

DEPARTMENT OF HEALTH & HUMAN SERVICES
Centers for Medicare & Medicaid Services
[601 E. 12th St., Room 355](#)
[Kansas City, Missouri 64106](#)



Medicaid and CHIP Operations Group

November 1, 2023

Michelle Baass, Director & Interim State Medicaid Director
Department of Health Care Services
1501 Capitol Ave
MS 0000
Sacramento, CA 95899-7413

RE: California Home and Community Based Alternatives Waiver (CA-0139.R06.01)
Amendment

Dear Director Baass:

The Centers for Medicare & Medicaid Services (CMS) is approving your request to amend the Home and Community-Based Alternatives Waiver for persons any age who are medically fragile and/or technologically dependent. The CMS Control Number for the amendment is CA-0139.R06.01. Please use this number in future correspondence relevant to this waiver action.

With this amendment, the state is adding telehealth as a permanent service delivery option for specified waiver services, in compliance with California Welfare and Institutions Code section 14132.725, federal statute and regulations; and as agreed upon by the applicant, participant, legal representative and Medi-Cal provider. Additionally, minor edits were made to three performance measures for operational purposes and/or accuracy. The changes to the performance measures did not change the original intent or standard of the measure. The effective date of the amendment is November 12, 2023. The Appendix K amendment that included provisions incorporated via this amendment expires on November 11, 2023.

The waiver continues to be cost-neutral. The average per capita cost of waiver services estimates (Appendix J.1) have been approved.

This approval is subject to your agreement to serve no more individuals than the total number of unduplicated participants indicated in Appendix J.2 of the waiver. If the state wishes to serve more individuals or make any other alterations to this waiver, an amendment must be submitted for approval.

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

Olmstead decision. Guidance from the Department of Justice concerning compliance with the Americans with Disabilities Act and the Olmstead decision is available at http://www.ada.gov/olmstead/q&a_olmstead.htm.

CMS reminds the state that the state must have an approved spending plan in order to use the money realized from section 9817 of the American Rescue Plan (ARP). Approval of this action does not constitute approval of the state's spending plan.

Thank you for your cooperation during the review process. If you have any questions concerning this information, please contact me at (410) 786-7561. You may also contact Lisa Amaro-Rife at Lisa.Amaro-Rife@cms.hhs.gov or (214) 767-2506.

Sincerely,

George P. Failla, Jr., Director
Division of HCBS Operations and Oversight

cc: Cheryl Young, CMCS, CMS
Deanna Clark, CMCS, CMS
Cynthia Nanes, CMCS, CMS