



JENNIFER KENT  
DIRECTOR

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



EDMUND G. BROWN JR.  
GOVERNOR

September 27, 2018

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

STATE PLAN AMENDMENT 18-0023

Dear Ms. Hye Sun Lee,

The California Department of Health Care Services (DHCS) is pleased to submit State Plan Amendment (SPA) 18-0023 to the Centers for Medicare and Medicaid Services (CMS). SPA 18-0023 proposes to address the Respite Care definition (as noted in the CMS companion letter), unbundle Specialized Therapeutic Services (as was done in the Waiver renewal), and add Housing Access Services, Family Support Services, Occupational Therapy, Physical Therapy, and Family/Consumer Training, to align State Plan and Waiver services.

DHCS delegated public notice and input responsibilities to the administering agency, the California Department of Developmental Services (DDS).

The state received public input on the proposed 1915(i) SPA 18-0023 from the Association of Regional Center Agencies (ARCA) on August 20, 2018. ARCA commented specifically on sustainable rates based on regional center costs regarding Housing Access Services, and showed appreciation to the Department for the expansion of Community Living Arrangement Services with the addition of Enhanced Behavioral Supports Homes as a new provider type. The state determined that no modification to the SPA was required as a result of these comments as rates for services are set by statutes or regulations.

The proposed effective date for SPA 18-0023 is July 1, 2018.

Ms. Hye Sun Lee  
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If you have any questions please contact Mr. Joseph Billingsley, Integrated Systems of Care Division, at (916) 713-8389, or by email at [Joseph.Billingsley@dhcs.ca.gov](mailto:Joseph.Billingsley@dhcs.ca.gov).

ORIGINAL SIGNED

Health Care Programs  
State Medicaid Director

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

1. TRANSMITTAL NUMBER <b>1 8 — 0 2 3</b>	2. STATE <b>CA</b>
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, 2018**

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  
**1915i of the Social Security Act**

7. FEDERAL BUDGET IMPACT  
a. FFY2018 - 19      \$ **19.2 Million**  
b. FFY2019 - 20      \$ **38.3 Million**

8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT  
**Attachment 3.1i pages 1,22a-b,30,39a-b,40,48-49c,50,53,81,86c.1a-12**

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

**Attachment 4.19B pages 71 - 77e**

10. SUBJECT OF AMENDMENT

**Updates to services and provider types to align with 1915c Waiver**

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

ORIGINAL SIGNED

16. RETURN TO  
**Department of Health Care Services  
Attn: State Plan Coordinator  
1501 Capitol Avenue, MS 4506  
P.O. Box 997417  
Sacramento, CA 95899-7417**

15. DATE SUBMITTED  
**9/27/2018**

**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.**

**§1915(i) State Plan Home and Community-Based Services**

State Plan Under Title XIX of the Social Security Act

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**1915(i) State plan Home and Community-Based Services  
Administration and Operation**

The state implements the optional 1915(i) State plan Home and Community-Based Services (HCBS) benefit for elderly and disabled individuals as set forth below.

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; Supported Employment- Group; 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; and Family/Consumer Training.

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

Select one:

<input type="checkbox"/>	<b>Not applicable</b>
<input type="checkbox"/>	<b>Applicable</b>
	Check the applicable authority or authorities:
<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 waiver 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) the MCOs and/or health plans that furnish services under the provisions of §1915(a)(1);</p> <p>(b) the geographic areas served by these plans;</p> <p>(c) the specific 1915(i) State plan HCBS furnished by these plans;</p> <p>(d) how payments are made to the health plans; and</p> <p>(e) whether the 1915(a) contract has been submitted or previously approved.</p>
<input type="checkbox"/>	<p><b>Waiver(s) authorized under §1915(b) of the Act.</b></p> <p><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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Supported Living Provider	<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>SLS requirements:</p> <ol style="list-style-type: none"> <li>1. Service design including:           <ul style="list-style-type: none"> <li>Staff hiring criteria, including any minimum qualifications requirements; and</li> <li>Procedures and practices the agency will use to screen paid staff, consultants, and volunteers who will have direct contact with consumers.</li> </ul> </li> <li>2. 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 maintenance of current and valid licensure, certification, or registration as are legally required for the service.</li> <li>3. 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.</li> </ol>
In-Home Day Program	<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>Qualifications and training for staff in agency guidelines.</p> <p>Must have a provision for an annual assessment process to ensure consumer participation in this type of program remains appropriate.</p> <p>Providers may include employees of community-based day, pre-vocational, or vocational programs.</p>

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<p>Enhanced Behavioral Supports Homes (EBSH) (Agency)</p>	<p>Licensed Adult Residential Facility or group home by the Department of Social Services pursuant to Health and Safety Code §§ 1567.61 - 1567.80</p> <p>As appropriate, a business license as required by the local jurisdiction where the business is located.</p>	<p>Certified by the Department of Developmental Services pursuant to WIC 4684.80</p>	<p>In addition to the requirements in Title 22, CCR, §§85000-85092, the following requirements from Title 17, CCR, §§59060-59061 also apply:</p> <p>Administrator Qualifications  (a) An administrator must:  (1) Have a minimum of 2 years of prior experience providing direct care or supervision to individuals with developmental disabilities; and be one of the following:  (A) A registered behavior technician.  (B) A licensed psychiatric technician.  (C) A qualified behavior modification professional.  (b) An administrator must complete the residential services orientation as required per Section 56003(b)</p> <p>Direct Care Staff Qualifications.  (a) A direct care lead staff person must:  (1) Have at least one year prior experience providing direct care to individuals with developmental disabilities, with a focus on behavioral services; and  (2) Become a registered behavior technician within 60 days of initial employment; or, be either:  (A) A licensed psychiatric technician; or  (B) A qualified behavior modification professional.  (b) A direct care staff person must:  (1) Have at least six months prior experience providing direct care to individuals with developmental disabilities, with a focus on behavioral services; and  (2) Become a registered behavior technician within twelve months of initial employment; or be:  (A) Be a licensed psychiatric technician.</p>
<p><b>Verification of Provider Qualifications</b> (For each provider type listed above. Copy rows as needed):</p>			
<p>Provider Type (Specify):</p>	<p>Entity Responsible for Verification (Specify):</p>	<p>Frequency of Verification (Specify):</p>	
<p>All Habilitation Community</p>	<p>Regional centers, through the</p>	<p>Verified upon application for</p>	

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Living Arrangement Services providers	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.		vendorization and ongoing thereafter through oversight and monitoring activities.
Sports Club: (e.g. YMCA, Community Parks and Recreation Program, Community-based recreation program) (AT)	As appropriate, a business license as required by the local jurisdiction where the business is located.	N/A	All community recreational program providers shall possess the following minimum qualifications: 1. Ability to perform the functions required by the individual plan of care; 2. Demonstrated dependability and personal integrity; 3. Willingness to pursue training as necessary based upon the individual consumer's needs.

**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 Habilitation – Day Services 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.
Licensed Community Care Facilities	Department of Social Services – Community Care Licensing Division (DSS-CCLD) and regional centers	Annually

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

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<input checked="" type="checkbox"/> Participant-directed	<input checked="" type="checkbox"/> Provider managed
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All Habilitation – Behavioral Intervention Services 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.
Crisis Intervention Facilities	Department of Social Services – Community Care Licensing Division (DSS-CCLD) and regional centers	Annually

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

<input type="checkbox"/> Participant-directed	<input checked="" type="checkbox"/> Provider managed
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**Service Specifications** (Specify a service title for the HCBS listed in Attachment 4.19-B that the state plans to cover):

**Respite Care**

Service Definition (Scope):

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 temporary absence of family members;
3. Temporarily 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 family members.

Respite may only be provided when the care and supervision needs of a consumer exceed that of a person of the same age without developmental disabilities.

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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.

Respite care may be provided in the following locations:

Private residence

- Residential facility licensed by the Department of Social Services.
- Respite facility licensed by the Department of Social Services
- Other community setting approved by the State that is not a private residence, such as:
  - Adult Family Home/Family Teaching Home
  - Certified Family Homes for Children
  - Adult Day Care Facility
  - Camp
  - Licensed Preschool

A regional center may offer family members or adult consumers the option to self-direct their own respite services.

Respite services do not duplicate services provided under the Individuals with Disabilities Education (IDEA) Act of 2004.

Additional needs-based criteria for receiving the service, if applicable (*specify*):

Specify limits (if any) on the amount, duration, or scope of this service. Per 42 CFR Section 440.240, services available to any categorically needy recipient cannot be less in amount, duration and scope than those services available to a medically needy recipient, and services must be equal for any individual within a group. States must also separately address standard state plan service questions related to sufficiency of services.

(Choose each that applies):

Categorically needy (*specify limits*):

Medically needy (*specify limits*):

**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	No state licensing category.  As appropriate,	N/A	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

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	a business license as required by the local jurisdiction where the business is located.		required services.
Camping Services	As appropriate, a business license as required by the local jurisdiction where the business is located.	The camp submits to the local health officer either 1) Verification that the camp is accredited by the American Camp Association or 2) A description of operating procedures that addresses areas including supervisor qualifications and staff skill verification criteria.	Camp Director Qualifications: must be at least 25 years of age, and have at least two seasons of administrative or supervisory experience in camp activities.  Health Supervisor (physician, registered nurse or licensed vocational nurse) employed full time will verify that all counselors have been trained in first aid and CPR.
<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	Frequency of Verificati	

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	Verification (Specify) :	on (Specify) :	
All respite 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.	
Licensed Community Care Facilities	Department of Social Services – Community Care Licensing	Annually	

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	Division (DSS-CCLD) and regional centers		
<b>Service Delivery Method.</b> <i>(Check each that applies):</i>			
<input checked="" type="checkbox"/>	Participant-directed	<input checked="" type="checkbox"/>	Provider managed

**Service Specifications** *(Specify a service title for the HCBS listed in Attachment 4.19-B that the state plans to cover):*

**Supported Employment- Individual Services**

Service Definition (Scope):

Supported employment services are defined in California Welfare and Institutions Code § 4851 (n)(s) as; paid work that is integrated in the community for individuals with developmental disabilities. Individual services means job coaching and other supported employment services for regional center-funded consumers in a supported employment placement at a job coach-to-consumer ratio of one-to-one, and that decrease over time until stabilization is achieved. Individualized services may be provided on or off the jobsite. These services are received by eligible adults who are employed in integrated settings in the community. These individuals are unable to maintain this employment without an appropriate level of ongoing employment support services. Transportation services are not included under supported employment individual services.

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Supported Employment- Individual Services (defined in California Welfare and Institutions Code §4851(n)(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):
  - Job development - The process of working with a consumer, based on the individual's interests and abilities to identify potential jobs, meet with the hiring business, and assist the consumer to apply for and compete for the job.
  - Job analysis - Classifying each of the required duties of a job to identify the support needed by the consumer.
  - Training in adaptive functional skills
  - Social skill training
  - Ongoing support services - Services that are provided, typically off the job, to assist a consumer with concerns or issues that could affect his or her ability to maintain employment.
  - Family counseling necessary to support the individual's employment
  - Advocacy related to the employment, such as assisting individuals in understanding their benefits
  - Advocacy or intervention to resolve problems affecting the consumer's work adjustment or retention.
- 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).

The reimbursement for Supported Employment (Individual Services) includes incentive payments for measurable milestones identified below:

1. A one-time payment made to a provider when an individual obtains competitive integrated employment and is still employed after 30 consecutive days.
2. An additional one-time payment made to a provider when an individual obtains competitive integrated employment and is still employed after six consecutive months.
3. An additional one-time payment made to a provider when an individual has been employed consecutively for one year.

Federal financial participation is not claimed for incentive payments, subsidies, or unrelated

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vocational training expenses such as the following: 1. Incentive payments made to an employer to encourage or subsidize the employer's participation in supported employment; or 2. Payments that are passed through to users of supported employment services.			
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. Per 42 CFR Section 440.240, services available to any categorically needy recipient cannot be less in amount, duration and scope than those services available to a medically needy recipient, and services must be equal for any individual within a group. States must also separately address standard state plan service questions related to sufficiency of services. ( <i>Choose each that applies</i> ):			
Categorically needy ( <i>specify limits</i> ):			
Medically needy ( <i>specify limits</i> ):			
<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> ):
Supported Employment Programs	No state licensing category.  Federal/State Tax Exempt Letter.  As appropriate, a business license as required by the local jurisdiction where the business is located.	Programs must initially meet the Department of Rehabilitation Program certification standards and be accredited by CARF within four years of providing services pursuant to Title 17 § 58810(f)(1)(2).	N/A
<b>Verification of Provider Qualifications</b> ( <i>For each provider type listed above. Copy rows as needed</i> ):			
Provider Type	Entity Responsible for Verification	Frequency of Verification	

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<i>(Specify):</i>	<i>(Specify):</i>	<i>(Specify):</i>
Supported Employment Programs	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.
Supported Employment Programs	Commission on Accreditation of Rehabilitation Facilities (CARF)	Within four years at start-up; every one to three years thereafter
<b>Service Delivery Method.</b> <i>(Check each that applies):</i>		
<input type="checkbox"/> Participant-directed	<input checked="" type="checkbox"/> Provider managed	

**Service Specifications** *(Specify a service title for the HCBS listed in Attachment 4.19-B that the state plans to cover):*

**Prevocational Services**

Service Definition (Scope):

Prevocational services are services that are delivered for the purpose of furthering habilitation goals of learning and work experience through a habilitation service plan required by 17 CCR § 58812 to outline a specific path to competitive, integrated employment in the community. The service plan is to be reviewed not less than annually or more frequently if requested by the individual.

Services are intended to develop and teach general skills that lead to competitive and integrated employment including, but not limited to: ability to communicate effectively with supervisors, co-workers and customers; generally accepted community work place conduct and dress; ability to follow directions; ability to attend to asks; work place problem solving skills and strategies; general work place safety and mobility training. Additionally, both work adjustment and supportive habilitation services as defined in Title 17 CCR § 58820 (c)(2), should allow for the development of productive skills, physical and psychomotor skills, interpersonal and communicative skills, health and hygiene maintenance, personal safety practices, self-advocacy training, and other skills aimed at maintaining a job and as outlined in the individual's person-centered services and supports plan. Individuals may be compensated based upon their performance and upon prevailing wage. However, compensation is not the sole purpose of

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participation in this service.

Prevocational services are designed to prepare individuals in non-job-task-specific strengths and skills that contribute towards obtaining a competitive and integrated employment, as opposed to vocational services whose sole purpose is to provide employment without habilitation goals geared towards skill building.

Transportation services are not included under Prevocational Services.

Federal financial participation is not claimed for incentive payments, subsidies, or unrelated vocational training expenses such as incentive payments made to an employer to encourage or subsidize the employer's participation in supported employment; or payments that are passed through to users of supported employment 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. Per 42 CFR Section 440.240, services available to any categorically needy recipient cannot be less in amount, duration and scope than those services available to a medically needy recipient, and services must be equal for any individual within a group. States must also separately address standard state plan service questions related to sufficiency of services.

(Choose each that applies):

Categorically needy (*specify limits*):

Medically needy (*specify limits*):

**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> ):
Work Activity Program	Facility license (Health and Safety Code §§ 1500-1567.8) if applicable  Federal/State Tax Exempt Letter.	Programs must initially meet the Department of Rehabilitation Program certification standards and be accredited	N/A

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	As appropriate, a business license as required by the local jurisdiction where the business is located.	by CARF within four years of providing services.	
Supported Employment Programs (Agency)	No state licensing category.  Federal/State Tax Exempt Letter.  As appropriate, a business license as required by the local jurisdiction where the business is located.	Programs must initially meet the Department of Rehabilitation Program certification standards and be accredited by CARF within four years of providing services pursuant to Title 17 § 58810(f)(1)(2).	

**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):
Work Activity Programs	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.

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

<input type="checkbox"/>	Participant-directed	<input checked="" type="checkbox"/>	Provider managed
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Medically needy ( <i>specify limits</i> ):			
<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 Specifications</b> ( <i>Specify a service title for the HCBS listed in Attachment 4.19-B that the state plans to cover</i> ):
Housing Access Services
Service Definition (Scope):
Housing Access Services includes two components: A) Individual Housing Transition Services. These services are: <ol style="list-style-type: none"> <li>1. Conducting a tenant screening and housing assessment that identifies the participant's preferences and barriers related to successful tenancy. The assessment may include collecting information on potential housing transition barriers, and identification of housing retention barriers.</li> <li>2. Developing an individualized housing support plan based upon the housing assessment that addresses identified barriers, includes short and long-term measurable goals for each issue, establishes the participant's approach to meeting the goal, and identifies</li> </ol>

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when other providers or services, both reimbursed and not reimbursed by Medicaid, may be required to meet the goal.

3. Assisting with the housing application process. Assisting with the housing search process.
4. Identifying resources to cover expenses such as security deposit, moving costs, furnishings, adaptive aids, environmental modifications, and other one-time expenses.
5. Coordinating resources to identify and address conditions in the living environment prior to move-in that may compromise the safety of the consumer.
6. Assisting with details of the move including communicating with the landlord to negotiate a move-in date, reading and understanding the terms of the lease, scheduling set-up of utilities and services, and arranging the move of consumers' belongings.
7. Developing a housing support crisis plan that includes prevention and early intervention services when housing is jeopardized.

B) Individual Housing & Tenancy Sustaining Services - This service is made available to support individuals to maintain tenancy once housing is secured. The availability of ongoing housing-related services in addition to other long term services and supports promotes housing success, fosters community integration and inclusion, and develops natural support networks. These tenancy support services are:

1. Providing early identification and intervention for behaviors that may jeopardize housing, such as late rental payment and other lease violations.
2. Education and training on the role, rights and responsibilities of the tenant and landlord.
3. Coaching on developing and maintaining key relationships with landlords/property managers with a goal of fostering successful tenancy.
4. Assistance in resolving disputes with landlords and/or neighbors to reduce risk of eviction or other adverse action.
5. Advocacy and linkage with community resources to prevent eviction when housing is, or may potentially become jeopardized.
6. Assistance with the housing recertification process.
7. Coordinating with the tenant to review, update and modify their housing support and crisis plan on a regular basis to reflect current needs and address existing or recurring housing retention barriers.
8. Continuing training in being a good tenant and lease compliance, including ongoing support with activities related to household management.

Housing Access Services do not include payment for room and board.

Persons receiving Health Homes or California Community Transitions services will not receive this service unless additional Housing Access through the waiver is necessary to maintain the consumers'

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health, safety and wellbeing in the home and/or community.			
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. Per 42 CFR Section 440.240, services available to any categorically needy recipient cannot be less in amount, duration and scope than those services available to a medically needy recipient, and services must be equal for any individual within a group. States must also separately address standard state plan service questions related to sufficiency of services. (Choose each that applies):			
Categorically needy ( <i>specify limits</i> ):			
Medically needy ( <i>specify limits</i> ):			
<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> ):
Individual/ Business entity	As appropriate, a business license as required by the local jurisdiction where the business is located	N/A	N/A
Business entity	As appropriate, a business license as required by the local jurisdiction where the business is located	N/A	N/A
<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> ):	
Individual	Regional centers, through the vendorization process, verify providers meet	Verified upon application for vendorization and biennially	

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

<input type="checkbox"/>	Participant-directed	<input checked="" type="checkbox"/>	Provider managed
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**Service Specifications** (Specify a service title for the HCBS listed in Attachment 4.19-B that the state plans to cover):

**Family Support Services**

**Service Definition (Scope):**

Provide care and supervision of children, for periods of less than 24 hours per day, while the parents/primary non-paid caregiver are out of the home. This service is 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 family members.

Family support services may only be provided when the care and supervision needs of a consumer exceed that of a person of the same age without developmental disabilities. Additionally payment may only be made when the cost of the service exceeds the cost of providing services to a person of the same age without disabilities.

A regional center may offer family members the option to self-direct their own family support 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. Per 42 CFR Section 440.240, services available to any categorically needy recipient cannot be less in amount, duration and scope than those services available to a medically needy recipient, and services must be equal for any individual within a group. States must also separately address standard state plan service questions related to sufficiency of services.

(Choose each that applies):

**Categorically needy (specify limits):**

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Medically needy ( <i>specify limits</i> ):			
<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> ):
Child Day Care Facility; Child Day Care Center; Family Child Care Home (Individual/Agency)	Licensed Child Day Care Facility by the Department of Social Services pursuant to Health and Safety Code §§ 1596.90 – 1597.621  As appropriate, a business license as required by the local jurisdiction where the business is located.	Child Day Care Center: Title 22 CCR, §§101151-101239.2  Family Child Care Home: Title 22 CCR §§102351.1-102424	Licensing requirements listed under HSC 1596.95  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 children need and the ability to communicate with such children. 3. Knowledge of and ability to comply with applicable law and regulation. 4. Ability to maintain or supervise the maintenance of financial and other records. 5. Ability to establish the center’s policy, program and budget. 6. Ability to recruit, employ, train, direct and evaluate qualified staff.
Individual	No state licensing category.  As appropriate, a business license as required by the local jurisdiction where the business is located.	N/A	Has received Cardiopulmonary Resuscitation (CPR) and First Aid training from agencies offering such training. Must have the skill, training, or education necessary to perform the required services.
<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> ):
Business entity	Regional centers, through the vendorization process, verify providers meet		Verified upon application for vendorization and biennially

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	<p>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.</p> <p>Department of Social Services – Community Care Licensing Division (DSS-CCLD) and regional centers.</p>	thereafter.
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**Service Delivery Method.** (Check each that applies):

<input checked="" type="checkbox"/>	Participant-directed	<input checked="" type="checkbox"/>	Provider managed
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**Service Specifications** (Specify a service title for the HCBS listed in Attachment 4.19-B that the state plans to cover):

**Occupational Therapy**

Service Definition (Scope):

Occupational Therapy services are defined in Title 22, California Code of Regulations, Sections 51085, and 51309 as services designed to restore or improve a person’s ability to undertake activities of daily living when those skills are impaired by developmental or psychosocial disabilities, physical illness or advanced age. Occupational therapy includes evaluation, treatment planning, treatment, instruction and consultative services.

All medically necessary occupational therapy services for children under age 21 are covered in the state plan pursuant to the EPSDT benefit. Occupational therapy in this waiver is only provided to individuals age 21 and over and only when the limits of occupational therapy services furnished under the approved state plan are exhausted. Occupational therapy services in the approved state plan are limited to a maximum of two services in any one calendar month or any combination of two services per month from the following services: audiology, acupuncture, chiropractic, psychology, podiatry, and speech therapy or the amount determined medically necessary.

Additional needs-based criteria for receiving the service, if applicable (specify):

Specify limits (if any) on the amount, duration, or scope of this service. Per 42 CFR Section 440.240, services available to any categorically needy recipient cannot be less in amount, duration and scope than those services available to a medically needy recipient, and services must be equal for any individual within a group. States must also separately address standard state plan service questions related to sufficiency of services.

(Choose each that applies):

Categorically needy (specify limits):

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Medically needy ( <i>specify limits</i> ):			
<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> ):
Occupational Therapist (Individual/Agency)	Occupational Therapist: Licensed Occupational Therapist by the California Board of Occupational Therapy pursuant to Business and Professions Code §§2570-2571  An appropriate business license as required by the local jurisdiction for the adaptations to be completed.		
Occupational Therapist Assistant (Agency)	Occupational Therapist Assistant: Licensed Occupational Therapist by the California Board of Occupational Therapy pursuant to Business and Professions Code §§2570-2571  An appropriate business license as required by the local jurisdiction for		

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	the adaptations to be completed.		
<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):	
Business entity	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 biennially 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> (Specify a service title for the HCBS listed in Attachment 4.19-B that the state plans to cover):
<b>Physical Therapy</b>
Service Definition (Scope):
Physical Therapy services are defined in Title 22, California Code of Regulations, Sections 51081, and 51309 as services of any bodily condition by the use of physical, chemical, and or other properties of heat, light, water, electricity or sound, and by massage and active, resistive or passive exercise. Physical therapy includes evaluation, treatment planning, treatment, instruction, consultative services, and application of topical medications. All medically necessary physical therapy services for children under age 21 are covered in the state plan pursuant to the EPSDT benefit. Physical therapy in this waiver is only provided to individuals age 21 and over and only when the limits of physical therapy services furnished under the approved state plan are exhausted. Physical therapy services in the approved state plan are limited to six month treatments and may be renewed if determined medically necessary.
Additional needs-based criteria for receiving the service, if applicable (specify):
Specify limits (if any) on the amount, duration, or scope of this service. Per 42 CFR Section 440.240, services available to any categorically needy recipient cannot be less in amount, duration and scope than those services available to a medically needy recipient, and services must be equal for any individual within a group. States must also separately address standard state plan service questions related to sufficiency of services. (Choose each that applies):

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Categorically needy ( <i>specify limits</i> ):			
Medically needy ( <i>specify limits</i> ):			
<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> ):
Physical Therapist (Individual/Agency)	Physical Therapist: Licensed Physical Therapist by the Physical Therapy Board of California pursuant to Business and Professions Code §§2635-2639.1  An appropriate business license as required by the local jurisdiction for the adaptations to be completed.		
Physical Therapy Assistant (Agency)	Physical Therapy Assistant: Licensed Physical Therapy assistant by the Physical Therapy  An appropriate business license as required by the local jurisdiction for the adaptations to be completed.		

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<b>Verification of Provider Qualifications</b> <i>(For each provider type listed above. Copy rows as needed):</i>		
<b>Provider Type</b> <i>(Specify):</i>	<b>Entity Responsible for Verification</b> <i>(Specify):</i>	<b>Frequency of Verification</b> <i>(Specify):</i>
Business entity	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 biennially thereafter.
<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 for the HCBS listed in Attachment 4.19-B that the state plans to cover):</i>
<b>Family/ Consumer Training</b>
<b>Service Definition (Scope):</b>
Family/consumer support and training services are provided, as needed, in conjunction with extended state plan services in this waiver. These services include training by licensed providers to maintain or enhance the long-term impact of treatment provided. This includes support or counseling for the consumer and/or family to ensure proper understanding of the treatment provided and what supports are needed in the recipient's home environment to enhance the treatments. These services will be provided to individuals age 21 and older.
<b>Additional needs-based criteria for receiving the service, if applicable (specify):</b>
Specify limits (if any) on the amount, duration, or scope of this service. Per 42 CFR Section 440.240, services available to any categorically needy recipient cannot be less in amount, duration and scope than those services available to a medically needy recipient, and services must be equal for any individual within a group. States must also separately address standard state plan service questions related to sufficiency of services. <i>(Choose each that applies):</i>
<b>Categorically needy (specify limits):</b>
<b>Medically needy (specify limits):</b>

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<b>Provider Qualifications</b> (For each type of provider. Copy rows as needed):			
<b>Provider Type</b> (Specify):	<b>License</b> (Specify):	<b>Certification</b> (Specify):	<b>Other Standard</b> (Specify):
Dentist, Dental Hygienist, Marriage & Family Therapist, Social Worker, Speech Therapist (Individual/Agency)	Dentist: Licensed Dentist by the Dental Board of California pursuant to Business and Professions Code §§1628-1636.6		
	Dental Hygienist: Licensed Dental Hygienist by the Dental Hygiene Committee of California pursuant to Business and Professions Code §§1900-1966.6		
	Marriage & Family Therapist (MFT): Licensed MFT by the California Board of Behavioral Sciences pursuant to Business and Professions Code §§4980-4989		
	Social Worker: Licensed Social Worker by the California Board of Behavioral Sciences pursuant to		

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	<p>Business and Professions Code §§4996-4997.1</p> <p>Speech Therapist: Licensed Speech-Language Therapist by the Speech-Language Pathology &amp; Audiology &amp; Hearing Aid Dispensers Board pursuant to Business and Professions Code §2532-2532.8</p> <p>As appropriate, a business license as required by the local jurisdiction where the business is located.</p>		
<p>Occupational Therapist, Occupational Therapy Assistant, Physical Therapist, Physical Therapy Assistant, Registered Nurse, Licensed Vocational Nurse, (Individual/Agency)</p>	<p>Occupational Therapist and Assistant: Licensed Occupational Therapist by the California Board of Occupational Therapy pursuant to Business and Professions Code §§2570-2571</p> <p>Physical Therapist:</p>	<p>N/A</p>	

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	<p>Licensed Physical Therapist by the Physical Therapy Board of California pursuant to Business and Professions Code §§2635-2639.1</p> <p>Physical Therapy Assistant: Licensed Physical Therapy assistant by the Physical Therapy Board of California pursuant to Business and Professions Code §§2635-2639.1</p> <p>Licensed Registered Nurse by the California Board of Registered Nursing pursuant to Business and Professions Code §§ 2725-2742</p> <p>Licensed Vocational Nurse by the California Board of Vocational Nursing and Psychiatric Technicians pursuant to</p>		
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	Business and Professions Code §§ 2859-2873.6 2873.7		
	As appropriate, a business license as required by the local jurisdiction where the business is located.		
<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):	
Business entity	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 biennially thereafter.	
<b>Service Delivery Method.</b> (Check each that applies):			
<input type="checkbox"/>	Participant-directed	<input checked="" type="checkbox"/>	Provider managed

1.  **Policies Concerning Payment for State plan HCBS Furnished by Relatives, Legally Responsible Individuals, and Legal Guardians.** (By checking this box the state assures that): There are policies pertaining to payment the state makes to qualified persons furnishing State plan HCBS, who are relatives of the individual. There are additional policies and controls if the state makes payment to qualified legally responsible individuals or legal guardians who provide State Plan HCBS. (Specify (a) who may be paid to provide State plan HCBS; (b) the specific State plan HCBS that can be provided; (c) how the state ensures that the provision of services by such persons is in the best interest of the individual; (d) the state's strategies for ongoing monitoring of services provided by such persons; (e) the controls to ensure that payments are made only for services rendered; and (f) if legally responsible individuals may provide personal care or similar services, the policies to determine and ensure that the services are extraordinary (over and above that which would ordinarily be provided by a legally responsible individual):

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update the fee schedule and State Plan. If the State determines that no rebasing is necessary, the State must submit documentation to CMS to support its decision.

**2) Out-of-State Rate Methodology** - This methodology is applicable for out-of-state residential providers. The rate paid is the established usual and customary rate for that service, paid by that State in the provision of that service to their own service population.

**3) Median Rate Methodology** - As described on pages 70-71, above. This methodology is used to determine the applicable monthly rate for Licensed/Certified Residential Services providers.

4) Enhanced Behavior Supports Homes rate methodology - There are two components to the monthly rate for Enhanced Behavioral Supports Homes: 1) the facility component, and 2) the individualized services and supports component. The allowable costs used to calculate the facility component include payroll costs of facility staff and facility related costs such as lease, facility maintenance, repairs, cable/internet, etc. The allowable costs used to calculate the individualized services and supports component include the salaries, wages, payroll taxes, and benefits of individuals providing individualized services and supports and other consumer specific program costs. The rate of payment for both components may not exceed the rate limit determined by the Department.

**B. Supported Living Services provided in a Consumer's own Home (Non-**

**Licensed/Certified)** Supported Living Services providers are in this subcategory. Maximum hourly rates for these providers are determined using the median rate methodology, as described on pages 70-71 above.

**REIMBURSEMENT METHODOLOGY FOR HABILITATION – DAY SERVICES**

This service is comprised of the following three subcomponents:

**A. Community-Based Day Services** – There are two rate setting methodologies for providers in this subcategory.

**1) Rates Set pursuant to a Cost Statement Methodology** – As described on page 69, above. This methodology is applicable to the following providers (unit of service in parentheses): Activity Center (daily), Adult Development Center (daily), Behavior Management Program (daily), Independent Living Program (hourly), and Social Recreation Program (hourly). The rate schedule, effective July 1, 2016, for these services is located at the following link:

[http://www.dds.ca.gov/Rates/docs/Comm\\_Based\\_Respite.pdf](http://www.dds.ca.gov/Rates/docs/Comm_Based_Respite.pdf)

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**2) Median Rate Methodology** – As described on pages 70-71, above. This methodology is used to determine the applicable daily rate for Creative Art Program, Community Integration Training Program and Community Activities Support Services providers. This methodology is also used to determine the applicable hourly rate for Adaptive

**REIMBURSEMENT METHODOLOGY FOR ENHANCED HABILITATION – SUPPORTED EMPLOYMENT (INDIVIDUAL)**

Supported employment rates for all providers are set in State statute [Welfare and Institutions Code Section 4860(a)(1)] at \$36.57 per job coach hour, effective July 1, 2016.

**REIMBURSEMENT METHODOLOGY FOR ENHANCED HABILITATION – PREVOCAATIONAL SERVICES**

There are two rate setting methodologies for this service:

1. Daily rates for Work Activity Program providers are set using the cost statement methodology, as described on page 69.
2. Supported Employment Group providers are set in State statute [Welfare and Institutions Code Section 4860(a) (1)] at \$36.57 per job coach hour effective July 1, 2016. Incentive payments will be paid to service providers as referenced in WIC 4870(d).

The rate schedule, effective July 1, 2016, can be found at the following link:

[http://www.dds.ca.gov/Rates/docs/WAP\\_SEP\\_Rates.pdf](http://www.dds.ca.gov/Rates/docs/WAP_SEP_Rates.pdf)

**REIMBURSEMENT METHODOLOGY FOR HOMEMAKER SERVICES**

There are two rate methodologies to set hourly rates for Homemaker services provided by either an agency or individual.

- 1) Usual and Customary Rate Methodology** - As described on page 70, above. If the provider does not have a usual and customary rate, then rates are set using #2 below.
- 2) Median Rate Methodology** - As described on pages 70-71, above.

**REIMBURSEMENT METHODOLOGY FOR HOME HEALTH AIDE SERVICES**

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**DHCS Fee Schedules** - As described on page 70, above. Specific hourly rates can be found on the following link: [http://files.medi-cal.ca.gov/pubsdoco/Rates/rates\\_download.asp](http://files.medi-cal.ca.gov/pubsdoco/Rates/rates_download.asp)

**REIMBURSEMENT METHODOLOGY FOR COMMUNITY BASED ADULT SERVICES**

- **DHCS Fee Schedules** - As described on page 70, above. Specific daily rates can be found at the following link: [http://files.medi-cal.ca.gov/pubsdoco/publications/masters-mtp/part2/communitycd\\_o01.doc](http://files.medi-cal.ca.gov/pubsdoco/publications/masters-mtp/part2/communitycd_o01.doc)

**REIMBURSEMENT METHODOLOGY FOR PERSONAL EMERGENCY RESPONSE SYSTEMS**

There are two methodologies to determine the monthly rate for this service.

- 1) **Usual and Customary Rate methodology** - As described on page 70, above. If the provider does not have a usual and customary rate, then rates are set using #2 below.
- 2) **Median Rate Methodology** - As described on pages 70-71, above.

**REIMBURSEMENT METHODOLOGY FOR VEHICLE MODIFICATION AND ADAPTATION**

The per modification rate for vehicle modifications is determined utilizing the usual and customary rate methodology, as described on page 70, above.

**REIMBURSEMENT METHODOLOGY FOR SPEECH, HEARING LANGUAGE SERVICES**

There are two rate setting methodologies for this service:

1. **DHCS Fee Schedules** - As described on page 70, above. The fee schedule, effective July 15, 2016 can be found at the following link: [http://files.medi-cal.ca.gov/pubsdoco/Rates/rates\\_download.asp](http://files.medi-cal.ca.gov/pubsdoco/Rates/rates_download.asp)
2. Median Rate Methodology – the median rate (as defined previously) may be used if the provider has at least one year experience working with persons with developmental disabilities.

**REIMBURSEMENT METHODOLOGY FOR DENTAL SERVICES**

There are two rate setting methodologies for this service:

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1. **DHCS Fee Schedules** - As described on page 70, above. The fee schedule, effective July 15, 2016 can be found at the following link: [http://files.medi-cal.ca.gov/pubsdoco/Rates/rates\\_download.asp](http://files.medi-cal.ca.gov/pubsdoco/Rates/rates_download.asp)
2. Median Rate Methodology – the median rate (as defined previously) may be used if the provider has at least one year experience working with persons with developmental disabilities.

**REIMBURSEMENT METHODOLOGY FOR OPTOMETRIC/OPTICIAN SERVICES**

**DHCS Fee Schedules** - As described on page 70, above. The fee schedule, effective July 15, 2016 can be found at the following link: [http://files.medi-cal.ca.gov/pubsdoco/Rates/rates\\_download.asp](http://files.medi-cal.ca.gov/pubsdoco/Rates/rates_download.asp)

**REIMBURSEMENT METHODOLOGY FOR PRESCRIPTION LENSES AND FRAMES**

**DHCS Fee Schedules** - As described on page 70, above. The fee schedule, effective July 15, 2016 can be found at the following link: [http://files.medi-cal.ca.gov/pubsdoco/Rates/rates\\_download.asp](http://files.medi-cal.ca.gov/pubsdoco/Rates/rates_download.asp)

**REIMBURSEMENT METHODOLOGY FOR PSYCHOLOGY SERVICES**

There are two rate setting methodologies for this service:

1. **DHCS Fee Schedules** - As described on page 70, above. The fee schedule, effective July 15, 2016 can be found at the following link: [http://files.medi-cal.ca.gov/pubsdoco/Rates/rates\\_download.asp](http://files.medi-cal.ca.gov/pubsdoco/Rates/rates_download.asp)
2. Median Rate Methodology – the median rate (as defined previously) may be used if the provider has at least one year experience working with persons with developmental disabilities.

**REIMBURSEMENT METHODOLOGY FOR CHORE SERVICES**

**Usual and Customary Rate Methodology** - As described on page 70, above.

**REIMBURSEMENT METHODOLOGY FOR COMMUNICATION AIDES**

There are two methodologies to determine the monthly rate for this service.

- 1) **Usual and Customary Rate Methodology** - As described on page 70, above. If the provider does not have a usual and customary rate, then rates are set using #2 below.

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2) **Median Rate Methodology** - As described on pages 70-71, above.

**REIMBURSEMENT METHODOLOGY FOR ENVIRONMENTAL ACCESSIBILITY  
ADAPTATIONS**

**Usual and Customary Rate Methodology** - As described on page 70, above.

**REIMBURSEMENT METHODOLOGY FOR NON-MEDICAL TRANSPORTATION**

There are three methodologies to determine the monthly rate for this service (except individual transportation providers – see Rate based on Regional Center Employee Travel Reimbursement below).

1) **Usual and Customary Rate Methodology** - As described on page 70, above. If the provider does not have a usual and customary rate, then rates are set using #2 below.

2) **Median Rate Methodology** - As described on pages 70-71, above.

3) **Rate based on Regional Center Employee Travel Reimbursement** – The maximum rate paid to an individual transportation provider is established as the travel rate paid by the regional center to its own employees. This rate is used only for services provided by an individual transportation provider.

**REIMBURSEMENT METHODOLOGY FOR NUTRITIONAL CONSULTATION**

**Usual and Customary Rate Methodology** - As described on page 70, above.

**REIMBURSEMENT METHODOLOGY FOR SKILLED NURSING**

**DHCS Fee Schedules** - As described on page 70, above. The fee schedule, effective July 15, 2016 can be found at the following link: [http://files.medi-cal.ca.gov/pubsdoco/Rates/rates\\_download.asp](http://files.medi-cal.ca.gov/pubsdoco/Rates/rates_download.asp)

**REIMBURSEMENT METHODOLOGY FOR SPECIALIZED MEDICAL EQUIPMENT  
AND SUPPLIES**

**DHCS Fee Schedules** - As described on page 70, above. The fee schedule, effective July 15, 2016 can be found at the following link: [http://files.medi-cal.ca.gov/pubsdoco/Rates/rates\\_download.asp](http://files.medi-cal.ca.gov/pubsdoco/Rates/rates_download.asp)

**§1915(i) State Plan Home and Community-Based Services**

State Plan Under Title XIX of the Social Security Act

STATE/TERRITORY: CALIFORNIA

**REIMBURSEMENT METHODOLOGY FOR TRANSITION/SET-UP EXPENSES**

**Usual and Customary Rate Methodology** - As described on page 70, above.

**REIMBURSEMENT METHODOLOGY FOR COMMUNITY-BASED TRAINING SERVICES**

The maximum rate for this service is set in State statute [Welfare and Institutions Code Section 4688.21(c)(7)] at \$14.99 per hour.

**REIMBURSEMENT METHODOLOGY FOR FINANCIAL MANAGEMENT SERVICES**

Rates for FMS are set in State regulation, Title 17, CCR, Section 58888(b) as follows:

If the FMS functions as a fiscal/employer agent, the rate is based on the number of participant-directed services used by the consumer:

- (A) A rate not to exceed a maximum of \$45.88 per consumer per month for one participant-directed service; or
- (B) A rate not to exceed a maximum of \$71.73 per consumer per month for two or three participant-directed services; or
- (C) A rate not to exceed a maximum of \$96.86 per consumer per month for four or more participant-directed services.

If the FMS functions as a co-employer, the rate is not to exceed a maximum of \$96.86 per consumer per month for one to four co-employer services.

**REIMBURSEMENT METHODOLOGY FOR FAMILY SUPPORT SERVICES**

There are two rate setting methodologies for this service. If the provider does not have a “usual and customary,” then the maximum rate is set using the median rate setting methodology. Usual and customary and median rates are defined previously.

**REIMBURSEMENT METHODOLOGY FOR HOUSING ACCESS SERVICES**

The rate for Housing Access Service is determined utilizing the U&C rate methodology as previously defined.

**§1915(i) State Plan Home and Community-Based Services**

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**REIMBURSEMENT METHODOLOGY FOR FAMILY/ CONSUMER TRAINING**

The median rate methodology, as described on pages 70-71 above, is used to determine the hourly rates for providers in this subcategory.

**REIMBURSEMENT METHODOLOGY FOR OCCUPATIONAL THERAPY**

There are two rate setting methodologies to determine the hourly rates for providers in this subcategory.

1. **DHCS Fee Schedules** - As described on page 70, above. The fee schedule, effective July 15, 2016 can be found at the following link: [http://files.medi-cal.ca.gov/pubsdoco/Rates/rates\\_download.asp](http://files.medi-cal.ca.gov/pubsdoco/Rates/rates_download.asp).
2. Median Rate Methodology – As described on pages 70-71, above.

**REIMBURSEMENT METHODOLOGY FOR PHYSICAL THERAPY**

There are two rate setting methodologies to determine the hourly rates for providers in this subcategory.

1. **DHCS Fee Schedules** - As described on page 70, above. The fee schedule, effective July 15, 2016 can be found at the following link: [http://files.medi-cal.ca.gov/pubsdoco/Rates/rates\\_download.asp](http://files.medi-cal.ca.gov/pubsdoco/Rates/rates_download.asp).
2. Median Rate Methodology – As described on pages 70-71, above.