



DAVID MAXWELL-JOLLY  
Director

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



ARNOLD SCHWARZENEGGER  
Governor

December 24, 2009

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

Dear Ms. Nagle:

The California Department of Health Care Services (DHCS) is pleased to submit for your review and approval California's first 1915(i) State Plan Amendment (SPA) Pre-Print. The 1915(i) has been developed to provide habilitation, respite, personal care, homemaker, home health aid, and adult day health care services to the defined eligible population.

The State is seeking an effective date of October 1, 2009, for this amendment.

If you have any questions regarding this SPA, please contact Mr. Paul Miller, Chief, Long-Term Care Division, at (916) 440-7534, or by email at [Paul.Miller@dhcs.ca.gov](mailto:Paul.Miller@dhcs.ca.gov).

Sincerely,

Toby Douglas  
Chief Deputy Director  
Health Care Programs

Enclosure



## State Plan Under Title XIX of the Social Security Act

STATE/TERRITORY: CALIFORNIA**REIMBURSEMENT METHODOLOGY FOR HABILITATION SERVICES**

Habilitation services are Services 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. This service includes:

- Home-based habilitation: assistance with acquisition, retention, or improvement in skills related to activities of daily living, such as personal grooming and cleanliness, bed making and household chores, eating and the preparation of food, and the social and adaptive skills necessary to enable the individual to reside in a non-institutional setting.
- Day habilitation: assistance with acquisition, retention, or improvement in self-help, socialization and adaptive skills which may take place in a residential or non-residential setting
- Supported employment: 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. For purposes of these services, “adult” is defined as an individual 18 years of age or older. These individuals are unable to maintain this employment without an appropriate level of ongoing employment support services.
- Pre-vocational services: These services are work activity programs as 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.

TN No. 09-023  
 Supersedes  
 TN No. None

Approval Date: \_\_\_\_\_ Effective date: \_\_\_\_\_

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

---

**REIMBURSEMENT METHODOLOGY FOR RESPITE CARE**

Respite care includes 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 absence of family members;
3. 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 the family member.

Respite care can also include Voucher Respite Care. A regional center may offer vouchers to family members to allow the families to procure their own respite services. A family members is defined in State regulations (Title 17 Section 54302) as an individual who:

- Resides with a person with developmental disabilities;
- Is responsible for the 24-hour care and supervision of a person with developmental disabilities; and
- Is not a licensed or certified residential care facility or foster family home receiving funds from any public agency or regional center for the care and supervision provided.

TN No. 09-023  
Supersedes  
TN No. None

Approval Date: \_\_\_\_\_ Effective date: \_\_\_\_\_

## State Plan Under Title XIX of the Social Security Act

STATE/TERRITORY: CALIFORNIA

---

**REIMBURSEMENT METHODOLOGY FOR PERSONAL CARE SERVICES**

Personal Care Services may include a range of human assistance provided to persons with disabilities and chronic conditions of all ages which enables them to accomplish tasks that they would normally do for themselves if they did not have a disability. Assistance may be in the form of hands-on assistance (actually performing a personal care task for a person) or cuing so that the person performs the task by him/her self. Such assistance most often relates to performance of ADLs and IADLs. ADLs include eating, bathing, dressing, toileting, transferring, and maintaining continence. IADLs capture more complex life activities and include personal hygiene, light housework, laundry, meal preparation, transportation, grocery shopping, using the telephone, medication management, and money management. Personal care services can be provided on a continuing basis or on episodic occasions. Skilled services that may be performed only by a health professional are not considered personal care services.

TN No. 09-023  
Supersedes  
TN No. None

Approval Date: \_\_\_\_\_ Effective date: \_\_\_\_\_

State Plan Under Title XIX of the Social Security Act

STATE/TERRITORY: CALIFORNIA

---

**REIMBURSEMENT METHODOLOGY FOR HOMEMAKER SERVICES**

Homemaker services consist 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. Homemakers shall meet such standards of education and training as are established by the State for the provision of these activities.

TN No. 09-023  
Supersedes  
TN No. None

Approval Date: \_\_\_\_\_ Effective date: \_\_\_\_\_

State Plan Under Title XIX of the Social Security Act

STATE/TERRITORY: CALIFORNIA

---

**REIMBURSEMENT METHODOLOGY FOR HOME HEALTH AIDE SERVICES**

Home Health Aide services, as ordered by a physician and defined in 42 CFR § 409.45, may include but not be limited to personal care services, simple dressing changes, assistance with medications, assistance with activities that are directly supportive of skilled therapy services that do not require the skills of a therapist to be safely and effectively performed.

TN No. 09-023  
Supersedes  
TN No. None

Approval Date: \_\_\_\_\_ Effective date: \_\_\_\_\_

State Plan Under Title XIX of the Social Security Act

STATE/TERRITORY: CALIFORNIA

---

**REIMBURSEMENT METHODOLOGY FOR ADULT DAY HEALTH CARE SERVICES**

Adult Day Health Care Services are furnished four or more hours per day on a regularly scheduled basis, for one or more days per week, in an outpatient setting, 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.

TN No. 09-023  
Supersedes  
TN No. None

Approval Date: \_\_\_\_\_ Effective date: \_\_\_\_\_

State Plan Under Title XIX of the Social Security Act

STATE/TERRITORY: CALIFORNIA

---

**REIMBURSEMENT METHODOLOGY FOR CASE MANAGEMENT**

Case management is provided through the Targeted Case Management State Plan benefit.

TN No. 09-023

Supersedes

TN No. None

Approval Date: \_\_\_\_\_

Effective date: \_\_\_\_\_

## 1915(i) HCBS State Plan Services Administration and Operation

1. **Program Title** (*optional*): California 1915(i) HCBS State Plan Services

2. **State-wideness.** (*Select one*):

<input checked="" type="radio"/>	The State implements this supplemental benefit package statewide, per §1902(a)(1) of the Act.
<input type="radio"/>	The State implements this benefit without regard to the statewideness requirements in §1902(a)(1) of the Act. ( <i>Check each that applies</i> ):
<input type="checkbox"/>	Geographic Limitation. HCBS state plan services will only be available to individuals who reside in the following geographic areas or political subdivisions of the State. ( <i>Specify the areas to which this option applies</i> ):
<input type="checkbox"/>	Limited Implementation of Participant-Direction. HCBS state plan services will be implemented without regard to state-wideness requirements to allow for the limited implementation of participant-direction. Participant-direction is available only to individuals who reside in the following geographic areas or political subdivisions of the State. Individuals who reside in these areas may elect to direct their services as provided by the State or receive comparable services through the service delivery methods that are in effect elsewhere in the State. ( <i>Specify the areas of the State affected by this option</i> ):

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

<input type="radio"/>	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 ( <i>select one</i> ):	
<input type="radio"/>	The Medical Assistance Unit ( <i>name of unit</i> ):	
<input type="radio"/>	Another division/unit within the SMA that is separate from the Medical Assistance Unit ( <i>name of division/unit</i> )	
<input checked="" type="radio"/>	The HCBS state plan supplemental benefit package is operated by ( <i>name of agency</i> ) 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.	

**4. 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.

*(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	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
2 Assist individuals in state plan HCBS enrollment	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
3 Manage state plan HCBS enrollment against approved limits, if any	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4 Review participant service plans to ensure that state plan HCBS requirements are met	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
5 Recommend the prior authorization of state plan HCBS	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
6 Conduct utilization management functions	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
7 Recruit providers	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
8 Execute the Medicaid provider agreement	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
9 Conduct training and technical assistance concerning state plan HCBS requirements	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
10 Conduct quality monitoring of individual health and welfare and State plan HCBS program performance.	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

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

The "Other State Operating Agency" for all indicated areas above is the Department of Developmental Services (DDS). The "Contracted Entity" functions indicated above will be provided through a contract with DDS, by 21 private, non-profit corporations known as regional centers. Regional centers provide fixed points of contact in the community and coordinate and/or provide community-based services to eligible individuals.

5.  **Conflict of Interest Standards.** The State assures it has written conflict of interest standards that, at a minimum, address the conduct of individual assessments and eligibility determinations.
6.  **Appeals.** The State allows for appeals in accordance with 42 CFR 431 Subpart E.

7.  **No FFP for Room and Board.** The State has methodology to prevent claims for Federal financial participation for room and board in HCBS state plan services.

## Number Served

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

Annual Period	From	To	Projected Number of Participants
Year 1	10/1/2009	9/30/2010	40,000
Year 2	10/1/2010	9/30/2111	42,000
Year 3	10/1/2111	9/30/2012	44,000
Year 4	10/1/2112	9/30/2113	46,000
Year 5	10/1/2113	9/30/2114	48,000

**2. Optional Annual Limit on Number Served. (Select one):**

<input checked="" type="radio"/>	The State does not limit the number of individuals served during the Year.																								
<input type="radio"/>	The State chooses to limit the number of individuals served during the Year. (Specify):																								
	<table border="1" style="width: 100%;"> <thead> <tr> <th>Annual Period</th> <th>From</th> <th>To</th> <th>Annual Maximum Number of Participants</th> </tr> </thead> <tbody> <tr><td>Year 1</td><td></td><td></td><td></td></tr> <tr><td>Year 2</td><td></td><td></td><td></td></tr> <tr><td>Year 3</td><td></td><td></td><td></td></tr> <tr><td>Year 4</td><td></td><td></td><td></td></tr> <tr><td>Year 5</td><td></td><td></td><td></td></tr> </tbody> </table>	Annual Period	From	To	Annual Maximum Number of Participants	Year 1				Year 2				Year 3				Year 4				Year 5			
Annual Period	From	To	Annual Maximum Number of Participants																						
Year 1																									
Year 2																									
Year 3																									
Year 4																									
Year 5																									
<input type="checkbox"/>	The State chooses to further schedule limits within the above annual period(s). (Specify):																								

**3. Waiting List. (Select one):**

<input checked="" type="radio"/>	The State will not maintain a waiting list.
<input type="radio"/>	The State will maintain a single list for entrance to the HCBS state plan supplemental benefit package. State-established selection policies: are based on objective criteria; meet requirements of the Americans with Disabilities Act and all Medicaid regulations; ensure that otherwise eligible individuals have comparable access to all services offered in the package.

## Financial Eligibility

**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)**

<input checked="" type="radio"/>	The State does not provide HCBS state plan services to the medically needy.
<input type="radio"/>	The State provides HCBS state plan services to the medically needy (select one):
<input type="radio"/>	The State elects to waive the requirements at section 1902(a)(10)(C)(i)(III) of the Social Security Act relating to community income and resource rules for the medically needy.
<input type="radio"/>	The State does not elect to waive the requirements at section 1902(a)(10)(C)(i)(III).

## Needs-Based Evaluation/Reevaluation

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

<input type="radio"/>	Directly by the Medicaid agency
<input checked="" type="radio"/>	By Other ( <i>specify</i> ):
	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.  **Independence of Evaluators and Assessors.** The State assures that evaluators of eligibility for HCBS state plan services and assessors of the need for services are independent. They 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
  - service providers, or individuals or corporations with financial relationships with any service provider.
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*):

The individual meets the following risk factors:

- Has received, is currently receiving, or will receive habilitation services as defined in Section 1915(c)(5) of the Social Security Act (42 U.S.C. § 1396 *et seq.*) Individuals receiving services designed to restore functional skills lost after age 18, as opposed to services designed to acquire and/or maintain functional skills, do not meet this risk factor; and
- Is a client of one of California's regional centers, the nonprofit private corporations that contract with the California Department of Developmental Services to coordinate services and supports for individuals with developmental disabilities.

In addition, the individual has a need for assistance typically demonstrated by (1) a condition which results in major impairment of cognitive and/or social functioning that continues, or can be expected to continue, indefinitely, 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 in at least three of the following areas of major life activity, as appropriate to the person's age:

- Receptive and expressive language;
- Learning;
- Self-care;
- Mobility;
- Self-direction;
- Capacity for independent living;
- Economic self-sufficiency.

In making this determination, the following may be considered: evaluations and tests, including, but not limited to, intelligence tests, adaptive functioning tests, neurological and neuropsychological tests, diagnostic tests performed by a physician, and other tests or clinical evaluations that have been performed by, and are available from, other sources.

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 Between Level of Care Criteria**

<b>State Plan HCBS Needs-based eligibility criteria</b>	<b>NF</b>	<b>ICF/MR LOC</b>	<b>Hospitalization LOC</b>
<p>The individual meets the following risk factors:</p> <ul style="list-style-type: none"> <li>• Has received, is currently receiving, or will receive habilitation services as defined in Section 1915(c)(5) of the Social Security Act (42 U.S.C. § 1396 <i>et seq.</i>) Individuals receiving services designed to restore functional skills lost after age 18, as opposed to services designed to acquire and/or maintain functional skills, do not meet this risk factor; and</li> <li>• In addition, the individual has a need for assistance typically demonstrated by (1) a condition which results in major impairment of cognitive and/or social functioning that continues, or can be expected to continue, indefinitely, 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 in at least three of the following areas of</li> </ul>	<p>The individual meets the skilled nursing facility level of care and his/her condition meets the following criteria:</p> <ul style="list-style-type: none"> <li>• Need for patient observation, evaluation of treatment plans, and updating of medical orders by the responsible physician.</li> <li>• Need for constantly available nursing service in which the patient has one or more conditions needing therapeutic procedures, skilled nursing observation, skilled nursing for medication administration, and/or a physical or mental functional limitation. <ul style="list-style-type: none"> <li>a. Dressing of postsurgical wounds, decubitus ulcers, leg ulcers, etc.</li> <li>b. Tracheostomy care, nasal catheter maintenance.</li> <li>c. Indwelling catheter in conjunction with other conditions.</li> <li>d. Gastrostomy</li> </ul> </li> </ul>	<p>The individual must be diagnosed with a developmental disability 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.</p>	<p>The individual requires:</p> <ul style="list-style-type: none"> <li>• Continuous availability of facilities, services, equipment and medical and nursing personnel for prevention, diagnosis or treatment of acute illness or injury.</li> </ul>

State Plan HCBS Needs-based eligibility criteria	NF	ICF/MR LOC	Hospitalization LOC
<p>major life activity, as appropriate to the person's age:</p> <ul style="list-style-type: none"> <li>• Receptive and expressive language;</li> <li>• Learning;</li> <li>• Self-care;</li> <li>• Mobility;</li> <li>• Self-direction;</li> <li>• Capacity for independent living;</li> <li>• Economic self-sufficiency.</li> </ul>	<p>feeding or other tube feeding, e. Colostomy care for initial or debilitated patients with other conditions. f. Bladder and bowel training for incontinence.</p> <ul style="list-style-type: none"> <li>• Need for continuous/regular skilled nursing observation of: blood pressure, pulse, and respiration as indicated by the diagnosis or prescription; of skin for conditions such as decubitus ulcers, edema, color, and turgor; and careful measurement of intake and output as indicated by physician or prescription. Observation to be needed at frequent intervals throughout the 24 hours to warrant care in an SNF.</li> <li>• Severe conditions requiring medical/psychiatric /developmental nursing support and supervision.</li> <li>• Sub acute needs: Requires more intensive medical</li> </ul>		

State Plan HCBS Needs-based eligibility criteria	NF	ICF/MR LOC	Hospitalization LOC
	interventions yet not at the level of acute hospital care (e.g. ventilator dependency).		

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 determination will take into consideration the provision of the following:

1. Bedrooms which are shared by no more than two individuals, with one person in a bedroom being preferred.
2. Common living areas that are conducive for interaction between residents, and residents and their guests.
3. Residents have the opportunity to make decisions on their day-to-day activities in their home and in the community.
4. Services which meet the needs of each resident.
5. Residents have the privacy necessary for personal hygiene, dressing, and being by themselves, when they choose.

## Person-Centered Planning & Service Delivery

1.  The State assures that there is an independent assessment of individuals determined to be eligible for HCBS. The assessment is based on:
  - An objective face-to-face evaluation by a trained independent agent;
  - Consultation with the individual and others as appropriate;
  - An examination of the individual's relevant history, medical records, care and support needs, and preferences;
  - Objective evaluation of the inability to perform, or need for significant assistance to perform 2 or more ADLs (as defined in § 7702B(c)(2)(B) of the Internal Revenue Code of 1986); and
  - Where applicable, an evaluation of the support needs of the individual (or the individual's representative) to participant-direct.
2.  The State assures that, based on the independent assessment, the individualized plan of care:
  - Is developed by a person-centered process in consultation with the individual, the individual's treating physician, health care or supporting professional, or other appropriate individuals, as defined by the State, and where appropriate the individual's family, caregiver, or representative;
  - Identifies the necessary HCBS to be furnished to the individual, (or, funded for the individual, if the individual elects to participant-direct the purchase of such services);
  - Takes into account the extent of, and need for, any family or other supports for the individual;
  - Prevents the provision of unnecessary or inappropriate care;
  - Is guided by best practices and research on effective strategies for improved health and quality of life outcomes; and
  - Is reviewed at least annually 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 on a year-for-year basis.

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*):

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 on a year-for-year basis.

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*):

a) *the supports and information made available* – The service plan, commonly referred to as the individual program plan (IPP), is developed through a process of individualized needs determination, which includes gathering information from providers of services and supports, and

is prepared jointly by the planning team. Each individual is assigned a case manager to assist in the IPP development. 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](http://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* - 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/conservator, other individuals, may receive notice of the meeting and participate.

**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):*

The case manager informs the recipient and/or his or her legal representative of qualified providers of services determined necessary through the IPP planning process. Recipients may meet with qualified providers prior to the final decision regarding providers to be identified 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):*

DHCS in conjunction with DDS will annually review a sample of recipient IPPs to ensure all service plan requirements have been met.

**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)*:

<input type="checkbox"/>	Medicaid agency	<input type="checkbox"/>	Operating agency	<input type="checkbox"/>	Case manager
<input checked="" type="checkbox"/>	Other <i>(specify)</i> :	Regional centers are required to maintain service plans for a minimum of five years.			

## Services

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

<b>Service Specifications</b> (Specify a service title from the options for HCBS State plan services in Attachment 4.19-B):	
Service Title:	<b>Habilitation</b>
Service Definition (Scope):	
<p>Services 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. This service includes:</p> <ul style="list-style-type: none"> <li>• Home-based habilitation: assistance with acquisition, retention, or improvement in skills related to activities of daily living, such as personal grooming and cleanliness, bed making and household chores, eating and the preparation of food, and the social and adaptive skills necessary to enable the individual to reside in a non-institutional setting. Payments for residential habilitation are not made for room and board, the cost of facility maintenance, upkeep and improvement, other than such costs for modifications or adaptations to a facility required to assure the health and safety of residents, or to meet the requirements of the applicable life safety code. Payments will not be made for the routine care and supervision which would be expected to be provided by a family, or for activities or supervision for which a payment is made by a source other than Medicaid.</li> <li>• Day habilitation: 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 shall normally 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.             <ul style="list-style-type: none"> <li>○ Day habilitation services shall focus on enabling 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.</li> </ul> </li> <li>• Supported employment: 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. For purposes of these services, “adult” is defined as an individual 18 years of age or older. These individuals are unable to maintain this employment without an appropriate level of ongoing employment support services.             <ul style="list-style-type: none"> <li>○ The supported employment services provided under 1915(i) include:                 <ul style="list-style-type: none"> <li>▪ Group Supported Employment (defined in California Welfare and Institutions Code §4851(r).</li> <li>• Training and supervision of an individual while engaged in work in an integrated</li> </ul> </li> </ul> </li> </ul>	

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), such as:
    - 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
    - Employer intervention
  - 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 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).
- Pre-vocational services: These services are work activity programs as 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. For purposes of these services, "adult" is defined as an individual who is 18 years of age or older. Individuals receive compensation based upon their productive capacity 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 productivity in performing the task. Services are limited to:
  - Work services consisting of remunerative employment which occur no less than 50% of the client's time in program, as defined in Title 17, California Code of Regulations, Section 58820(c)(1).
  - 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, §58820(c)(2)(B)(1-5), including:
- 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
- No more than 50% of the individual's time in program can be spent in a combination of work adjustment and supportive habilitation services.
- 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*):

Specify whether the service may be provided by a  
(*check each that applies*):

- |                                     |                            |
|-------------------------------------|----------------------------|
| <input checked="" type="checkbox"/> | Relative                   |
| <input checked="" type="checkbox"/> | Legal Guardian             |
| <input checked="" type="checkbox"/> | Legally Responsible Person |

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

Provider Type ( <i>Specify</i> ):	License ( <i>Specify</i> ):	Certification ( <i>Specify</i> ):	Other Standard ( <i>Specify</i> ):
Foster Family Agency (FFA)-Certified Family Homes	FFA licensed pursuant to Health and Safety Code §§1500-1567.8.	Certified Family Homes; Title 22, CCR, § 88030	Title 17, CCR, §§ 54342(a)(68) and (a)(70); Title 22, CCR §§ 88000-88087.

Foster Family Homes	Health and Safety Code §§1500-1567.8		Title 17, CCR, §§ 54342(a)(68) and (a)(70); Title 22, CCR §§89200-89587.1
Small Family Homes	Health and Safety Code §§1500-1567.8		<p>Administrator Requirements - Applies to all community care facilities:</p> <ul style="list-style-type: none"> <li>· Criminal Record Clearance;</li> <li>· Medical assessment including TB clearance;</li> <li>· Knowledge of requirements for providing the type of care and supervision needed by clients, including ability to communicate with clients;</li> <li>· Knowledge of and ability to comply with applicable laws and regulations;</li> <li>· Ability to maintain or supervise the maintenance of financial and other records;</li> <li>· Ability to direct the work of others;</li> <li>· Ability to establish the facility's policy, program and budget;</li> <li>· Ability to recruit, employ, train, and evaluate qualified staff, and to terminate employment of staff.</li> </ul> <p>Licensee/Administrator Qualifications</p> <ul style="list-style-type: none"> <li>· Child Abuse Index Clearance;</li> <li>· At least 18 years of age;</li> <li>· 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 are not specified. The following are examples of acceptable education or training topics. Programs which can be shown to be similar are accepted:</li> <li>· Child Development;</li> <li>· Recognizing and/or dealing with learning disabilities;</li> <li>· Infant care and stimulation;</li> <li>· Parenting skills;</li> <li>· Complexities, demands and special</li> </ul>

			<p>needs of children in placement;</p> <ul style="list-style-type: none"> <li>· Building self esteem, for the licensee or the children;</li> <li>· First aid and/or CPR;</li> <li>· Record keeping;</li> <li>· Bonding and/or safeguarding of children's property;</li> <li>· Licensee rights and grievance process;</li> <li>· Licensing and placement regulations;</li> <li>· Right and responsibilities of family home providers.</li> </ul> <p>Title 17, CCR, §§ 54342(a)(68) and (a)(70); Title 22, CCR §§ 83000-83088.</p>
Group Homes	Health and Safety Code §§ 1500-1567.8		Title 17, CCR, § 54342(a)(68) and (70); Title 22, CCR, § 84000-84808
Residential Facilities for Adults or Residential Facility for the Elderly	Health and Safety Code §§1500-1569.87		<p>Administrator Requirements - Applies to all community care facilities:</p> <ul style="list-style-type: none"> <li>• Criminal Record Clearance;</li> <li>• Medical assessment including TB clearance;</li> <li>• Knowledge of requirements for providing the type of care and supervision needed by clients, including ability to communicate with clients;</li> <li>• Knowledge of and ability to comply with applicable laws and regulations;</li> <li>• Ability to maintain or supervise the maintenance of financial and other records;</li> <li>• Ability to direct the work of others;</li> <li>• Ability to establish the facility's policy, program and budget;</li> <li>• Ability to recruit, employ, train, and evaluate qualified staff, and to terminate employment of staff.</li> </ul> <p>Administrator Qualifications</p> <ul style="list-style-type: none"> <li>• At least 21 years of age;</li> <li>• High school graduation or a GED;</li> <li>• Complete a program approved by CCLD that consists of 35 hours of classroom instruction</li> </ul>

			<ul style="list-style-type: none"> <li>• 8 hrs. in laws, including resident’s personal rights, regulations, policies, and procedural standards that impact the operations of adult residential facilities;</li> <li>• 3 hrs. in business operations;</li> <li>• 3 hrs. in management and supervision of staff;</li> <li>• 5 hrs. in the psychosocial needs of the facility residents;</li> <li>• 3 hrs. in the use of community and support services to meet the resident’s needs;</li> <li>• 4 hrs. in the physical needs of the facility residents;</li> <li>• 5 hrs. in the use, misuse and interaction of drugs commonly used by facility residents;</li> <li>• 4 hrs. on admission, retention, and assessment procedures;</li> </ul> <p>Pass a standardized test, administered by the department with a minimum score of 70%.</p> <p>For a capacity of 7 - 15 clients -</p> <ul style="list-style-type: none"> <li>• 1 year work experience in residential care.</li> </ul> <p><b>ARF:</b> Title 22, CCR, §§85000-85092; <b>RCFE:</b> Title 22, CCR, §§87100-87793</p> <p>Title 17, CCR, § 54342(a)(67 and 69).</p>
Family Home Agency/Adult Family Home(AFH)		AFH Title 17, CCR, §56088	<p>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.</p> <p>Title 17, CCR, §54342(a)(28); Title 17, CCR, §§56075-56099</p>
Residential Facilities (Out of State)	Appropriate Facility License, as required by appropriate State law		<p>Provide an out-of-state residential program for the service recipient. Department approval is required per the Welfare and Institutions Code, Section 4519.</p>
Specialized Residential	Health and	Facilities meeting the	A regional center shall classify a

Facilities (DSS Licensed)	Safety Code §§1500-1567.8; or §1567.50	requirements in Welfare & Institutions Code, Sections 4684.50 – 4684.73 are certified by DDS pursuant to Health and Safety Code §1567.50	<p>vendor as a DSS Licensed-Specialized Residential Facility provider if the vendor operates a residential care facility licensed by the Department of Social Services (DSS) for individuals who require 24 hour care and supervision and whose needs cannot be appropriately met within the array of other community living options available.</p> <p>Primary services provided by a DSS Licensed-Specialized Residential Facility may include personal care and supervision services, homemaker, chore, attendant care, companion services, medication oversight (to the extent permitted under State law) and therapeutic social and recreational programming, provided in a home-like environment.</p> <p>Incidental services provided by a DSS Licensed-Specialized Residential Facility may include home health care, physical therapy, occupational therapy, speech therapy, medication administration, intermittent skilled nursing services, and/or transportation, as specified in the IPP. This vendor type provides 24-hour on-site response staff to meet scheduled or unpredictable needs in a way that promotes maximum dignity and independence, and the provision of supervision and direct care support to ensure the recipients' health, safety and well-being. Other individuals or agencies may also furnish care directly, or under arrangement with the DSS Licensed-Specialized Residential Facility, but the care provided by these other entities must supplement the care provided by the DSS Licensed-Specialized Residential Facility and does not supplant it.</p>
Residential Facilities (Supplemental Program Support)	Health and Safety Code §§ 1500-1567.8; An appropriate		Entities who employ, train, and assign personnel to provide program support services (in excess of the amount required by regulations) in a residential setting shall have staff who meet the

	business license as required by the local jurisdiction where the agency is located		following minimum requirements: a. The ability to perform the functions required in the individual plan of care; b. Demonstrated dependability and personal integrity; and c. Willingness to pursue training as necessary, based upon the individual's needs.
Supported Living Services	Business License as appropriate		Requires service design, 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 maintain current and valid licensure, certification, or registration as are legally required for the service. Also requires 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.  Title 17, CCR, §§54349; 58600-58680.
Mobility Training Services Agency	Business License		Agencies who employ, train, and assign personnel to teach individuals how to use public transportation or other modes of transportation which will enable them to move about the community independently, shall possess the following minimum requirements: 1. Appropriate business license as required by local jurisdiction; and 2. Personnel who 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: a) previous experience working with individuals with developmental

			<p>disabilities and awareness of associated problems, attitudes and behavior patterns;</p> <p>b) a valid California Driver's license and current insurance;</p> <p>c) ability to work independently with minimal supervision according to specific guidelines; and</p> <p>d) flexibility and adaptive skills to facilitate individual recipient needs.</p> <p>Title 17, CCR, § 54342(a)(47).</p>
Mobility Training Services Specialist			<p>Individuals who teach individuals how to use public transportation or other modes of transportation which enable them to move about the community independently, shall possess the following minimum requirements:</p> <ol style="list-style-type: none"> <li>1. Previous experience working with individuals with developmental disabilities and awareness of associated problems, attitudes and behavior patterns;</li> <li>2. A valid California Driver's license and current insurance;</li> <li>3. Ability to work independently, flexibility and adaptive skills to facilitate individual recipient needs.</li> </ol> <p>Title 17, CCR, §54342(a)(48).</p>
Adaptive Skills Trainer			<p>Master's degree in education, psychology, counseling, nursing, social work, applied behavior analysis, behavioral medicine, speech and language or rehabilitation; and at least one year of experience in the designing and implementation of adaptive skills training plans.</p> <p>Title 17, CCR, §54342(a)(3).</p>
Socialization Training Program: Agency; Community Integration Training Program: Agency; Community Activities Support Services.	Business License, if required by law		<p>Qualifications and training of staff per agency guidelines.</p> <ol style="list-style-type: none"> <li>1. Socialization Training Program: Program provides socialization opportunities for school age individuals.</li> <li>2. Community Integration Training Program: Program designed to provide training</li> </ol>

			<p>and skill development in conflict resolution, community participation including knowledge of, and access to community resources, interpersonal relationships, and personal habits necessary to obtain and retain employment.</p> <p>Program directors must have at least a bachelor's degree. Direct service workers may be qualified by experience.</p> <p>3. Community Activities Support Services: Provides support on a time-limited basis to accomplish various activities for recipients.</p>
Activity Center	Business License and facility license (Health and Safety Code §§ 1500-1567.8) if required by law.		<p>Requires written program design, recipient entrance and exit criteria, staff training, etc. 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.</p> <p>Staff to recipient ratio = 1:8. Title 17 CCR 54342(a)(1) Title 17 CCR, sections 56710-56756</p>
Adult Development Centers	Business License and facility license (Health and Safety Code §§ 1500-1567.8) if required by law.		<p>Requires written program design, recipient entrance and exit criteria, staff training, etc. 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.</p> <p>Staff to recipient ratio = 1:4. Staffing ratio not to exceed 1:8 for program component serving seniors. Title 17 CCR 54342(a)(6) Title 17 CCR, sections 56710-56756</p>

Behavior Management Program	Business License and facility license (Health and Safety Code §§ 1500-1567.8) if required by law.		Requires written program design, recipient entrance and exit criteria, staff training, etc. 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. Staff to recipient ratio = 1:3. Staffing ratio not to exceed 1:8 for program component serving seniors. Title 17 CCR 54342 (a)(14), Title 17 CCR sections 56710-56756
Independent Living Program	Business License if required by law.		Requires written program design, recipient entrance and exit criteria, staff training, etc. 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. Staff to recipient ratio = up to 1:3. Staffing ratio not to exceed 1:8 for program component serving seniors. Title 17 CCR 54342 (a)(35), Title 17 CCR sections 56710-56756
Infant Development Program (0-3 years old)	Health and Safety Code § 1596.7-1596.894; Welfare and Institutions Code, § 4693		Title 17, CCR, §54342(a)(37); Title 17, CCR, §§ 56760-56774 Title 17 CCR §§ 56710-56734.
Independent Living Specialist			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 least a two-year degree in a subject area related to skills training and development of program plans for eligible individuals. Title 17, CCR, §54342(a)(36)

Supplemental Day Services Program Support			A regional center shall classify a vendor as a Supplemental Day Services Program Support provider if the vendor provides or obtains time-limited, supplemental staffing in excess of the amount required by regulation.
Creative Art Program	Business License, if required by law		Program may be center based or be provided in the recipient's residence. Provider qualifications include: Program Director: Equivalent of a high school diploma and experience with persons with developmental disabilities. Direct Care Staff: Must have artistic experience as demonstrated through a resume.
Developmental Specialist		Certification by an accredited hospital as having successfully completed a one-year developmental specialist training program.	In lieu of certification, the vendor possesses a Master's Degree in Developmental Therapy from an accredited college or university.  Title 17, CCR, § 54342(a)(22).
Community Rehabilitation Program (Supported Employment)	Federal/State Tax Exempt Letter	Certification by Department of Rehabilitation and/or Commission on Accreditation for Rehabilitation Facilities	Programs must initially meet the Department of Rehabilitation Program certification standards and be accredited by CARF within four years of providing services.  Welfare and Institutions Code, § 4850 - 4867 Title 17, CCR, §§58810-58812; 58830-58834
Community Rehabilitation Program (Pre-Vocational Services, Work Activity Program)	Federal/State Tax Exempt Letter	Certification by Department of Rehabilitation and/or Commission on Accreditation for Rehabilitation Facilities	Programs must initially meet the Department of Rehabilitation Program certification standards and be accredited by CARF within four years of providing services.  Welfare and Institutions Code, § 4850 - 4867 Title 17, CCR, §§58810-58822
In-Home Day Program			Providers may include employees of community-based day, pre-vocational, or vocational programs. An in-home day program must have a provision for an annual assessment process to ensure recipient participation in this type of program remains appropriate.

Crisis Team-Evaluation and Behavioral Intervention	Business License, if required by law		The vendor provides crisis intervention services designed to support and stabilize the recipient in the recipient's current living arrangement or other appropriate setting (e.g., day program, school, community respite). This service includes, but is not limited to: consultation with parents, individuals, or providers of services to develop and implement individualized crisis treatment, as well as supplemental crisis intervention services.
Client/Parent Support Behavior Intervention Training	Licensed in accordance with Business and Professions Code as appropriate to the skilled professions of staff.	Psychologist, Behavior Analyst or, Associate Behavior Analyst (if required): Certification by the Behavior Analyst Certification Board.	Program utilizes licensed and/or certified personnel as appropriate to provide training to parents or others on the use of behavioral intervention techniques pursuant to the individual's service plan.
Crisis Intervention Facility	Health and Safety Code §§1500-1569.87;	Adult Family Home Title 17, CCR, §56088 Certified Family Homes; Title 22, CCR, § 88030 Service may be provided in any of the facility types identified previously.	<p>Administrator Requirements - Applies to all community care facilities:</p> <ul style="list-style-type: none"> <li>• Criminal Record Clearance;</li> <li>• Medical assessment including TB clearance;</li> <li>• Knowledge of requirements for providing the type of care and supervision needed by clients, including ability to communicate with clients;</li> <li>• Knowledge of and ability to comply with applicable laws and regulations;</li> <li>• Ability to maintain or supervise the maintenance of financial and other records;</li> <li>• Ability to direct the work of others;</li> <li>• Ability to establish the facility's policy, program and budget;</li> <li>• Ability to recruit, employ, train, and evaluate qualified staff, and to terminate employment of staff.</li> </ul> <p>Administrator Qualifications</p> <ul style="list-style-type: none"> <li>• At least 21 years of age;</li> <li>• High school graduation or a GED;</li> </ul>

			<ul style="list-style-type: none"> <li>• Complete a program approved by CCLD that consists of 35 hours of classroom instruction: <ul style="list-style-type: none"> <li>◦ 8 hrs. in laws, including resident's personal rights, regulations, policies, and procedural standards that impact the operations of adult residential facilities;</li> <li>◦ 3 hrs. in business operations;</li> <li>◦ 3 hrs. in management and supervision of staff;</li> <li>◦ 5 hrs. in the psychosocial needs of the facility residents;</li> <li>◦ 3 hrs. in the use of community and support services to meet the resident's needs;</li> <li>◦ 4 hrs. in the physical needs of the facility residents;</li> <li>◦ 5 hrs. in the use, misuse and interaction of drugs commonly used by facility residents;</li> <li>◦ 4 hrs. on admission, retention, and assessment procedures;</li> </ul> </li> <li>• Pass a standardized test, administered by the department with a minimum score of 70%.</li> </ul> <p>For a capacity of 7 - 15 clients - 1 year work experience in residential care.</p>
Behavior Analyst	Licensed in accordance with Business and Professions Code as appropriate to the skilled professions staff.	Certification by the Behavior Analyst Certification Board.	Title 17, CCR, § 54342(a)(11)
Associate Behavior Analyst		Certification by the Behavior Analyst Certification Board	Works under the direct supervision of a Behavior Analyst or Behavior Management Consultant. Title 17, CCR, § 54342(a)(8)
Behavior Management Assistant	Psychology assistant; Associate Licensed		Bachelor of Arts or Science and either 12 semester units in applied behavior analysis and one year of experience in designing or implementing behavior

	Clinical Social Worker Business and Professions Code §2913; §4996-4996.2		modification intervention services; or two years experience in designing or implementing behavior modification intervention services. Title 17, CCR, § 54342(a)(12).
Behavior Management Consultant	Psychologist, Licensed Clinical Social Worker, Marriage, Family Child Counselor. Business and Professions Code, §2940-2948; §4996-4996.2, §4980-4981		In addition to a license as a clinical social worker, a psychiatric social worker shall have two years post master's experience in a mental health setting. Title 17, CCR, § 54342(a)(13)

<b>Verification of Provider Qualifications</b> (For each provider type listed above. Copy rows as needed):		
Provider Type (Specify):	Entity Responsible for Verification (Specify):	Frequency of Verification (Specify):
All habilitation providers	Vendored by the regional center in accordance with Title 17, CCR, §§ 54310 and 54326.	Verified upon application for vendorization and ongoing thereafter through oversight and monitoring activities.
Licensed Community Care Facilities Department of Developmental Services (DDS) certified facilities	Department of Social Services – Community Care Licensing Division (DSS-CCLD) and regional centers DDS	Annually  Every six months
Family Home Agency/Adult Family Home (AFH)	Family Home Agency –by regional centers and DDS AFH –by the Family Home Agency, regional centers and DDS	Annually for Family Home Agency  At least annually
Community Rehabilitation Program (Supported Employment and Pre-Vocational services)	Commission on Accreditation of Rehabilitation Facilities (CARF)	Within four years at start-up; every one to three years thereafter
<b>Service Delivery Method.</b> (Check each that applies):		

---

<input type="checkbox"/>	Participant-directed	<input checked="" type="checkbox"/>	Provider managed
--------------------------	----------------------	-------------------------------------	------------------

<b>Service Specifications</b> <i>(Specify a service title from the options for HCBS State plan services in Attachment 4.19-B):</i>	
<b>Service Title:</b>	<b>Respite Care</b>
<b>Service Definition (Scope):</b>	
<p>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:</p> <ol style="list-style-type: none"> <li>1. Assist family members in maintaining the recipient at home;</li> <li>2. Provide appropriate care and supervision to protect the recipient's safety in the absence of family members;</li> <li>3. Relieve family members from the constantly demanding responsibility of caring for a recipient; and</li> <li>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 the family member.</li> </ol> <p>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.</p> <p>Respite care will be provided in the following locations:</p> <ul style="list-style-type: none"> <li>• Individual's home or place of residence</li> <li>• Family member's home</li> <li>• Respite care facility licensed by CCLD such as an Adult Residential Facility, Residential Care Facility for the Elderly, Small Family Home, Group Home, or Foster Family Home</li> <li>• Other community care residential facility approved by the State that is not a private residence, such as: <ul style="list-style-type: none"> <li>○ Adult Family Homes</li> <li>○ Certified Family Homes</li> <li>○ Adult Day Care Facility</li> <li>○ Child Day Care Facility</li> <li>○ Licensed Preschool</li> </ul> </li> </ul> <p>Voucher Respite Care: A regional center may offer vouchers to family members to allow the families to procure their own respite services. A family members is defined in State regulations (Title 17 Section 54302) as an individual who:</p> <ul style="list-style-type: none"> <li>• Resides with a person with developmental disabilities;</li> <li>• Is responsible for the 24-hour care and supervision of a person with developmental disabilities; and</li> <li>• Is not a licensed or certified residential care facility or foster family home receiving funds from any public agency or regional center for the care and supervision provided.</li> </ul> <p>When vouchers are issued they shall be used in lieu of, and shall not exceed the cost of, services the</p>	

regional center would otherwise provide and be issued only for services which are unavailable from generic agencies. This is an option that may be selected instead of respite provided by staff hired by an authorized agency through the regional center. Voucher respite care may be provided only if approved in the recipient's plan of care (IPP). Services under this option will be administered as follows:

1. The vendored family member will select and train an individual to render respite services. Services may also be obtained from a respite agency, residential or day care facility, or preschool [out-of-home respite], or respite facility.
2. The vendored family member signs an agreement with the regional center acknowledging responsibility for compliance with caregiver qualifications (see below) and Internal Revenue Service laws.
3. The regional center issues the vouchers to the family based on the number of authorized hours of service pursuant to the IPP.

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*):  
Unless an exemption is granted by the regional center, in-home respite may be provided up to a maximum of 90 hours in a quarter. Additionally, unless an exemption is granted by the regional center, out-of-home respite may be provided up to a maximum of 21 days in a fiscal year.

Medically needy (*specify limits*):

Specify whether the service may be provided by a  
(*check each that applies*):

<input checked="" type="checkbox"/>	Relative
<input checked="" type="checkbox"/>	Legal Guardian
<input checked="" type="checkbox"/>	Legally Responsible Person

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

Provider Type ( <i>Specify</i> ):	License ( <i>Specify</i> ):	Certification ( <i>Specify</i> ):	Other Standard ( <i>Specify</i> ):
Respite-Individual			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. Title 17, CCR, § 54342(a)(40)
Respite-Service Agency	Business License		Title 17, CCR, § 54342(a)(39) and §§ 56780-56802
Adult Day Care Facility	Health and Safety Code §§ 1500 - 1567.8		The administrator shall have the following qualifications: 1. Attainment of at least 18 years of age. 2. Knowledge of the requirements for providing the type of care and supervision needed by clients, including ability to communicate with such clients. 3. Knowledge of and ability to comply with applicable law and regulation.

			<p>4. Ability to maintain or supervise the maintenance of financial and other records.</p> <p>5. Ability to direct the work of others, when applicable.</p> <p>6. Ability to establish the facility's policy, program and budget.</p> <p>7. Ability to recruit, employ, train, and evaluate qualified staff, and to terminate employment of staff, if applicable to the facility.</p> <p>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</p> <p>9. 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 following:</p> <p>A. Care and supervision of recipients in a licensed adult day care facility, adult day support center or an adult day health care facility.</p> <p>B. Care and supervision of one or more of the categories of persons to be served by the center.</p> <p>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.</p> <p>Title 17, CCR, § 54342(a)(4). Title 22, CCR, §§ 80064 and 82064.</p>
Child Day Care Facility	Health and Safety Code §§ 1596.90 – 1597.621		<p>The administrator shall have the following qualifications:</p> <ol style="list-style-type: none"> <li>1. Attainment of at least 18 years of age.</li> <li>2. Knowledge of the requirements for providing the type of care and supervision children need and the ability to communicate with such children.</li> <li>3. Knowledge of and ability to comply with applicable law and regulation.</li> <li>4. Ability to maintain or supervise the maintenance of financial and other records.</li> </ol>

			<p>5. Ability to establish the center's policy, program and budget.</p> <p>5. Ability to recruit, employ, train, direct and evaluate qualified staff.</p> <p>Title 17, CCR, § 54342(a)(16). Title 22, CCR, §§ 101151- and 102424.</p>
Respite Facility; Residential Facility	Health and Safety Code §§ 1500-1567.8	<p>Adult Family Home Title 17, CCR, §56088 Certified Family Homes; Title 22, CCR, § 88030</p> <p>Respite may be provided in any of the facility types identified under "Habilitation."</p>	<p>Administrator Requirements - Applies to all community care facilities:</p> <ul style="list-style-type: none"> <li>• Criminal Record Clearance;</li> <li>• Medical assessment including TB clearance;</li> <li>• Knowledge of requirements for providing the type of care and supervision needed by clients, including ability to communicate with clients;</li> <li>• Knowledge of and ability to comply with applicable laws and regulations;</li> <li>• Ability to maintain or supervise the maintenance of financial and other records;</li> <li>• Ability to direct the work of others;</li> <li>• Ability to establish the facility's policy, program and budget;</li> <li>• Ability to recruit, employ, train, and evaluate qualified staff, and to terminate employment of staff.</li> </ul> <p>Administrator Qualifications</p> <ul style="list-style-type: none"> <li>• At least 21 years of age;</li> <li>• High school graduation or a GED;</li> <li>• Complete a program approved by CCLD that consists of 35 hours of classroom instruction</li> <li>• 8 hrs. in laws, including resident's personal rights, regulations, policies, and procedural standards that impact the operations of adult residential facilities;</li> <li>• 3 hrs. in business operations;</li> <li>• 3 hrs. in management and supervision of staff;</li> <li>• 5 hrs. in the psychosocial needs of the facility residents;</li> <li>• 3 hrs. in the use of community and support services to meet the resident's needs;</li> <li>• 4 hrs. in the physical needs of the</li> </ul>

			<p>facility residents;</p> <ul style="list-style-type: none"> <li>• 5 hrs. in the use, misuse and interaction of drugs commonly used by facility residents;</li> <li>• 4 hrs. on admission, retention, and assessment procedures;</li> <li>• Pass a standardized test, administered by the department with a minimum score of 70%.</li> </ul> <p>For a capacity of 7 - 15 clients -</p> <ul style="list-style-type: none"> <li>• 1 year work experience in residential care.</li> </ul> <p>Out of home respite: Title 17, CCR, § 54342(a)(58). Respite Facility: Title 17, CCR § 54342(a)(72)</p>
Vouchered Respite Care		First aide and/or CPR if required in the recipient's service plan	<p>Vouchered respite care must be provided by an individual who (a) is at least 18 years of age or (b) possesses the skill, training, or education necessary to provide the respite service. To the extent that the individual's specialized support needs require additional training or certification in such things as First Aid, Cardiopulmonary Resuscitation (CPR), etc., these needs and requirements will be included as part of the description of respite care needs in the individual's plan of care. Respite may also be provided by an agency that meets the criteria specified in Section 54342 (a)(38).</p> <p>For out-of-home respite services, a facility which meets the standards specified in Section 54342(a)(58) or (72). Title 17, CCR § 54355(g)(4)</p>

**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	Vendored by the regional center in accordance with Title 17, CCR, §§ 54310 and 54326	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

<b>Service Delivery Method.</b> (Check each that applies):	
<input type="checkbox"/> Participant-directed	<input checked="" type="checkbox"/> Provider managed

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

Service Title: **Personal Care Services**

Service Definition (Scope):

Personal Care Services may include a range of human assistance provided to persons with disabilities and chronic conditions of all ages which enables them to accomplish tasks that they would normally do for themselves if they did not have a disability. Assistance may be in the form of hands-on assistance (actually performing a personal care task for a person) or cuing so that the person performs the task by him/her self. Such assistance most often relates to performance of ADLs and IADLs. ADLs include eating, bathing, dressing, toileting, transferring, and maintaining continence. IADLs capture more complex life activities and include personal hygiene, light housework, laundry, meal preparation, transportation, grocery shopping, using the telephone, medication management, and money management. Personal care services can be provided on a continuing basis or on episodic occasions. Skilled services that may be performed only by a health professional are not considered personal care 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):  
1915(i) Personal Care Services will be a continuation of services beyond the scope and duration of the Personal Care Services Program benefit.

Medically needy (specify limits):

Specify whether the service may be provided by a (check each that applies):

<input checked="" type="checkbox"/>	Relative
<input checked="" type="checkbox"/>	Legal Guardian
<input checked="" type="checkbox"/>	Legally Responsible Person

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

Provider Type (Specify):	License (Specify):	Certification (Specify):	Other Standard (Specify):
Personal Assistance	Business License, if required by law		Provides personal assistance and support to ambulatory and non-ambulatory recipients.
Personal Emergency Response Systems	Business License as appropriate	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

			<p>such a manufacturer's authorization program exists.</p> <p>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.</p>
<u>Assistive Technology Vehicle Modification and Adaptations</u>	Business License as appropriate	Certification/registration as appropriate for the services being purchased.	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.

**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	Vendored by the regional center in accordance with Title 17, CCR §§ 54310 and 54326.	Upon application for vendorization
<u>Assistive Technology Vehicle Modification and Adaptations</u>	Vendored by the regional center in accordance with Title 17, CCR §§ 54310 and 54326.	Upon application for vendorization

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

<input type="checkbox"/>	Participant-directed	<input checked="" type="checkbox"/>	Provider managed
--------------------------	----------------------	-------------------------------------	------------------

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

Service Title:	<b>Homemaker</b>
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. Homemakers shall meet	

such standards of education and training as are established by the State for the provision of these activities.

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 scope and duration of the Personal Care Services Program benefit.

Medically needy (*specify limits*):

Specify whether the service may be provided by a ( <i>check each that applies</i> ):	<input checked="" type="checkbox"/>	Relative
	<input checked="" type="checkbox"/>	Legal Guardian
	<input checked="" type="checkbox"/>	Legally Responsible Person

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

Provider Type ( <i>Specify</i> ):	License ( <i>Specify</i> ):	Certification ( <i>Specify</i> ):	Other Standard ( <i>Specify</i> ):
Individual			Individual providers of homemaker services shall have the ability to maintain, strengthen, and safeguard the care of individuals in their homes. Title 17, CCR, §54342(a)(33).
Service Agency	Business License		Title 17, CCR, §54342(a)(34).

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

Provider Type ( <i>Specify</i> ):	Entity Responsible for Verification ( <i>Specify</i> ):	Frequency of Verification ( <i>Specify</i> ):
Individual and Service Agency	Vendored by the regional center in accordance with Title 17, CCR §§ 54310 and 54326.	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:	<b>Home Health Aide</b>
Service Definition (Scope):	
Services, as ordered by a physician, defined in 42 CFR § 409.45 that may include but not be limited to personal care services, simple dressing changes, assistance with medications, assistance with activities that are directly supportive of skilled therapy services that do not require the skills of a therapist to be safely and effectively performed.	

Additional needs-based criteria for receiving the service, if applicable ( <i>specify</i> ):			
Specify limits (if any) on the amount, duration, or scope of this service for ( <i>chose each that applies</i> ):			
<input checked="" type="checkbox"/>	Categorically needy ( <i>specify limits</i> ):		
	1915(i) Home Health Aide services will be a continuation of services beyond the existing State Plan benefit.		
<input type="checkbox"/>	Medically needy ( <i>specify limits</i> ):		
Specify whether the service may be provided by a ( <i>check each that applies</i> ):		<input checked="" type="checkbox"/>	Relative
		<input checked="" type="checkbox"/>	Legal Guardian
		<input checked="" type="checkbox"/>	Legally Responsible Person
<b>Provider Qualifications</b> ( <i>For each type of provider. Copy rows as needed</i> ):			
Provider Type ( <i>Specify</i> ):	License ( <i>Specify</i> ):	Certification ( <i>Specify</i> ):	Other Standard ( <i>Specify</i> ):
Home Health Agency;  Home Health Aide	Health and Safety Code §§1725-1742	HHA: Medi-Cal certification using Medicare standards, Title 22, CCR, §51217.  CHHA: Title 22, CCR, § 74745	Home Health Aide: Complete a training program approved by the Department of Health Care Services and is certified pursuant to Health and Safety Code § 1736.1.  HHA: Title 22, CCR, § 74600 et. Seq; Title 17, CCR, §54342(a)(31).  CHHA: Title 22, CCR, §§ 74745-74749; Title 17, CCR §54342(a)(32)
<b>Verification of Provider Qualifications</b> ( <i>For each provider type listed above. Copy rows as needed</i> ):			
Provider Type ( <i>Specify</i> ):	Entity Responsible for Verification ( <i>Specify</i> ):	Frequency of Verification ( <i>Specify</i> ):	
Home Health Agency; Home Health Aide	California Department of Public Health  Vendored by the regional center in accordance with Title 17, CCR, §§ 54310 and 54326.	No less than every three years  Verified upon application for vendorization and ongoing thereafter through oversight and monitoring activities.	
<b>Service Delivery Method.</b> ( <i>Check each that applies</i> ):			
<input type="checkbox"/>	Participant-directed	<input checked="" type="checkbox"/>	Provider managed
<b>Service Specifications</b> ( <i>Specify a service title from the options for HCBS State plan services in Attachment 4.19-B</i> ):			

Service Title:		<b>Adult Day Health Care</b>	
Service Definition (Scope):			
<p>Services furnished four or more hours per day on a regularly scheduled basis, for one or more days per week, in an outpatient setting, 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.</p> <p>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.</p>			
Additional needs-based criteria for receiving the service, if applicable ( <i>specify</i> ):			
Specify limits (if any) on the amount, duration, or scope of this service for ( <i>chase each that applies</i> ):			
<input checked="" type="checkbox"/>	Categorically needy ( <i>specify limits</i> ):		
	1915(i) Adult Day Health Care services will be a continuation of services beyond State Plan limitations up to a maximum of five days per week.		
<input type="checkbox"/>	Medically needy ( <i>specify limits</i> ):		
Specify whether the service may be provided by a ( <i>check each that applies</i> ):		<input checked="" type="checkbox"/>	Relative
		<input checked="" type="checkbox"/>	Legal Guardian
		<input checked="" type="checkbox"/>	Legally Responsible Person
<b>Provider Qualifications</b> ( <i>For each type of provider. Copy rows as needed</i> ):			
Provider Type ( <i>Specify</i> ):	License ( <i>Specify</i> ):	Certification ( <i>Specify</i> ):	Other Standard ( <i>Specify</i> ):
Adult Day Health Care Center	Health and Safety Code §§1570-1596.5	Title 22, CCR, §54301	Title 22, CCR, §§ 78201-78233 Title 17, CCR, §54342(a)(5).
<b>Verification of Provider Qualifications</b> ( <i>For each provider type listed above. Copy rows as needed</i> ):			
Provider Type ( <i>Specify</i> ):	Entity Responsible for Verification ( <i>Specify</i> ):	Frequency of Verification ( <i>Specify</i> ):	
Adult Day Health Care Center	California Department of Aging  Vendored by the regional center in accordance with Title 17, CCR, §§ 54310 and 54326.	At least every two years  Verified upon application for vendorization and ongoing thereafter through oversight and monitoring activities.	
<b>Service Delivery Method.</b> ( <i>Check each that applies</i> ):			
<input type="checkbox"/>	Participant-directed	<input checked="" type="checkbox"/>	Provider managed

<b>Service Specifications</b> ( <i>Specify a service title from the options for HCBS State plan services in Attachment 4.19-B</i> ):			
Service Title:	<b>Case Management</b>		
Service Definition (Scope):			
Case management is provided through the Targeted Case Management State Plan benefit.			
Additional needs-based criteria for receiving the service, if applicable ( <i>specify</i> ):			
Specify limits (if any) on the amount, duration, or scope of this service for ( <i>chose each that applies</i> ):			
<input type="checkbox"/>	Categorically needy ( <i>specify limits</i> ):		
<input type="checkbox"/>	Medically needy ( <i>specify limits</i> ):		
Specify whether the service may be provided by a ( <i>check each that applies</i> ):		<input type="checkbox"/>	Relative
		<input type="checkbox"/>	Legal Guardian
		<input type="checkbox"/>	Legally Responsible Person
<b>Provider Qualifications</b> ( <i>For each type of provider. Copy rows as needed</i> ):			
Provider Type ( <i>Specify</i> ):	License ( <i>Specify</i> ):	Certification ( <i>Specify</i> ):	Other Standard ( <i>Specify</i> ):
<b>Verification of Provider Qualifications</b> ( <i>For each provider type listed above. Copy rows as needed</i> ):			
Provider Type ( <i>Specify</i> ):	Entity Responsible for Verification ( <i>Specify</i> ):	Frequency of Verification ( <i>Specify</i> ):	

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

<input type="radio"/>	The State does not make payment to legally responsible individuals, other relatives or legal guardians for furnishing state plan HCBS.
<input checked="" type="radio"/>	The State makes payment to ( <i>check each that applies</i> ):
<input checked="" type="checkbox"/>	<b>Legally Responsible Individuals.</b> The State makes payment to legally responsible individuals under specific circumstances and only when the relative is qualified to furnish services. ( <i>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</i> ):
	Any of the services identified in this SPA may be provided by a recipient's conservator if the

	<p>conservator meets all specified provider qualifications. The selection of the conservator as a provider will only be done pursuant to applicable law and the assessment and person centered planning process. Regional centers will monitor service provision and payment.</p>
<input checked="" type="checkbox"/>	<p><b>Relatives.</b> The State makes payment to relatives under specific circumstances and only when the relative is qualified to furnish services. <i>(Specify: (a) the types of relatives who may be paid to furnish such services, and the services they may provide, (b) the specific 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):</i></p> <p>Any of the services identified in this SPA may be provided by a recipient's relative if the relative meets all specified provider qualifications. The selection of the relative as a provider will only be done pursuant to applicable law and the assessment and person centered planning process. Regional centers will monitor service provision and payment.</p>
<input checked="" type="checkbox"/>	<p><b>Legal Guardians.</b> The State makes payment to legal guardians under specific circumstances and only when the guardian is qualified to furnish services. <i>(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):</i></p> <p>Any of the services identified in this SPA may be provided by a recipient's legal guardian if the legal guardian meets all specified provider qualifications. The selection of the legal guardian as a provider will only be done pursuant to applicable law and the assessment and person centered planning process. Regional centers will monitor service provision and payment.</p>
<input type="checkbox"/>	<p><b>Other policy.</b> <i>(Specify):</i></p>

## 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):

<input checked="" type="radio"/>	The State does not offer opportunity for participant-direction of state plan HCBS.
<input type="radio"/>	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.
<input type="radio"/>	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. <i>(Specify criteria):</i>

**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):

**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
	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>

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

<input type="radio"/>	Financial Management is not furnished. Standard Medicaid payment mechanisms are used.
<input type="radio"/>	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):*

<input type="radio"/>	The State does not offer opportunity for participant-employer authority.
<input type="radio"/>	Participants may elect participant-employer Authority <i>(Check each that applies):</i>
<input type="checkbox"/>	<b>Participant/Co-Employer.</b> 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.
<input type="checkbox"/>	<b>Participant/Common Law Employer.</b> 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.

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

<input type="radio"/>	The State does not offer opportunity for participants to direct a budget.
<input type="radio"/>	Participants may elect Participant–Budget Authority.
	<b>Participant-Directed Budget.</b> <i>(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):</i>
	<b>Expenditure Safeguards.</b> <i>(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):</i>

## Quality Management Strategy

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

<b>Requirement</b>	<b>Monitoring Activity (What)</b>	<b>Monitoring Responsibilities (Who)</b>	<b>Evidence (Data Elements)</b>	<b>Management Reports (Yes/No)</b>	<b>Frequency (Mos/Yrs)</b>
Service plans address assessed needs of enrolled participants, are updated annually, and document choice of services and providers.	1. A representative sample of IPPs will be reviewed annually to ensure all requirements are met.  2. All recipient's IPPs reviewed at least annually	1. DDS and DHCS  2. Regional centers	1. Results of sample IPP reviews.  2. Documentation of annual IPP reviews.	Yes	Annually
Providers meet required qualifications	1. Vendorization by the regional center in accordance with Title 17, CCR, §§ 54310 and 54326  2. Sample reviews of providers conducted by state staff.  3. Monitoring of Facilities licensed by DSS-CCLD.	1. Regional centers  2. DDS/DHCS  3.a. DSS-CCLD  3.b Regional centers  3.c. DDS - for	1. Vendor file maintained at regional center.  2. Results of sample reviews  3.a. Facilities Automated System tracks annual visit dates  3.b. Facility review reports  3.c. facility review		1. upon application for vendorization and ongoing thereafter through oversight and monitoring activities. 2. Biennially 3.a, b Annually  3.c. Every six

TN No. 09-023  
Supersedes  
TN No. NONE

Approval Date: \_\_\_\_\_

Effective Date: \_\_\_\_\_

<b>Requirement</b>	<b>Monitoring Activity</b> <i>(What)</i>	<b>Monitoring Responsibilities</b> <i>(Who)</i>	<b>Evidence</b> <i>(Data Elements)</i>	<b>Management Reports</b> <i>(Yes/No)</i>	<b>Frequency</b> <i>(Mos/Yrs)</i>
	<p>4. Commission on Accreditation of Rehabilitation Facilities (CARF) process for supported employment and pre-vocational programs.</p> <p>5. Monitoring of providers licensed/certified by the California Department of Public Health (CDPH)</p>	<p>facilities certified by DDS</p> <p>4. CARF</p> <p>5. CDPH; California Department of Aging for Adult Day Health Care Facilities.</p>	<p>reports</p> <p>4. Accreditation reports and conformance of quality reports</p> <p>5. Certification survey reports</p>		<p>months</p> <p>4. Within four years initially, then every one to three years</p> <p>5. Every two to three years depending on provider type.</p>
The SMA retains authority and responsibility for program operations and oversight.	<p>1. IPP reviews</p> <p>2. Review and approve required reports.</p> <p>3. Review, negotiate and approve amendment requests for the inter-agency agreement (IA).</p> <p>4. Review HCBS-related policies, procedures, and</p>	DHCS	<p>1. Results of sample IPP reviews</p> <p>2. Documentation of report approval</p> <p>3. IA approval</p> <p>4. Documentation of policy and/or procedure review.</p>		<p>1. Annually</p> <p>2. As required</p> <p>3. As required</p> <p>4. As required</p>

TN No. 09-023

Approval Date: \_\_\_\_\_

Effective Date: \_\_\_\_\_

Supersedes

TN No. NONE

<b>Requirement</b>	<b>Monitoring Activity</b> <i>(What)</i>	<b>Monitoring Responsibilities</b> <i>(Who)</i>	<b>Evidence</b> <i>(Data Elements)</i>	<b>Management Reports</b> <i>(Yes/No)</i>	<b>Frequency</b> <i>(Mos/Yrs)</i>
	regulations that are developed by and received from DDS.				
The SMA maintains financial accountability through payment of claims for services that are authorized and furnished to enrolled participants by qualified providers.	1. Fiscal Audits of regional centers	1. DDS. DHCS staff review working papers prepared by DDS audit staff of regional centers on a sample basis.	1. Audit Reports	1. Yes	1. Biennially
	2. Vendor audits	2. DDS and regional centers. DHCS conducts, on an annual basis, a random sample review of the regional center vendor audit reports.	2. Audit Reports	2. Yes	2. Ongoing
	3. Review of Independent CPA regional center audits	3. DHCS, DDS	3. Independent CPA audit report		3. Annually
	4. Verification of recipient eligibility.	4. DHCS, DDS, Regional Centers	4. Medi-Cal eligibility match, invoice reports, evaluation, reevaluation documentation		4. Monthly
	5. Invoice tracking, payment and	5. DHCS	5. Tracking logs		5. Monthly

TN No. 09-023

Approval Date: \_\_\_\_\_

Effective Date: \_\_\_\_\_

Supersedes

TN No. NONE

<b>Requirement</b>	<b>Monitoring Activity (What)</b>	<b>Monitoring Responsibilities (Who)</b>	<b>Evidence (Data Elements)</b>	<b>Management Reports (Yes/No)</b>	<b>Frequency (Mos/Yrs)</b>
	reconciliation processes				
The State identifies, addresses and seeks to prevent incidents of abuse, neglect, and exploitation, including the use of restraints.	<p>1. IPPs are developed that address all recipient needs, including health and welfare.</p> <p>2. Review of special incident reports (SIRs)</p> <p>3. Review and analysis of SIR data to identify trends.</p>	<p>1. Regional centers, DDS, DHCS</p> <p>2. DDS, regional centers</p> <p>3. DDS, independent risk management contractor</p>	<p>1. Results of IPP reviews.</p> <p>2. Incident report data base</p> <p>3. DDS and risk management contractor reports. Technical assistance and/or information provided as a result of the analysis. Summary of risk management activities sent to DHCS.</p>	Yes	<p>1. Annually</p> <p>2. Daily</p> <p>3. Periodic</p>
Describe the process(es) for remediation and systems improvement.	In order to achieve performance expectations, the State conducts monitoring and oversight, provides training and technical assistance, develops and disseminates resource materials and continually devises strategies and innovations to build capacity and capability. Examples of existing strategies are the national core indicators project, direct service professional training, and the statewide risk mitigation contract.				

TN No. 09-023

Approval Date: \_\_\_\_\_

Effective Date: \_\_\_\_\_

Supersedes

TN No. NONE

<b>Requirement</b>	<b>Monitoring Activity</b> <i>(What)</i>	<b>Monitoring Responsibilities</b> <i>(Who)</i>	<b>Evidence</b> <i>(Data Elements)</i>	<b>Management Reports</b> <i>(Yes/No)</i>	<b>Frequency</b> <i>(Mos/Yrs)</i>
	<p>The following types of data is used to monitor and measure systems improvement(s): Recipient demographics, diagnostic information, service utilization and special incidents; provider demographics and rates; and, compliance information such as fiscal audits, regulatory compliance, risk management mitigation, complaint information, fair hearings and monitoring reports.</p> <p>From among the data sources, DDS has selected specific performance measures that can show whether the performance expectations of regional centers have been met. Performance is measured and reported on a routine basis to DHCS and other oversight entities. In addition, the department will utilize its information sources to (a) report facts, (b) analyze trends and correlations and (c) issue special reports.</p>				

TN No. 09-023  
 Supersedes  
 TN No. NONE

Approval Date: \_\_\_\_\_

Effective Date: \_\_\_\_\_

## 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):*

<input checked="" type="checkbox"/>	Habilitation
<input checked="" type="checkbox"/>	Foster Family Agency/Certified Family Homes Rates are established by the State using the Alternative Residential Rate Model for the associated level of service.
<input checked="" type="checkbox"/>	Foster Family Homes Rates are established by the State using the Alternative Residential Rate Model for the associated level of service.
<input checked="" type="checkbox"/>	Small Family Homes Rates are established by the State using the Alternative Residential Rate Model for the associated level of service.
<input checked="" type="checkbox"/>	Group Homes Rates are established by the State using the Alternative Residential Rate Model for the associated level of service.
<input checked="" type="checkbox"/>	Residential Facilities for Adults or Residential Facility for the Elderly Rates are established by the State using the Alternative Residential Rate Model for the associated level of service.
<input checked="" type="checkbox"/>	Family Home Agency/Adult Family Home Rates are established by the State using the Alternative Residential Rate Model for the associated level of service.
<input checked="" type="checkbox"/>	Residential Services – Out of State Established rate based on services and supports provided.
<input checked="" type="checkbox"/>	Specialized Residential Facilities (DSS Licensed) Statute mandates that rates may not exceed the regional center's median rate or the statewide median rate, whichever is lower.
<input checked="" type="checkbox"/>	Supplemental Residential Program Support Statute mandates that rates may not exceed the regional center's median rate or the statewide median rate, whichever is lower.
<input checked="" type="checkbox"/>	Supported Living Services Statute mandates that rates may not exceed the regional center's median rate or the statewide median rate, whichever is lower.
<input checked="" type="checkbox"/>	Mobility Training Services Agency Either 1) usual and customary rates i.e. the rate which is charged to the general public; or 2) statute mandates that rates may not exceed the regional center's median rate or the statewide median rate, whichever is lower.
<input checked="" type="checkbox"/>	Mobility Training Services Specialist

	Either 1) usual and customary rates i.e. the rate which is charged to the general public; or 2) statute mandates that rates may not exceed the regional center's median rate or the statewide median rate, whichever is lower.
<input checked="" type="checkbox"/>	Adaptive Skills Trainer
	Either 1) usual and customary rates i.e. the rate which is charged to the general public; or 2) statute mandates that rates may not exceed the regional center's median rate or the statewide median rate, whichever is lower.
<input checked="" type="checkbox"/>	Socialization Training Program
	Statute mandates that rates may not exceed the regional center's median rate or the statewide median rate, whichever is lower.
<input checked="" type="checkbox"/>	Community Integration Training Program: Agency
	Statute mandates that rates may not exceed the regional center's median rate or the statewide median rate, whichever is lower.
<input checked="" type="checkbox"/>	Community Activities Support Services: Individuals
	Statute mandates that rates may not exceed the regional center's median rate or the statewide median rate, whichever is lower.
<input checked="" type="checkbox"/>	Activity Center
	Rates set by cost statement pursuant to State regulatory requirements.
<input checked="" type="checkbox"/>	Adult Development Centers
	Rates set by cost statement pursuant to State regulatory requirements.
<input checked="" type="checkbox"/>	Behavior Management Program
	Rates set by cost statement pursuant to State regulatory requirements.
<input checked="" type="checkbox"/>	Independent Living Program
	Rates set by cost statement pursuant to State regulatory requirements.
<input checked="" type="checkbox"/>	Infant Development Program
	Rates set by cost statement pursuant to State regulatory requirements.
<input checked="" type="checkbox"/>	Independent Living Specialist
	Either 1) usual and customary rates i.e. the rate which is charged to the general public; or 2) statute mandates that rates may not exceed the regional center's median rate or the statewide median rate, whichever is lower.
<input checked="" type="checkbox"/>	Individual (Day Habilitation-Supplemental Day Services Program Support)
	Statute mandates that rates may not exceed the regional center's median rate or the statewide median rate, whichever is lower.
<input checked="" type="checkbox"/>	Agency (Creative Art Program)
	Statute mandates that rates may not exceed the regional center's median rate or the statewide median rate, whichever is lower.
<input checked="" type="checkbox"/>	Developmental Specialist
	Either 1) usual and customary rates i.e. the rate which is charged to the general public; or 2) statute mandates that rates may not exceed the regional center's median rate or the statewide median rate, whichever is lower.

TN No. 09-023  
 Supersedes  
 TN No. NONE

Approval Date: \_\_\_\_\_

Effective Date: \_\_\_\_\_

<input checked="" type="checkbox"/>	Community Rehabilitation Program (Supported Employment)
	Rates set by statute
<input checked="" type="checkbox"/>	Community Rehabilitation Program (Pre-Vocational Services, Work Activity Program)
	Rates set by cost statement pursuant to State regulatory requirements.
<input checked="" type="checkbox"/>	In-home Day Program
	Statute mandates that rates may not exceed the regional center's median rate or the statewide median rate, whichever is lower.
<input checked="" type="checkbox"/>	Crisis Team-Evaluation and Behavioral Intervention
	Statute mandates that rates may not exceed the regional center's median rate or the statewide median rate, whichever is lower.
<input checked="" type="checkbox"/>	Client/Parent Support Behavior Intervention Training
	Statute mandates that rates may not exceed the regional center's median rate or the statewide median rate, whichever is lower.
<input checked="" type="checkbox"/>	Crisis Intervention Facility
	Statute mandates that rates may not exceed the regional center's median rate or the statewide median rate, whichever is lower.
<input checked="" type="checkbox"/>	Behavior Analyst
	Either 1) usual and customary rates i.e. the rate which is charged to the general public; or 2) statute mandates that rates may not exceed the regional center's median rate or the statewide median rate, whichever is lower.
<input checked="" type="checkbox"/>	Associate Behavior Analyst
	Either 1) usual and customary rates i.e. the rate which is charged to the general public; or 2) statute mandates that rates may not exceed the regional center's median rate or the statewide median rate, whichever is lower.
<input checked="" type="checkbox"/>	Behavior Management Assistant
	Either 1) usual and customary rates i.e. the rate which is charged to the general public; or 2) statute mandates that rates may not exceed the regional center's median rate or the statewide median rate, whichever is lower.
<input checked="" type="checkbox"/>	Behavior Management Consultant
	Either 1) usual and customary rates i.e. the rate which is charged to the general public; or 2) statute mandates that rates may not exceed the regional center's median rate or the statewide median rate, whichever is lower.
<input checked="" type="checkbox"/>	Respite Care
<input checked="" type="checkbox"/>	Respite-Individual
	Rates set by regulation
<input checked="" type="checkbox"/>	Respite-Service Agency
	Rates set by cost statement pursuant to State regulatory requirements.
<input checked="" type="checkbox"/>	Adult Day Care Facility

		Either 1) usual and customary rates i.e. the rate which is charged to the general public; or 2) statute mandates that rates may not exceed the regional center's median rate or the statewide median rate, whichever is lower.
<input checked="" type="checkbox"/>	Child Day Care Facility	Either 1) usual and customary rates i.e. the rate which is charged to the general public; or 2) statute mandates that rates may not exceed the regional center's median rate or the statewide median rate, whichever is lower.
<input checked="" type="checkbox"/>	Respite Facility; Residential Facility	Rates set based on the Alternative Residential Rate Model.
<input checked="" type="checkbox"/>	Vouchered Respite Care	Rates set by regulation
<input checked="" type="checkbox"/>	HCBS Personal Care	
<input checked="" type="checkbox"/>	Personal Assistance	Statute mandates that rates may not exceed the regional center's median rate or the statewide median rate, whichever is lower..
<input type="checkbox"/>	HCBS Personal Care I	
<input type="checkbox"/>	HCBS Personal Care II	
<input type="checkbox"/>	HCBS Attendant Services	
<input type="checkbox"/>	HCBS Adult Companion	
<input checked="" type="checkbox"/>	HCBS Personal Emergency Response Systems	Either 1) usual and customary rates i.e. the rate which is charged to the general public; or 2) statute mandates that rates may not exceed the regional center's median rate or the statewide median rate, whichever is lower.
<input checked="" type="checkbox"/>	HCBS Assistive Technology - Vehicle Modification and Adaptation	Usual and Customary Rates i.e. the rate which is charged to the general public.
<input type="checkbox"/>		
<input checked="" type="checkbox"/>	HCBS Homemaker	
<input checked="" type="checkbox"/>	Basic Homemaker – Individual	Either 1) usual and customary rates i.e. the rate which is charged to the general public; or 2) statute mandates that rates may not exceed the regional center's median rate or the statewide median rate, whichever is lower.
<input checked="" type="checkbox"/>	Basic Homemaker – Agency	

	Either 1) usual and customary rates i.e. the rate which is charged to the general public; or 2) statute mandates that rates may not exceed the regional center’s median rate or the statewide median rate, whichever is lower.
<input checked="" type="checkbox"/>	<p>HCBS Home Health Aide</p> <p><input checked="" type="checkbox"/> Home Health Agency Rates are set according to the Schedule of Maximum Allowances (SMA) i.e. the schedule of the maximum allowable rate for the service provided as established by the Department of Health Care Services for services reimbursable under the Medi-Cal program.</p> <p><input checked="" type="checkbox"/> Home Health Aide Rates are set according to the Schedule of Maximum Allowances (SMA) i.e. the schedule of the maximum allowable rate for the service provided as established by the Department of Health Care Services for services reimbursable under the Medi-Cal program.</p>
<input checked="" type="checkbox"/>	<p>Adult Day Health Care</p> <p>Rates are set according to the Schedule of Maximum Allowances (SMA) i.e. the schedule of the maximum allowable rate for the service provided as established by the Department of Health Care Services for services reimbursable under the Medi-Cal program.</p>

For Individuals with Chronic Mental Illness, the following services:	
<input type="checkbox"/>	HCBS Day Treatment or Other Partial Hospitalization Services
<input type="checkbox"/>	HCBS Psychosocial Rehabilitation
<input type="checkbox"/>	HCBS Clinic Services (whether or not furnished in a facility for CMI)

**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*):

<input checked="" type="radio"/>	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.
<input type="radio"/>	<p>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.</p> <p>The presumptive period will be <input type="text"/> days (not to exceed 60 days).</p>