



Medicaid and CHIP Operations Group

December 19, 2024

Tyler Sadwith, State Medicaid Director
California Department of Health Care Services
P.O. Box 997413, MS 0000
Sacramento, CA 95899-7413

RE: CA 0336.R05.10 Amendment

Dear Director Sadwith:

The Centers for Medicare & Medicaid Services (CMS) is approving your request to amend the HCBS Waiver for Californians with Developmental Disabilities for individuals with intellectual or developmental disabilities or autism. The CMS Control Number for the amendment is CA 0336.R05.10. Please use this number in future correspondence relevant to this waiver action.

With this amendment, the state is implementing the final round of rate increases from a 2019 rate study, adding a new service called Person-Centered Future Planning, increasing the rate for Financial Management Services, and allowing participant-direction for Community Living Arrangement Services. The effective date of the amendment is January 1, 2025.

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 Alice Hogan at Alice.Hogan@cms.hhs.gov or (404) 562-7432.

Sincerely,

George P.
Failla Jr -S

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

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