amendment.

11. SIGNATURE OF STATE AGENCY OFFICIAL

[Redacted Signature]

12. TYPED NAME
Tyler Sadwith

13. TITLE
State Medicaid Director and Chief Deputy Director

14. DATE SUBMITTED
March 19, 2026

15. RETURN TO
Department of Health Care Services
Attn: Director's Office
P.O. Box 997413, MS 0000
Sacramento, CA 95899-7413

FOR CMS USE ONLY

16. DATE RECEIVED

17. DATE APPROVED

PLAN APPROVED - ONE COPY ATTACHED

18. EFFECTIVE DATE OF APPROVED MATERIAL

19. SIGNATURE OF APPROVING OFFICIAL

20. TYPED NAME OF APPROVING OFFICIAL

21. TITLE OF APPROVING OFFICIAL

22. REMARKS

TYPE OF SERVICE	PROGRAM COVERAGE**	PRIOR AUTHORIZATION OR OTHER REQUIREMENTS*
15. Nursing Facility Level A - Intermediate Care Facility (ICF) (other than such services in an institution for mental disease)	Covered when patient is under the care of a physician who because of mental or physical conditions (above the level of board and care) requires out-of-home protective and supportive care living arrangements with 24-hour supervision and skilled nursing care on an ongoing intermittent basis. The patient must be visited by a physician at least every 60 days.	Prior authorization is required. The patient's physician must recertify patient's need for continued care every 60 days.
15a. ICF Services for Individuals with Intellectual Disabilities (ICF-/IID), ICF-/IID Habilitative (ICF-/IID H), or ICF-/IID-Nursing (ICF-/IID-N)	Covered only for individuals with intellectual disabilities or related conditions who require 24-hour personal care, habilitation, developmental, and supportive health services in a protected setting and who have a recurring but intermittent need for skilled nursing services. ICF/IID nursing services are for those who are medically fragile.	Prior authorization is required. The patient's physician must recertify patient's need for continued care on the same schedule as required for ICFs.
15.a.1. ICF Services for individuals with intellectual disabilities requiring continuous nursing (ICF/IID-CN)	ICF/IID-CN services include: IID-CN, Non-Ventilator Dependent Services (see Supplement 8 to Attachment 3.1-A for program coverage and detail) and IID-CN, Ventilator Dependent Services (see Supplement 8 to Attachment 3.1-A for program coverage and detail)	Prior authorization is required. The patient physician must recertify patient's need for continued care on the same schedule as required for ICFs.
15b. ICF services in a public institution for the mentally retarded or persons with related conditions	Covered only for individuals with intellectual disabilities or related conditions who require 24-hour personal care, habilitation, developmental, and supportive health services in a protected setting and who have a recurring but	Prior authorization is required. The patient's physician must recertify patient's need for continued care on the same schedule as required for ICFs.

* Prior authorization is not required for emergency services.

**Coverage is limited to medically necessary services.

intermittent need for skilled nursing services. ICF/IID nursing services are for those who are medically fragile.

16. Inpatient psychiatric facility services for individuals under 22 years of age

Inpatient psychiatric services in an institution for mental diseases are covered under this state plan for persons under age 21 or in certain circumstances up to the 22 years of age when the inpatient treatment is initiated prior to reaching 21 years of age.

See “1 Inpatient Hospital Services.”

Prior authorization is required for all non-emergency hospitalizations. Emergency admissions are exempt from prior authorization, but the continuation of the hospital stay beyond the admission is subject to prior authorization.

Emergency admission requires a statement from a physician or practitioner performing within his or her scope of licensure to support the emergency admission.

See “1 Inpatient Hospital Services.”

17. Nurse Midwife Services

All services permitted under scope of licensure.

Services do not require prior authorization.

18. Hospice Services

Covered when provided by a Medicare certified hospice in the same scope and duration as Medicare. Services are limited to individuals who have been certified by a physician as having a life expectancy of six months or less.

Prior authorization is required for general inpatient care. Special physicians services do not require prior authorization. Eligible adults electing hospice care agree to waive their right to receive curative services related to their terminal illness. Eligible children electing hospice care can receive concurrent palliative and curative care.

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT
STATE: California

Individuals with Intellectual Disabilities/Continuous Nursing (IID/CN), Non-Ventilator Dependent Services

I. SERVICE DEFINITION:

IID/CN, Non-Ventilator Dependent Services, also referred to as Intermediate Care Facilities for the Developmentally Disabled – Continuous Nursing (ICF/DD-CNs) are provided to participants who require 24-hour personal care, developmental services, and nursing supervision, are non-ventilator dependent and are developmentally disabled. Participants must be certified by a physician as requiring continuous skilled nursing care. Participants who are ventilator dependent may not receive IID/CN, Non-Ventilator Dependent Services. Only individuals with developmental disabilities are eligible to receive IID/CN services.

An ICF/IID-CN Providing IID/CNC Non-Ventilator Dependent Services:

An ICF/IID-CN shall employ a variety of providers and render services as indicated below. The individuals providing IID/CN Non-Ventilator Dependent services to participants shall meet all licensing requirements as specified in the Business and Professions Code. The primary services provided by an ICF/IID-CN are continuous skilled nursing care and developmental disability services and support, which must be available to participants on a 24-hour, 7-days per week basis.

Nursing Services:

1. Sufficient RN and LVN staffing to allow a minimum of four (4) hours per participant per day of non-duplicated skilled nursing, with a minimum of two (2) hours of the four (4) hours being non- duplicated RN staffing. All LVN staffing must be supervised by an RN who is available by telephone at all times.
2. Participants residing in an ICF/IID-CN residence must have available 24-hour skilled nursing services provided by or under the direct supervision of an RN. As required under California Business and Professions Code §2725, an LVN may render services under the supervision of an RN when the RN is not physically present, within their scope of practice.
3. A minimum of one RN or one LVN in the facility and awake at all times.
4. All staff rendering direct care must maintain currently required, unrevoked licenses and/or certifications and must receive ongoing training specific to the population being served.

TN No. 26-0014

Supersedes

TN No. New

Approval Date: _____

Effective Date: July 1, 2026

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT
STATE: California

5. Skilled nursing care includes:
 - a. Assistance with ADLs and IADLs
 - b. Tracheostomy and respiratory care
 - c. IV therapy
 - d. Feeding and elimination care (including tubes)
 - e. Medication administration
 - f. Skin care

Other Health Related Services:

1. In addition to skilled nursing services, an ICF/IID-CN shall provide or arrange for the following basic services, as described on a participant's care plan:
 - a. Medical supervision
 - b. Pharmacy consultation
 - c. Dietary consultation
 - d. Social services
 - e. Recreational services
 - f. Transportation to and from necessary medical appointments
 - g. Housekeeping and laundry services
 - h. Cooking and shopping
 - i. Respiratory Therapist Consultation
 - j. Any developmentally disabled-related services as specified in the participant's service plan.

2. Each participant will be assessed for needed or required services as identified by the individual, their legal representative/legally responsible adult(s), primary care physician, family, caregivers, and/or other individual at the request of the individual. The ICF/IID-CN will establish an Individualized Care Plan (ICP) to address how these services will be provided, the frequency of the services and identify the provider for those services that are not included in the IDF/IID-CN's per diem rate. The ICF/IID-CN will be responsible for arranging for such services, including counseling, physical, occupational or speech therapy, education and training for the participant and/or caregivers, assessment for and repair of durable medical equipment and off-site personal care services.

Prior to rendering any services, the provider must be enrolled as a Medi-Cal provider in compliance with state and federal law. Any services provided prior to the provider's enrollment as a Medi-Cal provider as required by state and federal law are not eligible for payment under Medi-Cal.

II. SERVICE LIMITATIONS:

IID/CN, non-ventilator dependent services are limited to the following:

TN No. 26-0014

Supersedes

TN No. New

Approval Date: _____

Effective Date: July 1, 2026

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT
STATE: California

As stated above under "Service Definition," continuous (24-hour) skilled nursing care and other necessary medical, nursing and developmental services as needed by the participant:

1. Sufficient RN and LVN staffing to allow a minimum of four (4) hours per participant per day of non-duplicated skilled nursing with a minimum of two (2) hours of the four (4) hours per participant per day being of non- duplicated RN staffing. All LVN staffing must be supervised by an RN who is available by telephone at all times.
2. Participants residing in an ICF/IID-CN must receive 24-hour skilled nursing services provided by or under the direct supervision of an RN. As required under California Business and Professions Code §2725, an LVN may render services under the supervision of an RN when the RN is not physically present, within their scope of practice.
3. A minimum of one RN or one LVN must be in the facility and awake at all times.
4. All staff rendering direct care must maintain currently required, unrevoked licenses and/or certifications and must receive ongoing training specific to the population being served.
5. The following nursing care needs are included within the scope of continuous nursing:
 - a. Assistance with ADLs and IADLs
 - b. Ventilator, tracheostomy and respiratory care
 - c. IV therapy
 - d. Feeding and elimination care (including tubes)
 - e. Medication administration
 - f. Skin care

When the direct care needs of a participant cannot be met by providing 24 hours of direct care services, the ICF/IID-CN facility must contact DHCS to discuss potential resources to meet the needs of the participant to continue to protect their health and welfare.

When a participant residing in a nursing facility is admitted to an acute care hospital, providers must bill Bed Hold (BH) days. Reimbursement for BH days is subject to the same requirements as other ICF/IID providers.

TN No. 26-0014

Supersedes

TN No. New

Approval Date: _____

Effective Date: July 1, 2026

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT
STATE: California

III. PROVIDER QUALIFICATIONS

1. Licensed as an ICF/IID-N – Annual verification by the California Department of Public Health (CDPH) Licensing and Certification Division
2. Enrolled in the Medi-Cal program as an ICF/IID-CN

As a Service Provider of Individuals with Intellectual Disabilities/Continuous Nursing (IID/CN), Non-Ventilator, the ICF/IID-CN will provide a home-like setting for individuals who choose an ICF/IID-CN as their place of residence. As a Service Provider, the ICF/IID-CN shall meet all applicable licensing standards.

An ICF/IID-CN is a residential facility licensed and regulated by the Department of Public Health, with a non-institutional, homelike environment and provides inpatient care that includes the following array of services: medical supervision, 24-hour skilled nursing services and supportive care including pharmacy, dietary, social, recreational and other services. These services are provided to participants who meet the required medical level of care criteria and are persons whose medical condition(s) are within the scope of practice for an ICF/IID-CN as follows: persons who are developmentally disabled with physical and mental disabilities that preclude independent living and self-care. Such persons may be diagnosed with a terminal illness or a life-threatening illness or may be catastrophically and severely disabled. The primary need of ICF/IID-CN residents shall be the availability of skilled nursing care on a continuous basis.

IV. LEGAL AUTHORITY AND REQUIREMENTS

1. An ICF/IID-CN shall be licensed as an ICF/IID-N in accordance with Health and Safety Code (HSC) §1250(m), [§1265 et.al.](#), [§1266 et.al.](#) and [§1268.6](#); and CCR, Title 22, Division 5, Chapter 8, Article 2; and shall provide skilled nursing services in accordance with the CCR, Title 22, §51003 and 51344.
2. Until regulations are developed specifically for ICF/IID-CN's per §1250(m), the licensed ICF/IID-Ns, providing continuous nursing services as ICF/IID-CN's, shall comply with federal certification standards for intermediate care facilities for individuals with intellectual disabilities, as specified in Sections 483.400 to 483.480, inclusive, of Title 42 of the Code of Federal Regulations, in effect immediately preceding January 1, 2018. ([HSC 1275.3\(d\)](#))
3. A facility providing continuous skilled nursing services to persons with developmental disabilities pursuant to Section 14132.20 or 14495.10 of the Welfare and Institutions Code shall apply for licensure within 90 days after the regulations become effective, and may continue to operate pursuant to those sections until its licensure application is either approved or denied. ([HSC 1250\(m\)](#))

TN No. 26-0014

Supersedes

TN No. New

Approval Date: _____

Effective Date: July 1, 2026

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT
STATE: California

4. ICF/IID-CN facilities shall provide continuous nursing care for its patients.
5. An ICF/IID-CN must be enrolled as a Medi-Cal provider and shall also meet the standards specified in Health and Safety Code §1250(m), and CCR, Title 22, §51200(a) and 51003.30 through 51000.55. Any subsequent adopted laws or regulations that exceed the ICF/IID-CN provider participant requirements shall supersede the specified CCR sections and shall be applicable to all ICF/IID-CN providers.

V. PHYSICAL PLANT AND HEALTH AND SAFETY REQUIREMENTS

1. To protect the health and safety of the participant, the physical plant of the ICF/IID-CN shall conform to the requirements of CCR, Title 22, Division 5, Chapter 8, Article 5, as described in part in the following:
 - a. Must meet all requirements of the federal ICF/MR Conditions of Participation, Physical Environment [42 CFR §483.470(a)(1) through (k)(2)].
 - b. Each ICF/IID-CN must submit an initial emergency plan for evacuation and sheltering in place, no later than 30 days following the signing of the provider contract or agreement. The emergency plan will be reviewed, revised as necessary and be submitted annually to the California Department of Public Health (CDPH) coordinator for review and approval.
 - i. The plan will include detailed written plans and procedures to meet all potential emergencies and disasters [42 CFR §483.75(m) and 483.470(h); Health and Safety Code §1336.3(b); CCR, Title 22, §73929(a) and (b)].
 - ii. The provider's "External Disaster Plan" should address those types of emergencies relevant to the residence and its geographical location; the needs of the individuals served; and the highest risks for the residence's area. The plan must consider all of the following: transportation needs, sources of emergency utilities and supplies, procedures for assigning and recalling staff, procedures for moving participants from damaged areas of the residence, provisions for the conversion of useable space, procedure for emergency transfers of patients, evacuation routes, emergency phone numbers of physicians, health facilities and local fire and Emergency Medical Technician (EMT) personnel, procedures for maintaining a record of participant movement and the method of sending all pertinent

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT
STATE: California

personal and medical information with them, security of the residence, procedures for the emergency discharge of participants, and provisions for prompt medical assessment and treatment of participants and staff as needed.

- iii. Each provider is encouraged to consult with local emergency planning officials to confirm that their plan does not conflict with the city and/or county plans.
- c. Obtain and maintain a valid fire clearance from the appropriate authority having jurisdiction over the facility, based on compliance with state regulations concerning fire and life safety, as adopted by the State Fire Marshall.
- d. The ICF/IID-CN shall be maintained as a homelike, residential setting with sufficient space to allow for the comfort and privacy of each resident and adequate space for the staff to complete their tasks.
- e. Common areas in addition to the space allotted for the residents' sleeping quarters, shall be provided in sufficient quantity to promote the socialization and recreational activities of the residents.
- f. Residents' sleeping quarters will allow sufficient space for safe storage of their property, possessions, and furnishings and still permit access for the staff to complete their necessary health care functions.
- g. Bathrooms of sufficient space and quantity shall be provided to allow for the hygiene needs of each resident and the ability of the staff to render care without spatial limitations or compromise.
- h. The facility will be maintained in good repair and shall provide a safe, clean, and healthy environment at all times. All persons shall be protected from hazards throughout the premises.

VI. DOCUMENTATION

1. All services rendered by the ICF/IID-CN shall require approval and re-approval.
2. Each ICF/IID-CN shall maintain a medical record chart for each participant in residence. This medical record shall include documentation regarding all participant contact made with facility professional personnel, current ICPs, referral requests and outcomes of said referrals and shall be available to appropriate DHCS staff for any scheduled or unscheduled visit. All facility

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT
STATE: California

documentation shall be maintained in compliance with the applicable Federal and State laws, Medi-Cal, and shall be retained by the facility for three years.

3. The ICF/IID-CN shall also maintain records to document that all requirements specified in the State Plan have been met, including those requirements related to staffing of the facility.

VII. TRAINING REQUIREMENTS

1. The ICF/IID-CN shall provide training regarding services appropriate for each participant based upon the participant's care needs, to all facility staff. Appropriate in-house supervisors shall arrange for the training of their staff to be provided by the ICF/IID-CN. Provision of this training is a requirement to be a provider and is not separately reimbursed by Medi-Cal.
2. Such training shall be conducted on a quarterly basis and shall be documented, including the information taught, attendees, and the qualifications of the instructor. The ICF/IID-CN is also responsible for providing appropriate orientation for all new facility employees.
3. CDPH's Licensing and Certification Division will be responsible for determining if the policies and procedures for training of ICF/IID-CN staff are adequate to provide and sufficient care to residents and to maintain their health and safety.
4. Prior to rendering any services under the State Plan, the provider must be enrolled as a Medi-Cal provider in compliance with state and federal law. Any services provided prior to the provider's enrollment as a Medi-Cal provider as required by state and federal law are not eligible for payment under Medi-Cal.

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT
STATE: California

Individuals with Intellectual Disabilities/Continuous Nursing Care, Ventilator Dependent Services

I. SERVICE DEFINITION:

IID/CN, Ventilator Dependent Services are provided to participants who require 24-hour personal care, developmental services, and nursing supervision, are ventilator dependent and are developmentally disabled. Participants must be certified by a physician as requiring continuous skilled nursing care and services must be available to participants 24 hours a day, 7 days a week. Participants who are non-ventilator dependent may not receive IID/CN, Ventilator Dependent Services. Only individuals with developmental disabilities are eligible to receive Individuals with Intellectual Disabilities/Continuous Nursing (IID/CN) services.

An ICF/IID-CN Providing IID/CN Services:

An ICF/IID-CN shall employ a variety of providers and render services as indicated below. The individuals providing IID/CN Ventilator Dependent services to participants shall meet all licensing requirements as specified in the Business and Professions Code. The primary services provided by an ICF/IID-CN are continuous skilled nursing care and developmental disability services and support, which must be available to participants on a 24-hour, 7-days per week basis.

Nursing Services:

1. Sufficient RN and LVN staffing to allow a minimum of four (4) hours per participant per day of non-duplicated skilled nursing, with a minimum of two (2) hours of the four (4) hours being non-duplicated RN staffing. All LVN staffing must be supervised by an RN who is available by telephone at all time.
2. Participants residing in an ICF/IID-CN residence must have available 24-hour skilled nursing services provided by or under the direct supervision of an RN. As required under California Business and Professions Code §2725, an LVN may render services under the supervision of an RN when the RN is not physically present, within their scope of practice.
3. A minimum of one RN or one LVN in the facility and awake at all times.
4. All staff rendering direct care must maintain currently required, unrevoked licenses and/or certifications and must receive ongoing training specific to the population being served.

TN No. 26-0014

Supersedes

TN No. New

Approval Date: _____

Effective Date: July 1, 2026

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT
STATE: California

5. Skilled nursing care includes:
 - a. Assistance with ADLs and IADLs
 - b. Ventilator, tracheostomy and respiratory care
 - c. IV therapy
 - d. Feeding and elimination care (including tubes)
 - e. Medication administration
 - f. Skin care

Other Health Related Services:

1. In addition to skilled nursing services, an ICF/IID-CN shall provide or arrange for the following basic services, as described on a participant's care plan:
 - a. Medical supervision
 - b. Pharmacy consultation
 - c. Dietary consultation
 - d. Social services
 - e. Recreational services
 - f. Transportation to and from necessary medical appointments
 - g. Housekeeping and laundry services
 - h. Cooking and shopping
 - i. Respiratory Therapist Consultation
 - j. Any developmentally disabled-related services as specified in the participant's service plan.

2. Each participant will be assessed for needed or required services as identified by the individual, their legal representative/legally responsible adult(s), primary care physician, family, caregivers, and/or other individual at the request of the individual. The ICF/IID-CN will establish an Individualized Care Plan (ICP) to address how these services will be provided, the frequency of the services and identify the provider for those services that are not included in the ICF/IID-CN's rate under the State Plan. The ICF/IID-CN will be responsible for arranging for such services, including counseling, physical, occupational or speech therapy, education and training for the participant and/or caregivers, assessment for and repair of durable medical equipment and off-site personal care services.

Prior to rendering any services, the provider must be enrolled as a Medi-Cal provider in compliance with state and federal law. Any services provided prior to the provider's enrollment as a Medi-Cal provider as required by state and federal law are not eligible for payment under Medi-Cal.

II. SERVICE LIMITATIONS:

IID/CN, ventilator dependent services are limited to the following:

TN No. 26-0014

Supersedes

TN No. New

Approval Date: _____

Effective Date: July 1, 2026

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT
STATE: California

As stated above under "Service Definition," continuous (24-hour) skilled nursing care and other necessary medical, nursing and developmental services as needed by the participant:

1. Sufficient RN and LVN staffing to allow a minimum of four (4) hours per participant per day of non-duplicated skilled nursing with a minimum of two (2) hours of the four (4) hours per participant per day being of non- duplicated RN staffing. All LVN staffing must be supervised by an RN, who is available by telephone at all times.
2. Participants residing in an ICF/IID-CN must receive 24-hour skilled nursing services provided by or under the direct supervision of an RN. As required under California Business and Professions Code §2725, an LVN may render services under the supervision of an RN when the RN is not physically present, within their scope of practice.
3. A minimum of one RN or one LVN must be in the facility and awake at all times.
4. All staff rendering direct care must maintain currently required, unrevoked licenses and/or certifications and must receive ongoing training specific to the population being served.
5. The following nursing care needs are included within the scope of continuous nursing:
 - a. Assistance with ADLs and IADLs
 - b. Ventilator, tracheostomy and respiratory care
 - c. IV therapy
 - d. Feeding and elimination care (including tubes)
 - e. Medication administration
 - f. Skin care

When the direct care needs of a participant cannot be met by providing 24 hours of direct care services, the facility must contact DHCS to discuss potential resources to meet the needs of the participant to continue to protect their health and welfare.

When a participant residing in a nursing facility is admitted to an acute care hospital, providers must bill Bed Hold (BH) days. Reimbursement for BH days is subject to the same requirements as other ICF/IID providers.

TN No. 26-0014

Supersedes

TN No. New

Approval Date: _____

Effective Date: July 1, 2026

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT
STATE: California

III. PROVIDER QUALIFICATIONS

1. Licensed as an ICF/IID-N – Annual verification by the California Department of Public Health (CDPH) Licensing and Certification Division
2. Enrolled in the Medi-Cal program as an ICF/IID-CN

The ICF/IID-CN will provide a home-like setting for individuals enrolled Medi-Cal who choose an ICF/IID-CN as their place of residence. As a Service Provider, the ICF/IID-CN shall meet all applicable licensing standards and will adhere to the documentation, training, and quality assurance requirements identified in the State Plan.

An ICF/IID-CN is a residential facility licensed and regulated by the Department of Public Health, with a non-institutional, homelike environment and provides inpatient care that includes the following array of services: medical supervision, 24-hour skilled nursing services and supportive care including pharmacy, dietary, social, recreational and other services. These services are provided to participants who meet the required medical level of care criteria and are persons whose medical condition(s) are within the scope of practice for an ICF/IID-CN as follows: persons who are developmentally disabled with physical and mental disabilities that preclude independent living and self-care. Such persons may be diagnosed with a terminal illness or a life-threatening illness or may be catastrophically and severely disabled. The primary need of ICF/IID-CN residents shall be the availability of skilled nursing care on a continuous basis.

IV. LEGAL AUTHORITY AND REQUIREMENTS

1. An ICF/IID-CN shall be licensed as an ICF/IID-N in accordance with Health and Safety Code (HSC) §1250(m) , [§1265 et.al.](#), [§1266 et.al.](#) and [§1268.6](#); and CCR, Title 22, Division 5, Chapter 8, Article 2; and shall provide skilled nursing services in accordance with the CCR, Title 22, §51003 and 51344.
2. Until regulations are developed specifically for ICF/IID-CN's per §1250(m), the licensed ICF/IID-Ns, providing continuous nursing services as ICF/IID-CN's, shall comply with federal certification standards for intermediate care facilities for individuals with intellectual disabilities, as specified in Sections 483.400 to 483.480, inclusive, of Title 42 of the Code of Federal Regulations, in effect immediately preceding January 1, 2018. ([HSC 1275.3\(d\)](#))
3. A facility providing continuous skilled nursing services to persons with developmental disabilities pursuant to Section 14132.20 or 14495.10 of the Welfare and Institutions Code shall apply for licensure within 90 days after the regulations become effective, and may continue to operate pursuant to those sections until its licensure application is either approved or denied. ([HSC 1250\(m\)](#))

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT
STATE: California

4. ICF/IID-CN facilities shall provide continuous nursing care for its patients.
5. An ICF/IID-CN must be enrolled as a Medi-Cal provider and shall also meet the standards specified in Health and Safety Code §1250(m), and CCR, Title 22, §51200(a) and 51003.30 through 51000.55. Any subsequent adopted laws or regulations that exceed the ICF/IID-CN provider participant requirements shall supersede the specified CCR sections and shall be applicable to all ICF/IID-CN providers.

V. PHYSICAL PLANT AND HEALTH AND SAFETY REQUIREMENTS

1. To protect the health and safety of the participant, the physical plant of the ICF/IID-CN shall conform to the requirements of CCR, Title 22, Division 5, Chapter 8, Article 5, as described in part in the following:
 - a. Must meet all requirements of the federal ICF/MR Conditions of Participation, Physical Environment [42 CFR §483.470(a)(1) through (k)(2)].
 - b. Each ICF/IID-CN must submit an initial emergency plan for evacuation and sheltering in place, no later than 30 days following the signing of the provider contract or agreement. The emergency plan will be reviewed, revised as necessary and be submitted annually to the California Department of Public Health (CDPH) coordinator for review and approval.
 - i. The plan will include detailed written plans and procedures to meet all potential emergencies and disasters [42 CFR §483.75(m) and 483.470(h); Health and Safety Code §1336.3(b); CCR, Title 22, §73929(a) and (b)].
 - ii. The provider's "External Disaster Plan" should address those types of emergencies relevant to the residence and its geographical location; the needs of the individuals served; and the highest risks for the residence's area. The plan must consider all of the following: transportation needs, sources of emergency utilities and supplies, procedures for assigning and recalling staff, procedures for moving participants from damaged areas of the residence, provisions for the conversion of useable space, procedure for emergency transfers of patients, evacuation routes, emergency phone numbers of physicians, health facilities and local fire and Emergency Medical Technician (EMT) personnel, procedures for maintaining a record

TN No. 26-0014

Supersedes

TN No. New

Approval Date: _____

Effective Date: July 1, 2026

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT
STATE: California

of participant movement and the method of sending all pertinent personal and medical information with them, security of the residence, procedures for the emergency discharge of participants, and provisions for prompt medical assessment and treatment of participants and staff as needed.

- iii. Each provider is encouraged to consult with local emergency planning officials to confirm that their plan does not conflict with the city and/or county plans.
- c. Obtain and maintain a valid fire clearance from the appropriate authority having jurisdiction over the facility, based on compliance with state regulations concerning fire and life safety, as adopted by the State Fire Marshall.
- d. The ICF/IID-CN shall be maintained as a homelike, residential setting with sufficient space to allow for the comfort and privacy of each resident and adequate space for the staff to complete their tasks.
- e. Common areas in addition to the space allotted for the residents' sleeping quarters, shall be provided in sufficient quantity to promote the socialization and recreational activities of the residents.
- f. Residents' sleeping quarters will allow sufficient space for safe storage of their property, possessions, and furnishings and still permit access for the staff to complete their necessary health care functions.
- g. Bathrooms of sufficient space and quantity shall be provided to allow for the hygiene needs of each resident and the ability of the staff to render care without spatial limitations or compromise.
- h. The facility will be maintained in good repair and shall provide a safe, clean, and healthy environment at all times. All persons shall be protected from hazards throughout the premises.

VI. DOCUMENTATION

- 1. All services rendered by the ICF/IID-CN shall require approval and re-approval.
- 2. Each ICF/IID-CN shall maintain a medical record chart for each participant in residence. This medical record shall include documentation regarding all participant contact made with facility professional personnel, current ICPs, referral requests and outcomes of said referrals and shall be available to

TN No. 26-0014

Supersedes

TN No. New

Approval Date: _____

Effective Date: July 1, 2026

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT
STATE: California

appropriate DHCS staff for any scheduled or unscheduled visit. All facility documentation shall be maintained in compliance with the applicable Federal and State laws, Medi-Cal, and shall be retained by the facility for three years.

3. The ICF/IID-CN shall also maintain records to document that all requirements specified in the State Plan have been met, including those requirements related to staffing of the facility.

VII. TRAINING REQUIREMENTS

1. The ICF/IID-CN shall provide training regarding services appropriate for each participant based upon the participant's care needs, to all facility staff. Appropriate in-house supervisors shall arrange for the training of their staff to be provided by the ICF/IID-CN. Provision of this training is a requirement to be a provider and is not separately reimbursed by Medi-Cal.
2. Such training shall be conducted on a quarterly basis and shall be documented, including the information taught, attendees, and the qualifications of the instructor. The ICF/IID-CN is also responsible for providing appropriate orientation for all new facility employees.
3. CDPH's Licensing and Certification Division will be responsible for determining if the policies and procedures for training of ICF/IID-CN staff are adequate to provide and sufficient care to residents and to maintain their health and safety.
4. Prior to rendering any services, the provider must be enrolled as a Medi-Cal provider in compliance with state and federal law. Any services provided prior to the provider's enrollment as a Medi-Cal provider as required by state and federal law are not eligible for payment under Medi-Cal.

- E. The application of the methodology described in this Attachment, with the most recent update factors and constants used to project costs, is included in an annual rate study conducted by the Department prior to August 1st each year and required by the CCR as an evidentiary base for the filing of new and/or revised regulations. This annual rate study is designated as Supplement 1, and will be provided to the Centers for Medicare and Medicaid Services (CMS) by December 31st of the rate year. The rates will become effective as provided for by the State's Budget Act, typically on August 1 of each year.
- F. If a freestanding facility's change in bedsize has an impact on the reimbursement rate, the lesser of the existing rate or the new rate shall prevail until the next general rate change. This is to deter a facility from changing bedsize groupings for the purpose of maximizing reimbursement.
- G. Notwithstanding any other provisions of this State Plan, the reimbursement rate shall be limited to the usual charges made to the general public, not to exceed the maximum reimbursement rates set forth by this Plan.
- H. Within the provisions of this Plan, the following abbreviations shall apply: NF- nursing facility; ICC/DD-intermediate care facility for the developmentally disabled; ICF/DD-H- intermediate care facility for the developmentally disabled habilitative; ICF/DD-N- intermediate care facility for the developmentally disabled nursing; ICF/DD-CNC- intermediate care facility for the developmentally disabled – continuous nursing care; STP-special treatment program; and DP- distinct part.
- I. All long term care providers shall be required to be certified as qualified to participate in the Medi-Cal program and must also meet the requirements of Section 1919 of the Social Security Act. In order to assure that reimbursement takes into account the cost of compliance with statutory requirements, NFs shall be reimbursed based on the following criteria: (Refer to Table 1 for a specific list)

1. Resident acuity:

NFs shall be reimbursed based on the provision of the following services: level A; level B; subacute - ventilator and non-ventilator dependent; and pediatric subacute -- ventilator and non-ventilator dependent. Level A services are provided to a NF resident who requires medically necessary services of relatively low intensity. Level B, subacute and pediatric subacute

TN 26-0014

Supersedes

TN 15-025

Approval Date: _____

Effective Date: July 1, 2026

- (f) DP/NP level B/pediatric subacute ... no bedsize category
- (g) NF level A ... no bedsize category
- (h) DP/NF level A ... no bedsize category
- (i) ICF/DD ... 1-59, 60+ and 60+ with a distinct part
- (j) ICF/DD-H ... 4-6 and 7-15
- (k) ICF/DD-N ... 4-6 and 7-15
- (l) ICF/DD-CNC ... 4-8
- (m) Swing-beds ... no bedsize category

4. Geographical location:

- (a) Freestanding NF levels A and B and DP/NF level A:
 - (1) Alameda, Contra Costa, Marin, Napa, San Francisco, San Mateo, Santa Clara, and Sonoma counties.
 - (2) Los Angeles county.
 - (3) All other counties.
- (b) DP/NF level B, freestanding NF level B/subacute and pediatric subacute, DP/NF level B/subacute and pediatric subacute, ICF/DDs, ICF/DD-Hs, ~~and~~ ICF/DD-Ns, and ICF/DD-CNCs... statewide.
- (c) Rural swing-beds ... statewide.

J. Special Treatment Program (STP)

For eligible Medi-Cal patients 65 years or older who receive services in an Institution for Mental Disease the STP patch rate will apply. This is flat add-on rate determined to be the additional cost for facilities to perform these services. STP does not constitute a separate level of care.

II. COST REPORTING

- A. All long term-care facilities participating in the Medi-Cal Program shall maintain, according to generally accepted accounting principles, the uniform accounting system's adopted by the State and shall submit cost reports in the manner approved by the State.
 - 1. Cost Reports are due to the State no later than 120 days after the close of each facility's fiscal year (150 days for facilities that are distinct parts of a hospital), in accordance with Medicare and Medi-Cal cost reporting.

11. Notwithstanding any other section of this Attachment, ICF/DD-CNC will be reimbursed at a per diem rate equal to the per diem rate for ICF/DD-N 4-6 in effect for the same rate year plus the amounts specified in (a) and (b) below.
 - a. The CNC add-on amount is
 - i. \$62.56 for non-ventilator dependent level of care.
 - ii. \$108.74 for ventilator dependent level of care
 - b. The amounts listed in (a) are effective for calendar year 2025 and will be increased by the California Consumer Price Index annually.

TN 26-0014
Supersedes
TN 21-0060

Approval Date: _____

Effective Date: July 1, 2026

LONG TERM CARE (LTC) CLASSES TO BE USED FOR RATE-SETTING PURPOSES

PATIENT ACUITY LEVELS	ORGANIZATION TYPE	No. of Beds	Geographical Location	Reimbursement Basis
NF LEVEL B (EXCEPT ADULT SUBACUTE AND PEDIATRIC SUBACUTE)	-Distinct Part NF	All	Statewide	*
	-Freestanding NF	All	Statewide	***
ADULT SUBACUTE: VENTILATOR DEPENDENT	-Distinct Part NF	All	Statewide	*
	-Freestanding NF	All	Statewide	***
NON-VENTILATOR DEPENDENT	-Distinct Part NF	All	Statewide	*
	-Freestanding NF	All	Statewide	***
PEDIATRIC SUBACUTE: VENTILATOR DEPENDENT	-Distinct part NF	All	Statewide	Model
	-Freestanding NF	All	Statewide	Model
NON-VENTILATOR DEPENDENT	-Distinct part NF	All	Statewide	Model
	-Freestanding NF	All	Statewide	Model
NF LEVEL A	-All	All	Los Angeles Co.	Median
		All	Bay Area**	Median
		All	All Other Counties	Median
ICF/DD	-All	1-59	Statewide	65th Percentile
		60+	Statewide	65th Percentile
ICF/DD-Hs and Ns	-All	4-6	Statewide	65th Percentile
		7-15	Statewide	65th Percentile
ICF/DD-CNCs VENTILATOR DEPENDENT NON-VENTILATOR DEPENDENT	-All	4-8	Statewide	****
RURAL SWING-BED NF LEVEL B SERVICES	-Rural Acute Hospitals	All	Statewide	Median

*DP/NF level-Bs and Subacute providers are reimbursed at either the lesser of costs as projected by the Department or the prospective median rate of the LTC class.

**Bay area is defined as San Francisco, San Mateo, Marin, Napa, Alameda, Santa Clara, Contra Costa, and Sonoma counties.

***Facility specific rate as determined by the methodology described in Supplement 4 to Attachment 4.19-D.

****ICF/DD-CNCs are reimbursed at the rate for in effect for the same rate year plus an add-on that differs for ventilator dependent and non-ventilator dependent services.

TN 26-0014
Supersedes
TN 20-0023

Approval Date: _____

Effective Date: July 1, 2026