



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



GAVIN NEWSOM  
GOVERNOR

September 25, 2020

Mr. James G. Scott, Director  
Division of Program Operations  
Medicaid and CHIP Operations Group  
Centers for Medicare & Medicaid Services  
601 East 12<sup>th</sup> Street, Suite 0300  
Kansas City, MO 64106-2898

STATE PLAN AMENDMENT 20-0032: ADDITION OF INTENSIVE TRANSITION  
SERVICES AND SPEECH-LANGUAGE PATHOLOGY ASSISTANT PROVIDERS

Dear Mr. Scott:

The California Department of Health Care Services (DHCS) is submitting State Plan Amendment (SPA) 20-0032 to the Centers for Medicare & Medicaid Services (CMS). This SPA proposes to amend the California Medicaid 1915(i) State Plan for the Developmentally Disabled to add a new service and provider type for services for the developmentally disabled. DHCS seeks an effective date of July 1, 2020, for this SPA.

SPA 20-0032 adds the following:

- Intensive Transition Services (ITS): A crisis service that provides individuals with the most complex challenges support in the transition from an Institution for Mental Disease (IMD) to a less restrictive living option.
- Speech-Language Pathology Assistant (SLPA): A new provider type under Speech, Language and Hearing Services. SLPAs operate under the supervision of a Speech and Language Pathologist.

These providers and services operate under the section 1915(c) Developmental Disabilities Waiver (DD Waiver) and section 1915(i) State Plan which is administered on behalf of DHCS by the Department of Developmental Services (DDS).

Enclosed you will find SPA 20-0032 Attachment 3.1-i and Attachment 4.19-B pages and a copy of the public notice. DHCS posted the public notice on June 30, 2020. A tribal notice is not required for this SPA.

Mr. James G. Scott  
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If you have any questions please contact Ms. Autumn Boylan, Assistant Deputy Director, Integrated Systems, Health Care Delivery Systems, by email at [Autumn.Boylan@dhcs.ca.gov](mailto:Autumn.Boylan@dhcs.ca.gov).

Sincerely,



Jacey Cooper  
Chief Deputy Director  
Health Care Programs  
State Medicaid Director

Enclosures

cc: Mr. Kirk Davis  
Deputy Director  
Health Care Delivery Systems  
Department of Health Care Services  
[Kirk.Davis@dhcs.ca.gov](mailto:Kirk.Davis@dhcs.ca.gov)

Ms. Autumn Boylan  
Assistant Deputy Director  
Integrated Systems  
Health Care Delivery Systems  
Department of Health Care Services  
[Autumn.Boylan@dhcs.ca.gov](mailto:Autumn.Boylan@dhcs.ca.gov)

Mr. Aaron Toyama  
Senior Advisor  
Health Care Programs  
Department of Health Care Services  
[Aaron.Toyama@dhcs.ca.gov](mailto:Aaron.Toyama@dhcs.ca.gov)

**TRANSMITTAL AND NOTICE OF APPROVAL OF  
STATE PLAN MATERIAL  
FOR: CENTERS FOR MEDICARE & MEDICAID SERVICES**

1. TRANSMITTAL NUMBER

2 0 — 0 0 32

2. STATE

California

3. PROGRAM IDENTIFICATION:

Title XIX of the Social Security Act (Medicaid)

TO: REGIONAL ADMINISTRATOR  
CENTERS FOR MEDICARE & MEDICAID SERVICES  
DEPARTMENT OF HEALTH AND HUMAN SERVICES

4. PROPOSED EFFECTIVE DATE

July 1, 2020

5. TYPE OF PLAN MATERIAL (*Check One*)

NEW STATE PLAN

AMENDMENT TO BE CONSIDERED AS NEW PLAN

AMENDMENT

COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (*Separate transmittal for each amendment*)

6. FEDERAL STATUTE/REGULATION CITATION

1915(i) of the Social Security Act

7. FEDERAL BUDGET IMPACT

a. FFY 2020 \$ 42 (in thousands)

b. FFY 2021 \$ 215 (in thousands)

8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT

Attachment 3.1-i pages 1, 65, 86c, 86c.1, and 86c.2  
Attachment 4.19-B page 75d

9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION  
OR ATTACHMENT (*If Applicable*)

Attachment 3.1-i pages 1, 65, 86c, 86c.1, 86c.2  
Attachment 4.19-B page 75d

10. SUBJECT OF AMENDMENT

Additions for Intensive Transition Services as a new service and Speech-Language Pathology Assistant as a new provider type.

11. GOVERNOR'S REVIEW (*Check One*)

GOVERNOR'S OFFICE REPORTED NO COMMENT

OTHER, AS SPECIFIED

COMMENTS OF GOVERNOR'S OFFICE ENCLOSED

NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL

12. SIGNATURE OF STATE AGENCY OFFICIAL

13. TYPED NAME

Jacey Cooper

14. TITLE

State Medicaid Director

15. DATE SUBMITTED

September 25, 2020

16. RETURN TO

Department of Health Care Services

Attn: Director's Office

P.O. Box 997413, MS 0000

Sacramento, CA 95899-7413

**FOR REGIONAL OFFICE USE ONLY**

17. DATE RECEIVED

18. DATE APPROVED

**PLAN APPROVED - ONE COPY ATTACHED**

19. EFFECTIVE DATE OF APPROVED MATERIAL

20. SIGNATURE OF REGIONAL OFFICIAL

21. TYPED NAME

22. TITLE

23. REMARKS

For Box 11 "Other, As Specified," Please note: The Governor's Office does not wish to review the State Plan Amendment.

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**1915(i) HCBS State Plan Services**

**Administration and Operation**

1. **Services.** (Specify the State's service title(s) for the HCBS defined under "Services" and listed in Attachment 4.19-B):

Habilitation- Community Living Arrangement Services; Habilitation- Day Services; Habilitation- Behavioral Intervention Services; Respite Care; Enhanced Habilitation- Supported Employment - Individual; Enhanced Habilitation- Prevocational Services; Homemaker Services; Home Health Aide Services; Community Based Adult Services; Personal Emergency Response Systems; Vehicle Modification and Adaptation; Speech, Hearing and Language Services; Dental Services; Optometric/Optician Services; Prescription Lenses and Frames; Psychology Services; Chore Services; Communication Aides; Environmental Accessibility Adaptations; Non-Medical Transportation; Nutritional Consultation; Skilled Nursing; Specialized Medical Equipment and Supplies; Transition/Set-Up Expenses; Community-Based Training Services; Financial Management Services; Family Support Services; Housing Access Services; Occupational Therapy; Physical Therapy; Intensive Transition Services; and Family/Consumer Training

2. **Concurrent Operation with Other Programs.** (Indicate whether this benefit will operate concurrently with another Medicaid authority):

Select one:

<input checked="" type="radio"/>	<b>Not applicable</b>
<input type="radio"/>	<b>Applicable</b>
<b>Check the applicable authority or authorities</b>	
<input type="checkbox"/>	<p><b>Services furnished under the provisions of §1915(a)(1)(a) of the Act.</b> The State contracts with a Managed Care Organization(s) (MCOs) and/or prepaid inpatient health plan(s) (PIHP) or prepaid ambulatory health plan(s) (PAHP) under the provisions of § 1915(a)(1) of the Act for the delivery of 1915(i) State plan HCBS. Participants may <i>voluntarily</i> elect to receive <i>waiver</i> and other services through such MCOs or prepaid health plans. Contracts with these health plans are on file at the State Medicaid agency. <i>Specify:</i></p> <p>(a) <i>the MCOs and/or health plans that furnish services under the provisions of §1915(a)(1);</i>                  (b) <i>the geographic areas served by these plans;</i>                  (c) <i>the specific 1915(i) State plan HCBS furnished by these plans;</i>                  (d) <i>how payments are made to the health plans; and</i>                  (e) <i>whether the 1915(a) contract has been submitted or previously removed.</i></p>
<input type="checkbox"/>	<p><b>Waiver(s) authorized under §1915(B) of the Act.</b>  <i>Specify the §1915(b) waiver program and indicate whether a §1915(b) waiver application has been submitted or previously approved.</i></p>

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Audiology	<p>Business &amp; Professions Code §§ 2532-2532.8</p> <p>As appropriate, a business license as required by the local jurisdiction where the business is located.</p>	N/A	N/A
Hearing and Audiology Facilities	<p>No state licensing category.</p> <p>As appropriate, a business license as required by the local jurisdiction where the business is located.</p>	N/A	<p>An audiology facility:</p> <ol style="list-style-type: none"> <li>1. Employs at least one audiologist who is licensed by the Speech Pathology and Audiology Examining Committee of the Medical Board of California; and</li> <li>2. Employs individuals, other than 1. above, who perform services, all of whom shall be: <ul style="list-style-type: none"> <li>• Licensed audiologists; or</li> <li>• Obtaining required professional experience, and whose required professional experience application has been approved by the Speech Pathology and Audiology Examining Committee of the Medical Board of California.</li> </ul> </li> </ol>
Speech-Language Pathology Assistant (Agency)	<p>Registered as a Speech-Language Pathology Assistant by the Speech-Language Pathology and Audiology and Hearing Aid Dispensers Board of the California Department of Consumer Affairs, pursuant to Business and Professions Code §2538-2538.7 and Title 16 CCR § 1399.170.11.</p> <p>As appropriate, a business license as required by the local jurisdiction where the business is located.</p>	N/A	<p>Minimum continuing professional development requirements for the speech-language pathology assistant, of 12 hours in a two-year period.</p>

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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> ):
Financial Management Services Provider	Business license, as appropriate		
<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> ):	
All FMS providers	Regional centers, through the vendorization process, verify providers meet requirements/qualifications outlined in Title 17, CCR, § 54310 including the following, as applicable: any license, credential, registration, certificate, permit, or academic degree required for the performance or operation of the service; the staff qualifications and duty statements; and service design.	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 checked="" type="checkbox"/>	Participant-directed	<input 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:	Intensive Transition Services
Service Definition (Scope):	

Intensive Transition Services (ITS) is designed for individuals with the most complex challenges, needing support in the transition from an Institution for Mental Disease (IMD) to a less restrictive living option. ITS is designed to target three groups: <ol style="list-style-type: none"> <li>1. Individuals with forensic needs;</li> <li>2. Individuals with mental disorder and developmental disability; and</li> </ol>
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TN No. 20-0032

Supersedes

TN. No. 16-047

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

Effective Date: July 1, 2020

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3. Individuals with severe aggressive behaviors.

This service provides a team that will work in a person-centered approach to create a network of resources that will eventually allow the individual to live as independently as possible in the community or least restrictive setting possible. Services are directly provided by the team members. ITS provides therapeutic services including substance use recovery treatment, anger management, self-advocacy, medication management, health and dietary education, and sex education/fostering healthy relationships, behavioral support and modification training for the individual, family, and service providers. ITS team members operate 24 hours a day, 7 days a week, including holidays, and are available in the event of a crisis.

The individual will receive services before and after a physical transition, for up to 24 months to support the transition.

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 type="checkbox"/>	Relative
<input type="checkbox"/>	Legal Guardian
<input 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> ):
Intensive Transition Services Agency (Agency)	N/A	N/A	ITS agency staff include a Board Certified Behavior Analyst (BCBA), Transition Coordinator, Licensed Transition Coordinator, Program Director, and Registered Nurse  The agency shall employ staff who possess the skill, training and education necessary to support individuals with complex service needs during the transition.

**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> ):
Agency	Regional centers, through the vendorization process, verify providers meet requirements/qualifications outlined in Title 17, CCR, § 54310 including	Verified upon application for vendorization and at least biennially thereafter.

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	the following, as applicable: any license, credential, registration, certificate, permit, or academic degree required for the performance or operation of the service; the staff qualifications and duty statements; and service design.	
<b>Service Delivery Method.</b> <i>(Check each that applies):</i>		
<input type="checkbox"/>	Participant-directed	<input checked="" type="checkbox"/> Provider managed

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for FFP. For example, if a provider's rate is \$2,000/month, and the SSI/SSP amount equals \$960, the Waiver billing system will not process claims that are more than \$1,040 ( $\$2,000 - \$960 = \$1,040$ ).

**4) Community Crisis Homes (State-Operated) Rate Methodology** - The allowable costs used to calculate the rate are: salaries, wages, payroll taxes, and benefits of state staff providing services and supports, in addition to lease, facility maintenance, repairs, and cable/internet.

After the initial year of operation, the state will use cost information from the previous year to develop an interim rate for the subsequent year. At the end of each year, interim rate billing will be reconciled with actual billable costs for the year.

**5) Mobile Crisis Team (State-Operated) Rate Methodology** - The allowable costs included in this rate are: salaries, wages, payroll taxes, and benefits of state staff providing the services and supports, in addition to travel costs.

After the initial year of operation, the state will use cost information from the previous year to develop an interim rate for the subsequent year. At the end of each year, interim rate billing will be reconciled with actual billable costs for the year

**REIMBURSEMENT METHODOLOGY FOR INTENSIVE TRANSITION SERVICES**

Effective July 1, 2020, the rate for Intensive Transition service and supports will be established using the average cost of services rendered to Medi-Cal beneficiaries in state fiscal year 2019-20. The costs included in the rate are salaries, wages, payroll taxes, and benefits of direct care staff providing Intensive Transition services and supports, in addition to direct care staff travel and operating costs (other indirect costs such as communications, equipment, and program supplies) needed to support a consumer during times of transition out of an Institution for Mental Disease. The costs will be drawn from actual expenditures as reported by providers of ITS services. Upon approval, the regional centers and providers of this service will be informed of the rate and the rate will be available at the following link: <https://www.dds.ca.gov/rc/vendor-provider/vendorization-process/vendor-rates/>