



Medicaid and CHIP Operations Group

September 2, 2026

Tyler Sadwith, State Medicaid Director and Chief Deputy Director, Health Care Programs
California Department of Health Care Services
P.O. Box 997413, MS 0000
Sacramento, CA 95899-7413

RE: CA 1166.R02.00 Renewal

Dear Director Sadwith:

The Centers for Medicare & Medicaid Services (CMS) is approving the state's request to renew the Self-Determination Program Waiver for individuals with autism or intellectual and/or developmental disabilities. The CMS Control Number for the amendment is CA 1166.R02.00 and should be referenced on all future correspondence relating to this waiver renewal.

For this HCBS waiver, the state is adding telehealth as a service delivery option for select services, updating language related to the person-centered planning process, adding language to reflect standardization and implementation of rate structure requirements, updating the grievance process to comply with the Access Rule, updating critical incident reporting requirements, and updating performance measures based on past CMS recommendations. The effective date of the renewal is July 1, 2026.

This waiver will offer the following supports for waiver participants: Community Living Supports, Employment Supports, Homemaker, Live-in Caregiver, Prevocational Supports, Respite Services, Acupuncture Services, Chiropractic Services, Dental Services, Home Health Aide, Lenses and Frames, Occupational Therapy, Optometric/Optician Services, Physical Therapy, Psychology Services, Speech/Hearing/Language Services, Financial Management Service, Independent Facilitator, Behavioral Intervention Services, Communication Support, Community Integration Supports, Crisis Intervention and Support, Environmental Accessibility Adaptations, Family Support Services, Family/Individual Training, Housing Access Supports, Individual Training and Education, Massage Therapy, Non-Medical Transportation, Nutritional Consultation, Participant-Directed Goods and Services, Personal Emergency Response Systems, Skilled Nursing, Specialized Medical Equipment and Supplies, Technology, Training and Counseling for Unpaid Caregivers, Transition/Set-Up Expenses, and Vehicle Modifications and Adaptations.

The following number of unduplicated recipients and estimates of average per capita cost of waiver services have been approved:

Waiver Year	C Factor Estimates	D Factor Estimates	D' Factor Estimates	G Factor Estimates	G' Factor Estimates
Year 1	9,250	\$103,854.65	\$44,955.00	\$175,400.00	\$11,656.00
Year 2	12,000	\$118,045.51	\$44,955.00	\$190,600.00	\$11,656.00
Year 3	14,750	\$134,236.81	\$44,955.00	\$207,280.0	\$11,656.00
Year 4	17,500	\$152,791.65	\$44,955.00	\$225,588.00	\$11,656.00
Year 5	20,250	\$174,024.35	\$44,955.00	\$245,687.00	\$11,656.00

This approval is subject to your agreement to serve no more individuals than those indicated in “C Factor Estimates” shown in the table 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 five-year period by providing evidence and documentation of satisfactory performance and oversight.

It is important to note that CMS approval of this waiver solely addresses the state’s compliance with the applicable Medicaid authorities. CMS approval does not address the state’s independent and separate obligations under federal laws including, but not limited to, the Americans with Disabilities Act, Section 504 of the Rehabilitation Act, or the Supreme Court’s Olmstead decision.

Pursuant to section 1902(a)(30)(A) and 1902(a)(64) of the Act, states are responsible for following all applicable federal law and regulations when they claim and use federal Medicaid funds and must fully comply with all applicable Medicaid statutes and regulations. States must maintain effective systems and safeguards to prevent, detect, and address any fraud, waste, or abuse (FWA) in the delivery of and payment for Medicaid services, including referrals to law enforcement when appropriate. States should have heightened monitoring and oversight mechanisms in place featuring robust internal controls to identify and remediate all vulnerabilities.

Thank you for your cooperation during the review process. If you have any questions concerning this information, please contact me at (206) 615-3814. You may also contact Alice Hogan at Alice.Hogan@cms.hhs.gov (404) 562-7432.

Sincerely,

Original Signed by

Wendy Hill Petras, Deputy Director
Division of HCBS Operations and Oversight

cc: Nikki Lemmon, CMS
Deanna Clark, CMS
Cynthia Nanes, CMS