

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

July 11, 2024

Tyler Sadwith, 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.R06.04)
Amendment

Dear Director Sadwith:

The Centers for Medicare & Medicaid Services (CMS) is approving your request to amend the Home and Community-Based Alternatives Waiver for persons of any age who are medically fragile and/or technologically dependent. The CMS Control Number for the amendment is CA-0139.R06.04. Please use this number in future correspondence relevant to this waiver action.

With this amendment, the state is correcting the previously approved HCBA slot increase amendment and remove Waiver Personal Care Services (WPCS) - Adult Companionship as an authorized service to utilize telehealth. Additionally, this amendment removes a duplicative performance measure. Specifically, sub-assurance a.i.a. in Appendix I is duplicative of other measures captured in Appendix C sub-assurance a.i.a, Appendix D sub-assurance a.i.d, and Appendix I sub-assurance a.i.b. These sub-assurances provide an accurate report of California's performance as such, this sub-assurance is removed as an inaccurate measure. The effective date of the amendment is January 1, 2024.

The waiver continues to be cost-neutral. The average per capita cost of waiver service 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 -S

Digitally signed by George
P. Failla Jr -S
Date: 2024.07.11
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George P. Failla, Jr., Director
Division of HCBS Operations and Oversight

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