Appendix C: Participant Services

C-1: Summary of Services Covered (1 of 2)

a. Waiver Services Summary. *List the services that are furnished under the waiver in the following table. If case management is not a service under the waiver, complete items C-1-b and C-1-c:*

Service Type	Service
Statutory Service	Case Management
Statutory Service	Habilitation Services
Statutory Service	Home Respite
Statutory Service	Waiver Personal Care Services (WPCS)
Extended State Plan Service	Paramedical Service
Other Service	Assistive Technology
Other Service	Community Transition Services
Other Service	Comprehensive Care Management
Other Service	Continuous Nursing and Supportive Services
Other Service	Developmentally Disabled/Continuous Nursing Care (DD/CNC), Non-Ventilator Dependent Services
Other Service	Developmentally Disabled/Continuous Nursing Care, Ventilator Dependent Services
Other Service	Environmental Accessibility Adaptations
Other Service	Facility Respite
Other Service	Family/Caregiver Training
Other Service	Medical Equipment Operating Expense
Other Service	Personal Emergency Response (PERS) Installation and Testing
Other Service	Personal Emergency Response Systems (PERS)
Other Service	Private Duty Nursing - Including Home Health Aide and Shared Services
Other Service	Transitional Case Management

Appendix C: Participant Services

C-1/C-3: Service Specification

State laws, regulations and policies referenced in the specification are readily available to CMS upon request through the Medicaid agency or the operating agency (if applicable).

Service Type:

Statutory Service

Service:

Case Management

Alternate Service Title (if any):

Case Management

HCBS Taxonomy:

Category 1: **Sub-Category 1:**

Category 2: **Sub-Category 2:**

Category 3: **Sub-Category 3:**

Category 4: **Sub-Category 4:**

Complete this part for a renewal application or a new waiver that replaces an existing waiver. Select one **:**

- ○ **Service is included in approved waiver. There is no change in service specifications.**
- ◉ **Service is included in approved waiver. The service specifications have been modified.**
- ○ **Service is not included in the approved waiver.**

Service Definition *(Scope):*

Case Management services are designed to assess the participant and determine their need for medical, psycho-social, social, and other services, and to assist them in gaining access to those medically-necessary services and supports, regardless of the funding source. The goal of providing Case Management services is to help sustain the participant's health and safety through the home and community-based program. HCBA Case Management providers also assist participants in acquiring personal care providers as described in the participant's plan of care.

HCBA Case Management providers work with the participant, legal representative/legally responsible adult, and/or circle of support, and primary care physician in identifying goals and developing a course of action to respond to the assessed needs of the individual. HCBA Case Management providers assist the participant with the development and/or updating of the participant's primary care physician-signed POT, using person-centered planning techniques to help the participant understanding the various services they are receiving or may receive, as well as the impact of the services received/requested, based on the source of funding. HCBA Case Management providers also oversee the implementation of the services described in the POT and evaluate the effectiveness of those services.

HCBA Case Management provider responsibilities include, but are not limited to: conducting clinical assessment(s) of the beneficiary; providing person-centered care planning; and, assisting with locating, coordinating, and monitoring services for community-based participants on the Waiver. HCBA Case Management provider services do not include the direct delivery of any other service.

HCBA Waiver Case Management service will not duplicate case management services available under the State Plan.

Prior to rending any services under the HCBA waiver, the provider must be enrolled as a Medi-Cal provider in compliance with state and federal law. Any services provided prior to the provider's enrollment as a Medi-Cal provider as required by state and federal law are not eligible for payment under the HCBA Waiver.

Specify applicable (if any) limits on the amount, frequency, or duration of this service:

Case Management services are authorized only where an HCBA Waiver Agency is not present.

Service Delivery Method *(check each that applies)*:

- ☐ **Participant-directed as specified in Appendix E**
- ☒ **Provider managed**

Specify whether the service may be provided by *(check each that applies)***:**

☐ **Legally Responsible Person**

☒ **Relative**

☐ **Legal Guardian**

Provider Specifications:

Provider Category	Provider Type Title
Agency	Professional Corporation
Individual	HCBS Waiver Nurse Provider - RN
Agency	Non-Profit Agency
Agency	Home Health Agency (HHA)

Appendix C: Participant Services

C-1/C-3: Provider Specifications for Service

Service Type: Statutory Service
Service Name: Case Management

Provider Category:

Agency

Provider Type:

Professional Corporation

Provider Qualifications

License *(specify):*

CC §13401(b)

Certificate *(specify):*

Other Standard *(specify):*

HCBA Waiver Standards of Participation

A Professional Corporation is a provider that employs individuals who provide HCBS Waiver services approved under the HCBA Waiver, is enrolled as an HCBS Waiver Professional Corporation provider, and meets and maintains the SOP minimal qualifications for a Professional Corporation.

The following are the licensed persons permitted to provide HCBA Waiver services to Waiver participants under the terms of the HCBA Waiver:

1. Licensed Psychologists (See California Business and Professions Code §2900, et seq.) operating a Professional Corporation pursuant to California Corporations Code §13400, et seq.;

2. Licensed Clinical Social Workers (LCSW) (See California Business and Professions Code §4996, et seq.); operating a Professional Corporation pursuant to California Corporations Code §13400, et seq.,

3. Marriage and Family Therapists (MFT) (See California Business and Professions Code §4980, et seq.) operating as a Professional Corporation pursuant to California Corporations Code §13400, et seq. and,

4. Registered Nurse (RN) (See California Business and Professions Code §2725, et seq.) operating as a Professional Corporation pursuant to California Corporations Code §13400, et seq.

Minimum qualification and requirements for a Professional Corporation functioning as a HCBS Waiver Service Provider are:

1. Be currently and continuously incorporated in the State of California as a professional corporation, pursuant to California Corporations Code §13400, et seq., or, if a foreign professional corporation, be currently and continuously incorporated in its state of incorporation and have filed in California a Statement and Designation of a Professional Foreign Corporation.

2. The Professional Corporation must maintain good standing as a domestic or foreign professional corporation while the professional corporation is enrolled as an HCBA Waiver provider.

3. All Professional Corporations enrolling as HCBS Waiver providers must provide DHCS a Certificate of Status of Good Standing to do business in the State of California (available from the Secretary of State's Office) and a current Certificate of Registration (pursuant to California Corporations Code §13401(b)) provided by the governmental agency regulating the profession. Professions regulated by the Board of Behavioral Sciences that organize as professional corporations are exempt from providing the Certificate of Registration (California Corporations Code §13401(b)). The Professional Corporation must notify DHCS in writing of any change to its Good Standing status or its Certificate of Registration within five (5) business days of the change.

4. Have and maintain a current, unsuspended, un-revoked license to practice business in the State of California, and provide a copy of that license to DHCS upon enrollment and upon request. The Professional Corporation must notify DHCS in writing of any change to the status of its license to practice business within five (5) business days of the change.

5. Employ licensed persons as specified above who will render Waiver services to Waiver participants, as requested and authorized, and who meet the following criteria:

a. Employ only licensed persons with a current, unsuspended, un-revoked license to practice in the State of California. The Professional Corporation must maintain records of licensing for inspection and review by DHCS. The Professional Corporation must notify DHCS in writing of any change in licensure status of its licensed employees within five (5) days of the change of licensure status.

b. Employ licensed persons who have documented work experience that includes, at least, a minimum of 1,000 hours of experience in providing Case Management services to the elderly and/or persons with disabilities living in the community. The Professional Corporation must maintain adequate

documentation of the minimum hours of work experience for each of its licensed persons for inspection and review by DHCS.

6. Provide HCBA Waiver services consistent with the participant's medically necessary services to safely live in a community-based setting, taking into consideration the current primary care physician's orders and the POT, within the scope of the licensed person's scope of practice as follows:

a. Develop the POT consistent with the assessment of the Waiver participant and the participant's current primary care physician's orders for care. Collaborate with the waiver participant's current primary care physician in the development of the POT to address the waiver participant's medical care needs. The POT will identify all of the services rendered to meet the needs of the waiver participant, the providers of those services, and the expected outcomes.

b. Facilitate the process of assessing the Waiver participant at the frequency described in the POT for progress and response to the care provided under the POT. Inform the participant's current primary care physician of the waiver participant's status and update or revise the POT to reflect the medical needs of the waiver participant as determined by the participant's current primary care physician. Assist the waiver participant in accessing medical care services that are beyond the licensed person's scope of practice. The POT must be updated and signed by the participant and/or legal representative/legally responsible adult, and the participant's current primary care physician no less frequently than once every six months.

c. Submit the initial POT to DHCS for approval of HCBA Waiver enrollment and services.

i. DHCS will review the initial and periodic POTs and supporting documents to determine that the requested waiver services are medically necessary and that the amount, frequency, duration and provider type of each service is included. The POT must also document that the participant, and/or legal representative/legally responsible adult(s) participated in the development of the POT and was informed of their choice to freely select qualified providers.

ii. DHCS may request additional documentation supporting the medical necessity of the services described in the POT and discuss any necessary or suggested revisions of the POT with the provider. Modifications to the POT can only be made with the approval of the participant's current primary care physician and the participant and/or their legal representative/legally responsible adult(s). DHCS will not complete enrollment of the participant in the HCBA Waiver, nor authorize requested waiver services, until the POT accurately reflects the participant's need for services to safely live in a community-based setting, the providers of those services, any goals for the participant, and identifies and describes the plan to correct any safety issues.

f. Facilitate the process of advocacy and/or mediation in the event that the participant's choice and interests are inconsistent with the participant's current primary care physician's POT. Provide the participant with education and resources regarding self-advocacy and systems change.

Verification of Provider Qualifications

Entity Responsible for Verification:

DHCS

Frequency of Verification:

Annually

Appendix C: Participant Services

C-1/C-3: Provider Specifications for Service

Service Type: Statutory Service
Service Name: Case Management

Provider Category:

Individual

Provider Type:

HCBS Waiver Nurse Provider - RN

Provider Qualifications

License *(specify):*

BPC §§ 2725 et seq.
CCR Title 22, §51067;
CCR Title 16, Division 14

Certificate *(specify):*

Other Standard *(specify):*

HCBA Waiver Standards of Participation

1.Definitions

a. "HCBS Waiver Nurse Provider-RN" means a Registered Nurse who provides HCBS Waiver RN services, as defined below, and in this capacity is not employed by or otherwise affiliated with a home health agency or any other licensed health care provider, agency, or organization.

b. "HCBS Waiver RN services" means Case Management as described in the HCBA waiver in Appendix C (Participant Services), provided to a waiver participant in the home or community-based residence by an HCBS Waiver RN, within their scope of practice. Such services shall not include nursing services provided in a licensed health facility.

To help protect the health, safety, and well-being of the vulnerable HCBA Waiver population, an HCBS Waiver Nurse Provider application will not be processed should it be determined through official documentation that the Nurse's professional license to provide health care services has been revoked, suspended or is currently in a probationary status by a federal, California or another State's licensing agency; or that the Nurse has been subject to any disciplinary action, or is currently pending or being investigated for, but not limited to, the following types of complaints:

• Drug/alcohol abuse
• Gross negligence/incompetence, resulting in patient endangerment
• Patient abuse and/or neglect
• Sexual, violent, or abusive offenses
• Fraud or theft offenses
• Mentally impaired and unsafe to practice
• Other acts or convictions substantially related to the practice of nursing
• Practicing nursing without a license
• RNs on probation and have violated their probation conditions

DHCS staff shall verify that any provider of waiver services continues to meet the waiver program requirements at the point of provider enrollment and thereafter as necessary, through credentialing desk review and onsite provider visits.

Qualifications of the HCBS Waiver RN
In addition to completing the Medi-Cal provider application and enrolling as a Medi-Cal provider, the HCBS Waiver RN shall provide all of the following documentation, in a format acceptable by DHCS:

A. Current, unencumbered license to practice as an RN in the State of California. The RN shall notify DHCS in writing of any change in the status the RN licensure within five (5) business days of change.

B. Current Basic Life Support (BLS) certification.

C. Written evidence of training or experience, which shall include at least one of the following:

a. A minimum of 1,000 hours of experience in the previous two years, in an acute care hospital caring for individuals with the care need(s) of individuals at the levels of care specified in this waiver.

b. A minimum of 2,000 hours of experience in the previous three years, in an acute care hospital caring for individuals with the care need(s) of individuals at the levels of care specified in this waiver.

c. A minimum of 2,000 hours of experience in the previous five years, working for a licensed and certified home health agency caring for individuals with the care need(s) of individuals at the levels of care specified in this waiver.

d. A minimum of 2,000 hours of experience in the previous five years in an area not listed above, that in the opinion of DHCS, would demonstrate appropriate knowledge, skill and ability in caring for

individuals at one or more of the levels of care specified in this waiver.

The HCBS Waiver RN providing Case Management services shall:

1. Prepare a detailed POT that reflects an appropriate nursing assessment of the waiver participant, interventions, and the participant's current primary care physician's orders. The appropriateness of the nursing assessment and interventions shall be determined by DHCS based upon the waiver participant's medical condition and medically necessary care need(s) to safely live at home or in a community-based setting. The POT shall be signed by the waiver participant, the RN, and the waiver participant's current primary care physician, and shall contain the dates of service.

2. Obtain a signed release form from the waiver participant's current primary care physician, which shall specify both of the following:

a. The participant's current primary care physician has knowledge that the RN providing care to the waiver participant is doing so without the affiliation of a home health agency or other licensed health care agency of record.

b. The participant's current primary care physician is willing to accept responsibility for the care rendered to the waiver participant.

3. Prepare a written home safety evaluation, in a format acceptable to DHCS that demonstrates that the waiver participant's home environment is adequate to supports the health and safety of the individual. This documentation shall include all of the following:

a. A determination that the area where the waiver participant will receive care will accommodate the use, maintenance, and cleaning of all medical devices, equipment, and supplies necessary to maintain the individual in the home in comfort and safety, and to facilitate the nursing care required. The home safety evaluation shall include a diagram of the participant's home.

b. Primary and backup utility, communication, and fire safety systems and devices are installed and available in working order, which shall include grounded electrical outlets, smoke detectors, fire extinguisher, telephone, and notification of utility, emergency, and rescue systems that a person with special needs resides in the home.

c. The home complies with local fire, safety, building, and zoning ordinances, and the number of persons residing in the home does not exceed that permitted by such ordinances.

d. All medical equipment, supplies, primary and backup systems, and other services and supports, identified in the POT, are in place and available in working order, or have been ordered and will be in place at the time the waiver participant begins receiving services.

3. Obtain medical information that supports the request for the services. This information may include a history and physical completed by the waiver participant's current primary care physician within the previous three months for an individual under the age of 21, and within the previous six months for an individual 21 years of age or older. If the last history and physical was completed outside of the respective timeframes, the history and physical shall be accompanied by documentation of the most recent office visit, which shall contain a detailed summary of medical findings that includes a body systems examination.

4. Submit the following documentation to DHCS, annually:

a. Evidence of renewal of BLS certification and unencumbered RN licensure prior to expiration.

b. Written evidence, in a format acceptable to DHCS, of on-going education or training caring for the waiver participants for whom services are being provided, at least once per calendar year.

c. Written summary of the Case Management activities provided.

d. Written evidence, in a format acceptable to DHCS, of on-going contact with the waiver participant's current primary care physician for the purpose of informing the physician of the participant's progress and updating and renewing the participant's current primary care physician orders.

Verification of Provider Qualifications

Entity Responsible for Verification:

California Board of Registered Nursing
DHCS

Frequency of Verification:

Annually

Appendix C: Participant Services

C-1/C-3: Provider Specifications for Service

Service Type: Statutory Service
Service Name: Case Management

Provider Category:

Agency

Provider Type:

Non-Profit Agency

Provider Qualifications

License *(specify):*

Business license, appropriate for the services purchased.

Certificate *(specify):*

Other Standard *(specify):*

HCBA Waiver Standards of Participation

A Non-Profit Agency/Organization is a California service entity organized and operated under the United States Internal Revenue Code §501(c)(3), and provides services to the elderly and persons with disabilities.

Minimum qualifications and requirements for a Non-Profit Organization functioning as an HCBA Waiver Case Management Service Provider are:

1. The Executive Director/Program Manager responsible for the day-to-day management of the non-profit program has:

a. A Baccalaureate degree or higher, and training and experience in overseeing programs for the elderly and/or persons with disabilities living in the community; or

b. At least five (5) years of training and experience in overseeing programs for the elderly and/or persons with disabilities living in the community in lieu of possessing a Baccalaureate degree.

2. Has filed a current "Statement of Information by Domestic Nonprofit Corporation" (Form SI-100 rev. 05/2005) with the California Secretary of State.

3. Annually files Form 990 financial reports with the California Attorney General's Registry of Charitable Trusts.

4. Maintains General Liability and Workers' Compensation insurance at all times while serving as a waiver service provider.

5. Is experienced in providing home and community-based Case Management services and support to the elderly and/or persons with disabilities living in the community.

6. Is responsible for providing training and/or in-services to staff eligible to provide HCBA Waiver Case Management services and, at least annually, reviews the HCBA Waiver services requirements. Training of HCBA Waiver service providers must be specific to the conditions and care of HCBA Waiver participants served by the Non-Profit Organization.

7. Complies with the terms and conditions set forth in the Centers for Medicare & Medicaid Services (CMS) approved HCBA Waiver.

8. Is responsible for the maintenance of waiver participant case documentation and records which support the claims for waiver services for a minimum period of ten years after the participant is receiving billable waiver services, or from the date of completion of any audit, whichever is later.

9. If the Non-Profit Organization employs licensed persons such as Licensed Clinical Social Worker (LCSW), Licensed Psychologist, and/or Marriage Family Therapist (MFT), who will render Case Management services to waiver participants as requested and authorized, the licensed professional must meet the following criteria:

a. Maintains a current, unsuspended, unrevoked license to practice within their scope of licensure in the State of California.

b. Has documented work experience that includes, at least, a minimum of 1,000 hours experience in providing Case Management services to the elderly and/or persons with disabilities living in the community.

The Non-Profit Organization must maintain records and documentation of all requirements of the waiver SOP for inspection and review by DHCS. The Non-Profit Organization must regularly monitor the license status of its licensed employees and report any changes to DHCS within 30 days of the change of

licensure status. The Non-Profit Organization must also maintain adequate documentation of the minimum hours of work experience for each of its licensed persons for inspection and review by DHCS.

10. Employs qualified professional providers to provide HCBA Waiver Case Management services to waiver participants as requested and authorized. The qualified professional providers must meet the following criteria:

a. Earned a Baccalaureate Degree or higher in Clinical Social Work or Social Welfare, Psychology, Marriage and Family Therapy, Rehabilitation Services or Gerontology from an accredited college or university.

b. Have at least 1,000 hours work experience providing services to the elderly and/or persons with disabilities living in the community. The Non-Profit Organization must maintain adequate documentation of the minimum hours of work experience for each of its qualified unlicensed professionals for inspection and review by DHCS.

11. The Non-Profit Organization must provide Case Management services consistent with the participant's choice and interests, the primary care physician's orders and the HCBA Waiver POT within the licensed provider's scope of practice and/or the qualified professional's experience as follows:

A. Develop the POT consistent with the assessment of the waiver participant and the current primary care physician's orders for care. Collaborate with the waiver participant's current primary care physician in the development of the POT to address the waiver participant's medical care needs. The POT will identify all of the services rendered to meet the needs of the waiver participant, the providers of those services and the expected outcomes.

B. Facilitate the process of assessing the waiver participant at the frequency described in the POT for progress and response to the POT. Inform the participant's current primary care physician of the waiver participant's status and update or revise the POT as directed by the participant's current primary care physician to reflect the medical needs of the waiver participant, as determined by the participant's current primary care physician. Assist the waiver participant in accessing medical care services that are beyond the Licensed Psychologist's scope of practice. The POT must be updated and signed by the participant and/or legal representative/legally responsible adult, and the participant's current primary care physician, no less frequently than, once every six months.

C. Submit the POT to DHCS for approval of HCBA Waiver enrollment and services.

a. The POT and supporting documents will be reviewed by DHCS to determine that the requested waiver services are medically necessary and that the amount, frequency, duration and provider type of each service is included. The POT must also document that the participant, legal representative/legally responsible adult(s), and/or circle of support participated in the development of the POT and was informed of their free choice to select qualified providers.

b. DHCS may request additional documentation supporting the medical necessity of the services described in the POT, and the Case Management Provider will discuss any necessary or suggested revisions of the POT with the provider. Modifications to the POT are made only with approval of the participant's current primary care physician, the participant, and/or legal representative/legally responsible adult(s). DHCS will not complete the enrollment of the applicant in the HCBA Waiver or authorize requested waiver services, until the POT is revised by the Case Manager to accurately reflect the participant's needs, services, providers, goals, and/or correction of any safety issues.

D. Facilitate the process of advocacy and/or mediation in the event that the participant's choice and interests are inconsistent with the POT signed by the participant's current primary care physician. Provide the participant with education and resources regarding self-advocacy and systems change.

Verification of Provider Qualifications

Entity Responsible for Verification:

California Attorney General's Registry of Charitable Trusts
DHCS

Frequency of Verification:

Annually

Appendix C: Participant Services

C-1/C-3: Provider Specifications for Service

Service Type: Statutory Service
Service Name: Case Management

Provider Category:

Agency

Provider Type:

Home Health Agency (HHA)

Provider Qualifications

License *(specify):*

Health and Safety Code §1725 et seq.; 22 CCR §74600 et seq.

Certificate *(specify):*

Other Standard *(specify):*

Verification of Provider Qualifications

Entity Responsible for Verification:

CDPH Licensing and Certification

Frequency of Verification:

Annually

Appendix C: Participant Services

C-1/C-3: Service Specification

State laws, regulations and policies referenced in the specification are readily available to CMS upon request through the Medicaid agency or the operating agency (if applicable).

Service Type:

Statutory Service

Service:

Habilitation

Alternate Service Title (if any):

Habilitation Services

HCBS Taxonomy:

Category 1:	**Sub-Category 1:**
Category 2:	**Sub-Category 2:**
Category 3:	**Sub-Category 3:**
Category 4:	**Sub-Category 4:**

Complete this part for a renewal application or a new waiver that replaces an existing waiver. Select one **:**

- ○ **Service is included in approved waiver. There is no change in service specifications.**
- ◉ **Service is included in approved waiver. The service specifications have been modified.**
- ○ **Service is not included in the approved waiver.**

Service Definition *(Scope):*

As defined in §1915(c)(4)(B) of the SSA, habilitation services are "…designed to assist individuals in acquiring, retaining, and improving the self-help, socialization, and adaptive skills necessary to reside successfully in home and community-based settings.

Habilitation services include prevocational, educational, and supported employment services; but do not include:
• Special education and related services that are available to the individual through a local educational agency; nor
• Vocational rehabilitation services that are available to the individual through a program funded under section 110 of the Rehabilitation Act of 1973 (29 U.S.C. 730).

Habilitation services are provided in a participant's natural environment, including their home or an out-of-home, non-facility setting. Some habilitation services can be provided by an unlicensed caregiver with the necessary training and supervision, including qualified peer mentors.

Habilitation services include training on:
• The use of public transportation;
• Personal skills development in conflict resolution;
• Community participation;
• Developing and maintaining interpersonal relationships;
• Personal habits;
• Daily living skills (cooking, cleaning, shopping, money management); and,
• Community resource awareness such as police, fire, or local services to support independence in the community.

It also includes assistance with:
• Locating, using and caring for canine and other animal companions specifically trained to provide assistance;
• Selecting and moving into a home;
• Locating and choosing suitable housemates;
• Locating household furnishings;
• Settling disputes with landlords;
• Managing personal financial affairs;
• Recruiting, screening, hiring, training, supervising, and dismissing personal attendants;
• Dealing with and responding appropriately to governmental agencies and personnel;
• Asserting civil and statutory rights through self-advocacy; and
• Building and maintaining interpersonal relationships, including a circle of support.

Prior to rending any services under the HCBA waiver, the provider must be enrolled as a Medi-Cal provider in compliance with state and federal law. Any services provided prior to the provider's enrollment as a Medi-Cal provider as required by state and federal law are not eligible for payment under the HCBA Waiver.

The HCBA Waiver is the payer of last resort, and medically-necessary Habilitation services may only be authorized as a Waiver service for participants under the age of 21 when it is not available to them through any other system, including but not limited to: 1915(i) state plan coverage, private insurance, etc.

When a participant does not have a CMT, the HCBS individual provider may provide Habilitation services following approval from the DHCS MC.

Specify applicable (if any) limits on the amount, frequency, or duration of this service:

Neither the Waiver Agency nor DHCS will authorize direct care services, or any combination of direct care and protective supervision services, exceeding 24 hours of care per day under this waiver, regardless of the funding source. Direct care services are defined in the "Additional Needed Information" section of this Waiver. Protective supervision is observing the participant's behavior to safeguard the participant against injury, hazard, or accident.

Service Delivery Method *(check each that applies)*:

☒ **Participant-directed as specified in Appendix E**

☒ **Provider managed**

Specify whether the service may be provided by *(check each that applies)*:

☐ **Legally Responsible Person**

☒ **Relative**

☐ **Legal Guardian**

Provider Specifications:

Provider Category	Provider Type Title
Agency	Professional Corporation
Agency	Non-Profit Agency
Agency	HHA
Individual	HCBS Waiver Nurse Provider - RN

Appendix C: Participant Services

C-1/C-3: Provider Specifications for Service

Service Type: Statutory Service
Service Name: Habilitation Services

Provider Category:

Agency

Provider Type:

Professional Corporation

Provider Qualifications

License *(specify):*

CC §13401(b)

Certificate *(specify):*

Other Standard *(specify):*

HCBA Waiver Standards of Participation

A Professional Corporation is a provider that employs individuals who provide HCBS approved under the HCBA Waiver, is enrolled as an HCBS Waiver Professional Corporation provider, and meets and maintains the SOP minimal qualifications for a Professional Corporation.

The following are the licensed persons permitted to provide HCBS to Waiver participants under the terms of the HCBA Waiver:

1. Licensed Psychologists (See California Business and Professions Code §2900, et seq.) operating a Professional Corporation pursuant to California Corporations Code §13400, et seq.;

2. Licensed Clinical Social Workers (LCSW) (See California Business and Professions Code §4996, et seq.); operating a Professional Corporation pursuant to California Corporations Code §13400, et seq.,

3. Marriage and Family Therapists (MFT) (See California Business and Professions Code §4980, et seq.) operating as a Professional Corporation pursuant to California Corporations Code §13400, et seq. and,

4. Registered Nurse (RN) (See California Business and Professions Code §2725, et seq.) operating as a Professional Corporation pursuant to California Corporations Code §13400, et seq.

Minimum qualification and requirements for a Professional Corporation functioning as a HCBA Waiver Service Provider are:

1. Be currently and continuously incorporated in the State of California as a professional corporation, pursuant to California Corporations Code §13400, et seq., or, if a foreign professional corporation, be currently and continuously incorporated in its state of incorporation and have filed in California a Statement and Designation of a Professional Foreign Corporation.

2. The Professional Corporation must maintain good standing as a domestic or foreign professional corporation while the professional corporation is enrolled as an HCBA Waiver provider.

3. All Professional Corporations enrolling as an HCBA Waiver provider must provide the Waiver Agency or DHCS a Certificate of Status of Good Standing to do business in the State of California (available from the Secretary of State's Office) and a current Certificate of Registration (pursuant to California Corporations Code §13401(b)) provided by the governmental agency regulating the profession. Professions regulated by the Board of Behavioral Sciences that organize as professional corporations are exempt from providing the Certificate of Registration (California Corporations Code §13401(b)). The Professional Corporation must notify the Waiver Agency or DHCS in writing of any change to its Good Standing status or its Certificate of Registration within five (5) business days of the change.

4. Have and maintain a current, unsuspended, un-revoked license to practice business in the State of California, and provide a copy of that license to the Waiver Agency or DHCS upon enrollment and upon request. The Professional Corporation must notify the Waiver Agency or DHCS in writing of any change to the status of its license to practice business within five (5) business days of the change.

5. Employ licensed persons as specified above who will render HCBA Waiver services to Waiver participants, as requested and authorized, and who meet the following criteria:

a. Employ only licensed persons with a current, unsuspended, un-revoked license to practice in the State of California. The Professional Corporation must maintain records of licensing for inspection and review by the Waiver Agency or DHCS. The Professional Corporation must notify the Waiver Agency or DHCS in writing of any change in licensure status of its licensed employees within five (5) days of the change of licensure status.

b. Employ licensed persons who have documented work experience that includes, as least, a minimum

of 1,000 hours of experience in providing HCBS to the elderly and/or persons with disabilities living in the community. The Professional Corporation must maintain adequate documentation of the minimum hours of work experience for each of its licensed persons for inspection and review by the Waiver Agency or DHCS.

6. A Professional Corporation must provide HCBS consistent with the participant's choice and interests, the participant's current primary care physician's orders, and the HCBA Waiver POT, within the licensed provider's scope of practice and/or the qualified professional's experience.

Verification of Provider Qualifications

Entity Responsible for Verification:

DHCS and/or Waiver Agency

Frequency of Verification:

Annually

Appendix C: Participant Services

C-1/C-3: Provider Specifications for Service

Service Type: Statutory Service
Service Name: Habilitation Services

Provider Category:

Agency

Provider Type:

Non-Profit Agency

Provider Qualifications

License *(specify):*

Business license, appropriate for the services purchased

Certificate *(specify):*

Other Standard *(specify):*

HCBA Waiver Standards of Participation

A Non-Profit Agency/Organization is a California service entity organized and operated under the United States Internal Revenue Code §501(c)(3), and provides services to the elderly and persons with disabilities. A Non-Profit Organization meeting the HCBA Waiver contract and Medi-Cal Provider requirements may provide HCBA Waiver services utilizing licensed professionals, qualified professional staff, and/or qualified, professionally supervised unlicensed staff.

Minimum qualifications and requirements for a Non-Profit Organization functioning as an HCBA Waiver Service Provider are:

1. The Executive Director/Program Manager responsible for the day-to-day management of the non-profit program has:

a. A Baccalaureate degree or higher, and training and experience in overseeing programs for the elderly and/or persons with disabilities living in the community; or

b. At least 5 years of training and experience in overseeing programs for the elderly and/or persons with disabilities living in the community in lieu of possessing a Baccalaureate degree.

2. Filed a current "Statement of Information by Domestic Nonprofit Corporation" (Form SI-100 rev. 05/2005) with the California Secretary of State.

3. Annually files Form 990 financial reports with the California Attorney General's Registry of Charitable Trusts.

4. Maintain General Liability and Workers' Compensation insurance at all times while serving as a waiver service provider.

5. Is experienced in providing home and community-based services and support to the elderly and/or persons with disabilities living in the community.

6. Is responsible for providing training and/or in-services to staff eligible to provide HCBA Waiver services and at least annually reviews the HCBA Waiver services requirements. Training of HCBA Waiver service providers must be specific to the conditions and care of HCBA Waiver participants served by the Non-Profit Organization.

7. Complies with the terms and conditions set forth in the Centers for Medicare & Medicaid Services (CMS) approved HCBA Waiver.

8. Is responsible for the maintenance of waiver participant case documentation and records which support the claims for waiver services for a minimum period of ten years or as long as the participant is receiving billable waiver services, or from the date of completion of any audit, whichever is later.

9. If the Non-Profit Organization employs licensed persons such as Licensed Clinical Social Worker (LCSW), Licensed Psychologist, and/or Marriage Family Therapist (MFT), who will render waiver services to waiver participants as requested and authorized, the licensed professional must meet the following criteria:

a. Maintains a current, unsuspended, unrevoked license to practice within their scope of licensure in the State of California.

b. Has documented work experience that includes, at least, a minimum of 1000 hours experience in providing services to the elderly and/or persons with disabilities living in the community.

10. The Non-Profit Organization must maintain records and documentation of all requirements of the waiver/SOP for inspection and review by DHCS. The Non-Profit Organization must regularly monitor

the license status of its licensed employees and report any changes to DHCS within 30 days of the change of licensure status. The Non-Profit Organization must also maintain adequate documentation of the minimum hours of work experience for each of its licensed persons for inspection and review by DHCS.

11. Employs qualified professional providers to provide HCBA Waiver services to waiver participants as requested and authorized. The qualified professional providers must meet the following criteria:

a. Earned a Baccalaureate Degree or higher in Clinical Social Work or Social Welfare, Psychology, Marriage and Family Therapy, Rehabilitation Services or Gerontology from an accredited college or university.

b. Have at least 1,000 hours work experience providing services to the elderly and/or persons with disabilities living in the community. The Non-Profit Organization must maintain adequate documentation of the minimum hours of work experience for each of its qualified unlicensed professionals. The Non-Profit Organization must maintain adequate documentation of the minimum hours of work experience for each of its qualified unlicensed professional providers for inspection and review by DHCS.

The Non-Profit Organization must maintain adequate documentation of the minimum hours of work experience for the qualified professional supervisor and each of the unlicensed providers for inspection and review by DHCS.

12. A Non-Profit Organization must provide Habilitation services consistent with the participant's choice and interests, the participant's current primary care physician's orders, and the HCBA Waiver POT, within the licensed provider's scope of practice and/or the qualified professional's experience.

Verification of Provider Qualifications

Entity Responsible for Verification:

California Attorney General's registry of Charitable Trusts
DHCS and/or Waiver Agency

Frequency of Verification:

Annually

Appendix C: Participant Services

C-1/C-3: Provider Specifications for Service

Service Type: Statutory Service
Service Name: Habilitation Services

Provider Category:

Agency

Provider Type:

HHA

Provider Qualifications

License *(specify):*

Health and Safety Code §1725 et seq.; 22 CCR §74600 et seq.

Certificate *(specify):*

Other Standard *(specify):*

Verification of Provider Qualifications

Entity Responsible for Verification:

CDPH Licensing and Certification
DHCS and/or Waiver Agency

Frequency of Verification:

Annually

Appendix C: Participant Services

C-1/C-3: Provider Specifications for Service

Service Type: Statutory Service
Service Name: Habilitation Services

Provider Category:

Individual

Provider Type:

HCBS Waiver Nurse Provider - RN

Provider Qualifications

License *(specify):*

BPC §§2725 et seq.
CCR Title 22, §51067;
CCR Title 16, §§1409-1419.4

Certificate *(specify):*

Other Standard *(specify):*

HCBA Waiver Standards of Participation

Definitions

a. "HCBS Waiver Nurse Provider-RN" means a Registered Nurse who provides HCBS Waiver RN services, as defined below, and in this capacity is not employed by or otherwise affiliated with a home health agency or any other licensed health care provider, agency, or organization.

b. "HCBS Waiver RN services" means case management or private duty nursing services, as described in the HCBA waiver in Appendix C (Participant Services), provided to a waiver participant in the home or place of residence by and HCBS Waiver RN, within their scope of practice. Such services shall not include nursing services provided in a licensed health facility.

To protect and sustain the health, safety, and well-being of the vulnerable HCBA Waiver population, an HCBS Waiver Nurse Provider application will not be processed should it be determined through official documentation that the Nurse's professional license to provide health care services has been revoked, suspended or is currently in a probationary status by a federal, California or another State's licensing agency; or that the Nurse has been subject to any disciplinary action or currently in or pending an investigation for, including but not limited to, the following types of complaints:

- Drug/alcohol abuse
- Gross negligence/incompetence, resulting in patient endangerment
- Patient abuse and/or neglect
- Sexual, violent, or abusive offenses
- Fraud or theft offenses
- Mentally impaired and unsafe to practice
- Other acts or convictions substantially related to the practice of nursing
- Practicing nursing without a license
- RNs on probation and have violated their probation conditions

In areas where a Waiver Agency is not present, DHCS verifies that all providers meet waiver provider requirements at the point of provider enrollment and thereafter as necessary. DHCS staff shall periodically confirm that any provider of waiver services continues to meet the waiver program requirements through credentialing desk review and onsite provider visits.

In areas where a licensed provider is part of a Waiver Agency's provider network, the Waiver Agency would annually verify the provider continues to meet waiver provider requirements through its credentialing process and onsite provider visits. DHCS will monitor the Waiver Agency and their provider network through annual Waiver Agency QAR.

An HCBS Waiver RN may be a parent, stepparent, foster parent of the participant, a spouse, or legal guardian of the participant ONLY under the following circumstances: there are no other available providers. The Waiver Agency or DHCS may require additional documentation to support requests of this nature. Documentation required before the Waiver Agency or DHCS can authorize such a request, is a written explanation of the attempts made to enlist and retain an HCBS Waiver Nurse Provider, such as posting classified advertisements for Individual Nurse Providers in the community and/or contacts with Home Health Agencies, and a description of other efforts employed to locate a suitable provider. The explanation should also document the outcome of interviews with potential providers and the reasons the applicant was not selected or refused employment.

Qualifications of the HCBS Waiver RN
The initial HCBS Waiver Nurse Provider enrollment application shall be accompanied by all of the following documentation:

A. Current, unencumbered license to practice as an RN in the State of California. The RN shall notify the Waiver Agency or DHCS in writing of any change in the status the RN licensure within five (5) business days of change.

B. Current Basic Life Support (BLS) certification.

C. Written evidence, in a format acceptable to the Waiver Agency or DHCS, of training or experience, which shall include at least one of the following:

a. A minimum of 1,000 hours of experience in the previous two years, in an acute care hospital caring for individuals with the care need(s) of individuals at the levels of care specified in this waiver.

b. A minimum of 2,000 hours of experience in the previous three years, in an acute care hospital caring for individuals with the care need(s) of individuals at the levels of care specified in this waiver.

c. A minimum of 2,000 hours of experience in the previous five years, working for a licensed and certified home health agency caring for individuals with the care need(s) of individuals at the levels of care specified in this waiver.

d. A minimum of 2,000 hours of experience in the previous five years in an area not listed above, that in the opinion of DHCS, would demonstrate appropriate knowledge, skill and ability in caring for individuals at one or more of the levels of care specified in this waiver.

D. A HCBS Waiver RN must provide Habilitation services consistent with the participant's choice and interests, the participant's current primary care physician's orders, and the HCBA Waiver POT, within the licensed provider's scope of practice and/or the qualified professional's experience.

B. Current Basic Life Support (BLS) certification.

C. Written evidence, in a format acceptable to the Waiver Agency or DHCS, of training or experience, which shall include at least one of the following:

a. A minimum of 1,000 hours of experience in the previous two years, in an acute care hospital caring for individuals with the care need(s) of individuals at the levels of care specified in this waiver.

b. A minimum of 2,000 hours of experience in the previous three years, in an acute care hospital caring for individuals with the care need(s) of individuals at the levels of care specified in this waiver.

c. A minimum of 2,000 hours of experience in the previous five years, working for a licensed and certified home health agency caring for individuals with the care need(s) of individuals at the levels of care specified in this waiver.

d. A minimum of 2,000 hours of experience in the previous five years in an area not listed above, that in the opinion of DHCS, would demonstrate appropriate knowledge, skill and ability in caring for individuals at one or more of the levels of care specified in this waiver.

D. A HCBS Waiver RN must provide Habilitation services consistent with the participant's choice and interests, the participant's current primary care physician's orders, and the HCBA Waiver POT, within the licensed provider's scope of practice and/or the qualified professional's experience.

Verification of Provider Qualifications

Entity Responsible for Verification:

California Board of Registered Nursing
DHCS and/or Waiver Agency

Frequency of Verification:

Annually

Appendix C: Participant Services

C-1/C-3: Service Specification

State laws, regulations and policies referenced in the specification are readily available to CMS upon request through the Medicaid agency or the operating agency (if applicable).

Service Type:

Statutory Service

Service:

Respite

Alternate Service Title (if any):

Home Respite

HCBS Taxonomy:

Category 1:	Sub-Category 1:
Category 2:	**Sub-Category 2:**
Category 3:	**Sub-Category 3:**
Category 4:	**Sub-Category 4:**

Complete this part for a renewal application or a new waiver that replaces an existing waiver. Select one **:**

- (●) **Service is included in approved waiver. There is no change in service specifications.**
- ( ) **Service is included in approved waiver. The service specifications have been modified.**
- ( ) **Service is not included in the approved waiver.**

Service Definition *(Scope):*

The Home Respite benefit is intermittent or regularly scheduled medical and/or non-medical care supervision provided to the participant in their home or community-based setting to do the following:

1. Assist family members in maintaining the participant at home;
2. Provide appropriate care and supervision to protect the participant's safety in the absence of family members or caregivers;
3. Relieve family members from the constantly demanding responsibility of caring for a participant; and
4. Attend to the participant's medical and non-medical needs and other ADLs, which would ordinarily be performed by the service provider or family member.

The Home Respite benefit, as authorized, is to temporarily replace non-medical care that was provided to the participant by their legal representative/legally responsible adult(s) for a scheduled period of time as previously authorized or approved by the Waiver Agency or DHCS MC. When a participant does not have a Waiver Agency, an HCBS individual provider may provide Home Respite services following approval from the DHCS MC.

Waiver participants whose complex medical care needs meet the acute hospital facility LOC, requiring frequent evaluation by a licensed provider(s) who is skilled in and knowledgeable in evaluating the participant's medical needs and administering technically complex care as ordered by the participant's current primary care physician are not eligible to receive Home Respite services provided by an unlicensed provider. This requirement is consistent with the California Business and Professions Code, §2725 et seq.

Prior to rending any services under the HCBA waiver, the provider must be enrolled as a Medi-Cal provider in compliance with state and federal law. Any services provided prior to the provider's enrollment as a Medi-Cal provider as required by state and federal law are not eligible for payment under the HCBA Waiver.

Specify applicable (if any) limits on the amount, frequency, or duration of this service:

Neither the Waiver Agency nor DHCS will authorize direct care services, or any combination of direct care and protective supervision services, exceeding 24 hours of care per day under this waiver, regardless of the funding source. Direct care services are defined in the "Additional Needed Information" section of this Waiver. Protective supervision is observing the participant's behavior to safeguard the participant against injury, hazard, or accident.

Service Delivery Method *(check each that applies)*:

- ☒ **Participant-directed as specified in Appendix E**
- ☒ **Provider managed**

Specify whether the service may be provided by *(check each that applies)*:

- ☐ **Legally Responsible Person**
- ☐ **Relative**
- ☐ **Legal Guardian**

Provider Specifications:

Provider Category	Provider Type Title
Agency	Non-Profit Agency
Individual	HCBS Waiver Nurse Provider - RN
Agency	Personal Care Agency
Individual	Waiver Personal Care Service (WPCS) Provider
Agency	Employment Agency
Agency	HHA
Individual	HCBS Waiver Nurse Provider - LVN

Appendix C: Participant Services

C-1/C-3: Provider Specifications for Service

Service Type: Statutory Service
Service Name: Home Respite

Provider Category:

Agency

Provider Type:

Non-Profit Agency

Provider Qualifications

License *(specify):*

Business license, appropriate for the services purchased

Certificate *(specify):*

Other Standard *(specify):*

HCBA Waiver Standards of Participation

A Non-Profit Agency/Organization is a California service entity organized and operated under the United States Internal Revenue Code §501(c)(3), and provides services to the elderly and persons with disabilities. A Non-Profit Organization meeting the HCBA Waiver contract and Medi-Cal Provider requirements may provide HCBA Waiver services utilizing licensed professionals, qualified professional staff, and/or qualified, professionally supervised unlicensed staff.

1. Minimum qualifications and requirements for a Non-Profit Organization functioning as an HCBA Waiver Service Provider are:
The Executive Director/Program Manager responsible for the day-to-day management of the non-profit program has:

a. A Baccalaureate degree or higher, and training and experience in overseeing programs for the elderly and/or persons with disabilities living in the community; or

b. At least five (5) years of training and experience in overseeing programs for the elderly and/or persons with disabilities living in the community in lieu of possessing a Baccalaureate degree.

2. Filed a current "Statement of Information by Domestic Nonprofit Corporation" (Form SI-100 rev. 05/2005) with the California Secretary of State.

3. Annually files Form 990 financial reports with the California Attorney General's Registry of Charitable Trusts.

4. Maintain General Liability and Workers' Compensation insurance at all times while serving as a waiver service provider.

5. Is experienced in providing home and community-based services and support to the elderly and/or persons with disabilities living in the community.

6. Is responsible for providing training and/or in-services to staff eligible to provide HCBA Waiver services and at least annually reviews the HCBA Waiver services requirements. Training of HCBA Waiver service providers must be specific to the conditions and care of HCBA Waiver participants served by the Non-Profit Organization.

7. Complies with the terms and conditions set forth in the Centers for Medicare & Medicaid Services (CMS) approved HCBA Waiver.

8. Is responsible for the maintenance of waiver participant case documentation and records which support the claims for waiver services for a minimum period of ten years after the participant is receiving billable waiver services, or from the date of completion of any audit, whichever is later.

9. If the Non-Profit Organization employs licensed persons such as Licensed Clinical Social Worker (LCSW), Licensed Psychologist, and/or Marriage Family Therapist (MFT), who will render waiver services to waiver participants as requested and authorized, the licensed professional must meet the following criteria:

a. Maintains a current, unsuspended, unrevoked license to practice within their scope of licensure in the State of California.

b. Has documented work experience that includes, at least, a minimum of 1,000 hours experience in providing services to the elderly and/or persons with disabilities living in the community.

10. The Non-Profit Organization must maintain records and documentation of all requirements of the waiver/SOP for inspection and review by DHCS. The Non-Profit Organization must regularly monitor the license status of its licensed employees and report any changes to DHCS within 30 days of the

change of licensure status. The Non-Profit Organization must also maintain adequate documentation of the minimum hours of work experience for each of its licensed persons for inspection and review by DHCS.

11. Employs qualified professional providers to provide HCBA Waiver services to waiver participants as requested and authorized. The qualified professional providers must meet the following criteria:

a. Earned a Baccalaureate Degree or higher in Clinical Social Work or Social Welfare, Psychology, Marriage and Family Therapy, Rehabilitation Services or Gerontology from an accredited college or university.

b. Have at least 1,000 hours work experience providing services to the elderly and/or persons with disabilities living in the community. The Non-Profit Organization must maintain adequate documentation of the minimum hours of work experience for each of its qualified unlicensed professionals. The Non-Profit Organization must maintain adequate documentation of the minimum hours of work experience for each of its qualified unlicensed professional providers for inspection and review by DHCS.

The Non-Profit Organization must maintain adequate documentation of the minimum hours of work experience for the qualified professional supervisor and each of the unlicensed providers for inspection and review by DHCS.

12. A Non-Profit Organization must provide Home Respite waiver services consistent with the participant's choice and interests, the participant's current primary care physician's orders, and the HCBA Waiver POT, within the licensed provider's scope of practice and/or the qualified professional's experience.

Verification of Provider Qualifications

Entity Responsible for Verification:

California Attorney General's registry of Charitable Trusts
DHCS and/or Waiver Agency

Frequency of Verification:

Annually

Appendix C: Participant Services

C-1/C-3: Provider Specifications for Service

Service Type: Statutory Service
Service Name: Home Respite

Provider Category:

Individual

Provider Type:

HCBS Waiver Nurse Provider - RN

Provider Qualifications

License *(specify):*

BPC §§2725 et seq.
CCR Title 22, §51067;
CCR Title 16, Division 14

Certificate *(specify):*

Other Standard *(specify):*

HCBA Waiver Standards of Participation

Definitions

a. "HCBS Waiver Nurse Provider-RN" means a Registered Nurse who provides HCBS Waiver RN services, as defined below, and in this capacity is not employed by or otherwise affiliated with a home health agency or any other licensed health care provider, agency, or organization.

b. "HCBS Waiver RN services" means case management or private duty nursing services, as described in the HCBA waiver in Appendix C (Participant Services), provided to a waiver participant in their home or community-based residence by an HCBS Waiver RN, within their scope of practice. Such services shall not include nursing services provided in a licensed health facility.

To protect and sustain the health, safety, and well-being of the vulnerable HCBA Waiver population, an HCBA Waiver Nurse Provider application will not be processed should it be determined through official documentation that the Nurse's professional license to provide health care services has been revoked, suspended or is currently in a probationary status by a federal, California or another State's licensing agency; or that the Nurse has been subject to any disciplinary action or currently in or pending an investigation for, including but not limited to, the following types of complaints:

- Drug/alcohol abuse
- Gross negligence/incompetence, resulting in patient endangerment
- Patient abuse and/or neglect
- Sexual, violent, or abusive offenses
- Fraud or theft offenses
- Mentally impaired and unsafe to practice
- Other acts or convictions substantially related to the practice of nursing
- Practicing nursing without a license
- RNs on probation and have violated their probation conditions

In areas where a Waiver Agency is not present, DHCS verifies that all providers meets waiver provider requirements at the point of provider enrollment and thereafter as necessary. DHCS staff shall periodically confirm that any provider of waiver services continues to meet the waiver program requirements through credentialing desk review and onsite provider visits.

In areas where a licensed provider is part of a Waiver Agency's provider network, the Waiver Agency would annually verify the provider continues to meet waiver provider requirements through its credentialing process and onsite provider visits. DHCS will monitor the Waiver Agency and their provider network through annual Waiver Agency QAR.

An HCBS Waiver RN may be a parent, stepparent, foster parent of the participant, a spouse, or legal guardian of the participant ONLY under the following circumstances: there are no other available providers. The Waiver Agency or DHCS may require additional documentation to support requests of this nature. Documentation required before the Waiver Agency or DHCS can authorize such a request, is a written explanation of the attempts made to enlist and retain an HCBA Waiver Nurse Provider, such as posting classified advertisements for Individual Nurse Providers in the community and/or contacts with Home Health Agencies, and a description of other efforts employed to locate a suitable provider. The explanation should also document the outcome of interviews with potential providers and the reasons the applicant was not selected or refused employment.

Qualifications of the HCBA Waiver RN
The initial HCBS Waiver Nurse Provider enrollment application shall be accompanied by all of the following documentation:

A. Current, unencumbered license to practice as an RN in the State of California. The RN shall notify the Waiver Agency or DHCS in writing of any change in the status the RN licensure within five (5) business days of change.

B. Current Basic Life Support (BLS) certification.

C. Written evidence, in a format acceptable to the Waiver Agency or DHCS, of training or experience, which shall include at least one of the following:

a. A minimum of 1,000 hours of experience in the previous two years, in an acute care hospital caring for individuals with the care need(s) of individuals at the levels of care specified in this waiver.

b. A minimum of 2,000 hours of experience in the previous three years, in an acute care hospital caring for individuals with the care need(s) of individuals at the levels of care specified in this waiver.

c. A minimum of 2,000 hours of experience in the previous five years, working for a licensed and certified home health agency caring for individuals with the care need(s) of individuals at the levels of care specified in this waiver.

d. A minimum of 2,000 hours of experience in the previous five years in an area not listed above, that in the opinion of DHCS, would demonstrate appropriate knowledge, skill and ability in caring for individuals at one or more of the levels of care specified in this waiver.

D. A HCBS Waiver RN must provide Home Respite services consistent with the participant's choice and interests, the participant's current primary care physician's orders, and the HCBA Waiver POT, within the licensed provider's scope of practice and/or the qualified professional's experience.

B. Current Basic Life Support (BLS) certification.

C. Written evidence, in a format acceptable to the Waiver Agency or DHCS, of training or experience, which shall include at least one of the following:

a. A minimum of 1,000 hours of experience in the previous two years, in an acute care hospital caring for individuals with the care need(s) of individuals at the levels of care specified in this waiver.

b. A minimum of 2,000 hours of experience in the previous three years, in an acute care hospital caring for individuals with the care need(s) of individuals at the levels of care specified in this waiver.

c. A minimum of 2,000 hours of experience in the previous five years, working for a licensed and certified home health agency caring for individuals with the care need(s) of individuals at the levels of care specified in this waiver.

d. A minimum of 2,000 hours of experience in the previous five years in an area not listed above, that in the opinion of DHCS, would demonstrate appropriate knowledge, skill and ability in caring for individuals at one or more of the levels of care specified in this waiver.

D. A HCBS Waiver RN must provide Home Respite services consistent with the participant's choice and interests, the participant's current primary care physician's orders, and the HCBA Waiver POT, within the licensed provider's scope of practice and/or the qualified professional's experience.

Verification of Provider Qualifications

Entity Responsible for Verification:

California Board of Registered Nursing
DHCs and/or Waiver Agency

Frequency of Verification:

Annually

Appendix C: Participant Services

C-1/C-3: Provider Specifications for Service

Service Type: Statutory Service
Service Name: Home Respite

Provider Category:

Agency

Provider Type:

Personal Care Agency

Provider Qualifications

License *(specify)*:

California Business License

Certificate *(specify)*:

Other Standard *(specify)*:

County IHSS Program Standards & HCBA Waiver Standards of Participation

A Personal Care Agency is a provider that employs individuals who provide services, is enrolled as an HCBA provider in the HCBA Waiver, and meets and maintains SOP minimal qualifications for a Personal Care Agency.

The minimal qualifications for the Personal Care Agency include:

1. Have and maintain a current, unsuspended, un-revoked license to practice business in the State of California.

2. Maintains a bond, or deposit in lieu of bond, in accordance with the Employment Agency, Employment Counseling, and Job Listing Services Act, Title 2.91, Chapters 1-8 (Civil Code § 1812.500 through 1812.544) of the Civil Code, with the Secretary of State's Office, unless specifically exempted under Title 2.91 of the Civil Code. The Personal Care Agency shall submit evidence of the filing of its bond prior to enrollment as an HCBA Waiver provider.

If a Personal Care Agency claims exemption from the bond requirements of the Employment Agency, Employment Counseling, and Job Listing Services Act, the Personal Care Agency owner or officer shall provide a declaration under penalty of perjury that its operations or business do not require the filing of a bond pursuant to the Employment Agency, Employment Counseling, and Job Listing Services Act, and specifically identify the reason why no bond is required. The declaration must also contain the date, place of signature (city or county), and signature of the officer or owner.

3. Provide training and/or in-services to all its HCBA Waiver Home Respite providers and provide review training at least annually for a minimum of eight (8) hours. Training of HCBA Waiver service providers must be specific to the conditions and care of HCBA Waiver participants served by the agency. This training shall not be reimbursed by this waiver and shall include information in any one or more of the following areas:
• Companionship services
• Activities of daily living
• Basic first aid
• Bowel and bladder care
• Accessing community services
• Basic nutritional care
• Body mechanics

4. Employ individuals who will render Medi-Cal HCBA Waiver Home Respite services to participants as authorized by the Waiver Agency or DHCS and, who have work experience that includes a minimum of 1,000 hours of experience within the previous two years in providing companionship, assistance with ADLs, basic first aid, bowel and bladder care, and assistance with accessing community services to the physically and/or developmentally disabled community. The Personal Care Agency must provide and maintain adequate documentation of the minimum hours of work experience for each of its employees for inspection and review by the Waiver Agency or DHCS.

5. Comply with all pertinent regulations regarding the provision of Personal Care Services under the Medi-Cal Program as outlined in the California Code of Regulations, Title 22, §51183.

6. Comply with all pertinent regulations regarding Personal Care Service Providers under the Medi-Cal Program as outlined in the California Code of Regulations, Title 22, §51204.

7. Comply with all pertinent statutes regarding the Personal Care Services Program as outlined in the Welfare and Institutions Code §12300, et seq., 14132.95, and 14132.97.

8. Comply with the terms and conditions provided in the waiver under which the services are provided.

9. A Personal Care Agency must provide Home Respite services consistent with the participant's choice

and interests, the participant's current primary care physician's orders and the HCBA Waiver POT within the licensed provider's scope of practice and/or the qualified professional's experience.

Verification of Provider Qualifications

Entity Responsible for Verification:

CDAA Community Care Licensing
DHCS and/or Waiver Agency

Frequency of Verification:

Annually

Appendix C: Participant Services

C-1/C-3: Provider Specifications for Service

Service Type: Statutory Service
Service Name: Home Respite

Provider Category:

Individual

Provider Type:

Waiver Personal Care Service (WPCS) Provider

Provider Qualifications

License *(specify):*

NA

Certificate *(specify):*

Other Standard *(specify):*

County IHSS Program Standards & HCBA Waiver Standards

Verification of Provider Qualifications

Entity Responsible for Verification:

DHCS and or Waiver Agency

Frequency of Verification:

Upon request of services

Appendix C: Participant Services

C-1/C-3: Provider Specifications for Service

Service Type: Statutory Service
Service Name: Home Respite

Provider Category:

Agency

Provider Type:

Employment Agency

Provider Qualifications

License *(specify):*

California Business License

Certificate *(specify):*

Other Standard *(specify):*

County IHSS Program Standards & HCBA Waiver Standards of Participation

An Employment Agency is a provider that employs individuals who provide Home Respite Services, is enrolled as an HCBA Waiver Employment Agency provider, and meets and maintains the Standards of Participation minimal qualifications for an Employment Agency.

The minimal qualifications for the Employment Agency will include:

1. Have and maintain a current, unsuspended, un-revoked license to practice business in the State of California.

2. Must maintain a bond, or deposit in lieu of bond, in accordance with the Employment Agency, Employment Counseling, and Job Listing Services Act, Title 2.91, Chapters 1-8 (Civil Code §1812.500 through 1812.544) of the Civil Code ("the Act"), with the California Secretary of State's Office, unless specifically exempted under Title 2.91 of the Civil Code. The Employment Agency shall submit evidence of the filing of its bond prior to enrollment as an HCBA Waiver provider.

If an Employment Agency claims exemption from the bond requirements of "the Act", the Employment Agency owner or officer (as authorized by the Employment Agency) shall provide a declaration under penalty of perjury that its operations and/or business do not require the filing of a bond pursuant to the Act and specifically identify the exemption under the Act that applies to the Employment Agency. The declaration under penalty of perjury must also contain the date, place of signature (city or county), and signature of the officer or owner.

3. Provide a minimum of eight (8) hours of training and/or in-services to all its HCBA Waiver Home Respite providers, and review training and/or in-services at least annually. Training of HCBA Waiver service providers must be specific to the conditions and care of HCBA Waiver participants served by the agency. This training shall not be reimbursed by this waiver and shall include information in any one or more of the following areas:
• Companionship services
• Activities of daily living
• Basic first aid
• Bowel and bladder care
• Accessing community services
• Basic nutritional care
• Body mechanics

4. Employ individuals who will render HCBA Waiver Home Respite services to the participants as authorized by the Waiver Agency or DHCS and, who have a minimum of 1,000 hours of experience within the previous two years in providing companionship, assistance with ADLs, basic first aid, bowel and bladder care, and assistance with accessing community services to the physically and/or developmentally disabled community.

5. Comply with all pertinent regulations regarding the provision of Personal Care Services under the Medi-Cal Program as outlined in the California Code of Regulations, Title 22, §51183.

6. Comply with all pertinent regulations regarding the provision of Personal Care Services under the Medi-Cal Program as outlined in the California Code of Regulations, Title 22, §51204.

7. Comply with all pertinent statutes regarding the Personal Care Services Program as outlined in the Welfare and Institutions Code §12300, et seq., 14132.95, and 14132.97.

8. Comply with the terms and conditions provided in the HCBA Waiver under which the services are provided.

9. An Employment Agency must provide Home Respite services consistent with the participant's choice and interests, the participant's current primary care physician's orders and the HCBA Waiver POT

within the licensed provider's scope of practice and/or the qualified professional's experience.

Verification of Provider Qualifications

Entity Responsible for Verification:

DHCS and/or Waiver Agency

Frequency of Verification:

Annually

Appendix C: Participant Services

C-1/C-3: Provider Specifications for Service

Service Type: Statutory Service
Service Name: Home Respite

Provider Category:

Agency

Provider Type:

HHA

Provider Qualifications

License *(specify):*

Health and & Safety Code §1725 et seq.; 22 CCR §74600 et seq.

Certificate *(specify):*

Other Standard *(specify):*

Verification of Provider Qualifications

Entity Responsible for Verification:

CDPH Licensing and Certification
DHCS and/or Waiver Agency

Frequency of Verification:

Annually

Appendix C: Participant Services

C-1/C-3: Provider Specifications for Service

Service Type: Statutory Service
Service Name: Home Respite

Provider Category:

Individual

Provider Type:

HCBS Waiver Nurse Provider - LVN

Provider Qualifications

License *(specify):*

BPC, Div. 2, Chptr 6.5
CCR, Title 16, Div. 25, Chptr 1CCR Title 22, §51069

Certificate *(specify):*

Other Standard *(specify):*

HCBA Waiver Standards of Participation

Definitions

a. "HCBS Waiver Nurse Provider-LVN" means a Licensed Vocational Nurse who provides HCBS Waiver LVN services, as defined below, and in this capacity is not employed by or otherwise affiliated with a home health agency or any other licensed health care provider, agency, or organization.

b. "HCBS Waiver LVN services" means private duty nursing services, as described in the HCBA Waiver in Appendix C (Participant Services), provided to a waiver participant in their home or community-based residence by an HCBA Waiver LVN, within their scope of practice. Such services shall not include nursing services provided in a licensed health facility.

To protect and sustain the health, safety, and well-being of the vulnerable HCBA Waiver population, an HCBS Waiver Nurse Provider-LVN application will not be processed should it be determined through official documentation that the LVN's professional license to provide health care services has been revoked, suspended or is currently in a probationary status by a federal, California or another State's licensing agency; or that the Nurse has been subject to any disciplinary action or currently in or pending an investigation for, including but not limited to, the following types of complaints:
• Drug/alcohol abuse
• Gross negligence/incompetence, resulting in patient endangerment
• Patient abuse and/or neglect
• Sexual, violent, or abusive offenses
• Fraud or theft offenses
• Mentally impaired and unsafe to practice
• Other acts or convictions substantially related to the practice of nursing
• Practicing nursing without a license
• LVNs on probation and have violated their probation conditions

In areas where a Waiver Agency is not present, DHCS verifies that all providers meet Waiver provider requirements at the point of provider enrollment and thereafter as necessary. DHCS staff shall periodically confirm that any provider of Waiver services continues to meet the Waiver program requirements through credentialing desk review and onsite provider visits.

In areas where a licensed provider is part of a Waiver Agency's provider network, the Waiver Agency would annually verify the provider continues to meet waiver provider requirements through its credentialing process and onsite provider visits. DHCS will monitor the Waiver Agency and their provider network through annual Waiver Agency QAR.

An HCBA Waiver LVN may be a parent, stepparent, foster parent of the participant, a spouse, or legal guardian of the participant ONLY under the following circumstances: there are no other available providers. The Waiver Agency or DHCS may require additional documentation to support requests of this nature. Documentation required before the Waiver Agency or DHCS can authorize such a request, is a written explanation of the attempts made to enlist and retain an HCBA Waiver Nurse Provider, such as posting classified advertisements for Individual Nurse Providers in the community and/or contacts with Home Health Agencies, and a description of other efforts employed to locate a suitable provider. The explanation should also document the outcome of interviews with potential providers and the reasons the applicant was not selected or refused employment.

Qualifications of the HCBA Waiver LVN acting as a direct care provider
The initial HCBA Waiver provider enrollment application shall be accompanied by all of the following documentation:

A. Current, unencumbered license to practice as an LVN in the State of California. The LVN shall notify the Waiver Agency or DHCS in writing of any change in the status the LVN licensure within five (5) business days of change.

B. Current Basic Life Support (BLS) certification.

C. Name and RN license number of the individual who will be providing ongoing supervision. Such supervision shall be required at a minimum of two hours per calendar month.

D. Written evidence, in a format acceptable to the Waiver Agency or DHCS, of training or experience.

Annually the HCBA Waiver nurse provider shall submit the following documentation to the Waiver Agency or DHCS:

A. Evidence of renewal of BLS certification and unencumbered LVN licensure prior to expiration.

B. If services have been rendered within the last 12 calendar months, written evidence, in a format acceptable to the Waiver Agency or DHCS, of on-going education or training caring for the type of individual for whom services are being provided, at least once per calendar year.

C. If services have been rendered within the last 12 calendar months, a copy of the most recent POT that reflects the on-going CMT or HCB Case Management provider assessment and updated primary care physician orders. The POT shall be signed by the participant and/or legal representative/legally responsible adult, the waiver participant's current primary care physician, the supervising RN, and the LVN, and shall contain the dates of service.

D. Evaluation of PDN services provided.

E. If services have been rendered within the last 12 calendar months, written evidence of ongoing contact with the supervising RN, CMT or HCBA Case Management provider and waiver participant's current primary care physician.

F. If private duty nursing is regularly scheduled, the HCBA Waiver LVN must notify the Waiver Agency or DHCS and the waiver participant and/or legal representative/legally responsible adult(s), in writing, at least 30 days prior to the effective date of termination when the HCBA Waiver LVN intends to terminate HCBS, LVN services. This time period may be less than 30 days if there are immediate issues of health and safety for either the nurse or the waiver participant, as determined by the Waiver Agency or DHCS.

G. An LVN must provide Home Respite Nursing services consistent with the participant's choice and interests, the participant's current primary care physician's orders and the HCBA Waiver POT within the licensed provider's scope of practice and/or the qualified professional's experience.

Verification of Provider Qualifications

Entity Responsible for Verification:

California Board of Vocational Nursing and Psychiatric Technicians
DHCS and/or Waiver Agency

Frequency of Verification:

Annually

Appendix C: Participant Services

C-1/C-3: Service Specification

State laws, regulations and policies referenced in the specification are readily available to CMS upon request through

the Medicaid agency or the operating agency (if applicable).

Service Type:

Statutory Service

Service:

Personal Care

Alternate Service Title (if any):

Waiver Personal Care Services (WPCS)

HCBS Taxonomy:

Category 1:	**Sub-Category 1:**
Category 2:	**Sub-Category 2:**
Category 3:	**Sub-Category 3:**
Category 4:	**Sub-Category 4:**

Complete this part for a renewal application or a new waiver that replaces an existing waiver. Select one **:**

- ○ **Service is included in approved waiver. There is no change in service specifications.**
- ◉ **Service is included in approved waiver. The service specifications have been modified.**
- ○ **Service is not included in the approved waiver.**

Service Definition *(Scope):*

HCBA Waiver Standards of Participation

WPCS was established by legislation in 1998 through Assembly Bill (AB) 668 which added §14132.97 to the Welfare and Institutions Code. WPCS is designed to assist the waiver participant in gaining independence in their activities of daily living and preventing social isolation. These services assist the waiver participant in remaining in their home residence and continuing to be part of the community. WPCS must be described in the participant's current primary care physician-signed POT, which must be signed by the participant, legal representative/legally responsible adult(s), the participant's current primary care physician, and each WPCS provider. A separate page for WPCS provider signatures may be attached to a POT provided by a Home Health Agency.

A waiver participant must be enrolled in and receiving personal care services through the federally funded State Plan Personal Care program (In Home Supportive Services (IHSS) to receive WPCS through the HCBA Waiver.

Waiver participants whose complex medical care needs meet the acute hospital facility LOC, requiring frequent evaluation and/or intervention by a RN or LVN who is skilled and knowledgeable in evaluating the participant's medical needs and administering technically complex care as ordered by the participant's current primary care physician, are not eligible for this service. This requirement is compliant with the California Business and Professions Code, §2725.

The WPCS benefit includes:

• Assistance to Independence in their ADLs: Assisting the participant in reaching a self-care goal, the WPCS provider promotes the participant's ability in obtaining and reinforcing their highest level of independence in ADLs. The WPCS provider provides assistance and feedback to the participant in an effort to help them reach specific self-care goals in performing or directing caregivers in an activity without assistance from others. Services provided by the WPCS provider are verbal cueing, monitoring for safety, reinforcement of the participant's attempt to complete self-directed activities, advising the primary caregiver of any problems that have occurred; providing information for updating the participant's POT and addressing any self-care activities with an anticipated goal completion date.

• Adult Companionship: Adult companionship is for waiver participants who are isolated and/or may be homebound due to their medical condition. Adult companions must be at least 18 years of age and able to provide assistance to participants enrolled in the waiver. Waiver participants utilizing Adult Companionship must be at least 18 years old. Adult Companion services include non-medical care, supervision, and socialization provided to a waiver participant. To help maintain a waiver participant's psychological well- being, adult companions may assist waiver participants in accessing self-interest activities or accessing activities in the local community for socialization and recreational purposes, and/or providing or supporting an environment conducive to interpersonal interactions. Documentation of the need for adult companionship, the goal, process for obtaining the goal and progress in meeting the goal must be identified on the POT and submitted to the Waiver Agency or DHCS, for the initial and reauthorization/re-approval of services.

• The WPCS Benefit While Participant is Admitted to a Health Care Facility: WPCS providers may be paid while the participant is admitted to a health care facility (as defined in Health and Safety Code §1250) for services provided outside the health care facility setting for a maximum of seven (7) days for each admission to a health care facility (or for the length of the admission to the health care facility, whichever period is shorter). This payment is necessary to retain the WPCS provider for the continuation of services and facilitate the waiver participant's transition home or community-based residence. In order to receive WPCS benefits while admitted to a health care facility, the waiver participant must be enrolled and currently receiving State Plan Personal Care Services as authorized by Welfare and Institutions Code §14132.95 and receiving WPCS benefits within the prior month of the admission into the health care facility. Each time the participant is admitted to a health care facility, the WPCS provider must submit written documentation to the Waiver Agency or DHCS describing the specific activities performed, the amount of time each activity required, and the total hours they worked (e.g., 7:00 a.m. to 11:00a.m. and 2:00 p.m. to 4:00 p.m.).

While the participant is admitted to a health care facility the WPCS provider can provide:
1. Routine housekeeping in the participant's absence;
2. Collection of mail and other deliverables in the participant's absence and contacting or visiting the participant to assist in responding to mail;
3. Food shopping for the participant's return to home;

4. Assistance in obtaining medications and medical supplies for the participant's return home; and
5. Availability to accept delivery of durable medical equipment and supplies at the participant's home.

WPCS providers will not be paid for care that duplicates the care that is required to be provided by the health care facility during the participant's admission. This type of care may include but is not limited to: bathing, feeding, ambulation, or direct observation of the waiver participant.

Provider Requirements

WPCS providers under this waiver are the following:

1. An individual enrolled as a WPCS provider who is not otherwise employed by an employment agency, personal care agency, home health agency, IHSS Public Authority, or non-profit organization and is an individual who is employed directly by the Waiver participant receiving WPCS services under the waiver.

Individuals are permitted to enroll in the Medi-Cal program as a Personal Care Service provider pursuant to Welfare and Institutions Code §14132(t) and Title 22, CCR, §51246. WPCS providers must meet the same criteria and be enrolled as a provider of Personal Care Services through IHSS.

2. An Employment Agency, as defined in the HCBA Waiver SOP;

3. A Personal Care Agency, as defined in the HCBA Waiver SOP;

4. An HHA WPCS provider. Pursuant to the authority under Welfare and Institution Code §14132(t) and Title 22, CCR, §51246, a HHA providing WPCS services to a waiver participant shall meet the same definition of and criteria for participation as required in the Medi-Cal program. An HHA providing WPCS services shall be reimbursed for WPCS services as provided pursuant to the HCBA Waiver.

5. A Non-Profit Agency as defined by the HCBA Waiver SOP

To protect and sustain the health, safety and welfare of waiver participants, WPCS providers must be awake, alert and present during the scheduled hours of service and immediately available to the participant. Participants authorized for more than 360 hours a month of combined State Plan (such as IHSS services) and/or WPCS benefits, must receive that care from two or more State Plan (such as IHSS) and/or WPCS providers. A WPCS provider will not be paid to work more than 12 combined hours per day.

WPCS provider shall sign each Time Report and certify under penalty of perjury under the laws of the State of California, that the provisions of the services identified in the Time Report were provided by the WPCS provider and that the hours reported are correct.

In the event of an overpayment for any reason, the amount of the overpayment will be deducted from future warrants. If the individual is no longer a WPCS provider, the State reserves the right to pursue payment directly from the individual provider for the amount due.

In areas of the state where there is not a Waiver Agency and the WPCS provider is working with the participant to prepare the person-centered POT, the Non-Profit Organizations, Personal Care Agencies, Employment Agencies, Home Health Agencies, and Non-Profit Agencies providing WPCS must submit a POT to DHCS for prior authorization or approval of WPCS. The POT must be signed by the participant and/or legal representative/legally responsible adult, a representative of the agency submitting the POT and the waiver participant's current primary care physician.

Prior to rending any WPCS services under the HCBA waiver, the provider must be enrolled as an IHSS provider in compliance with state and federal law. Any services provided prior to the provider's enrollment as an IHSS provider as required by state and federal law are not eligible for payment under the HCBA Waiver.

Specify applicable (if any) limits on the amount, frequency, or duration of this service:

Neither the Waiver Agency nor DHCS will authorize direct care services, or any combination of direct care and protective supervision services, exceeding 24 hours of care per day under this waiver, regardless of the funding source. Direct care services are defined in the "Additional Needed Information" section of this Waiver. Protective supervision is observing the participant's behavior to safeguard the participant against injury, hazard, or accident.

Overtime:
On October 1, 2013, the United States Department of Labor published the Final Rule on applying the FLSA to domestic service providers which went into effect on February 1, 2016. FLSAs new overtime rule requires overtime (time and a half) pay for WPCS, paramedical service, and/or IHSS providers when they work more than 40 hours in a workweek. The workweek begins at 12 a.m. on Sunday, and ends at 11:59 p.m. the following Saturday. A single provider who works for a single participant can work up to 70-hours and 45-minutes of combined WPCS, paramedical services, and IHSS hours in one workweek. A single provider who works for multiple participants cannot work more than 66 hours in one workweek. WPCS hours will continue to be subject to a maximum work day of 12 combined hours. Each provider must establish a regular workweek schedule for each participant they serve, not to exceed the 70-hours and 45-minutes of WPCS, paramedical services, and IHSS hours combined, and not to exceed the participant's authorized weekly and monthly hours.

Travel Time:
Beginning February 1, 2016, WPCS providers who work for more than one participant may be eligible for travel time up to 7 hours per workweek. If an individual provider works over 40 hours in one workweek, travel time will be paid at time and a half. Travel time is the time it takes to travel directly from one participant to another on the same day to provide WPCS only or a combination of WPCS, paramedical services, and IHSS.

Service Delivery Method *(check each that applies)*:

☒ **Participant-directed as specified in Appendix E**

☒ **Provider managed**

Specify whether the service may be provided by *(check each that applies)*:

☒ **Legally Responsible Person**

☒ **Relative**

☒ **Legal Guardian**

Provider Specifications:

Provider Category	Provider Type Title
Agency	Employment Agency
Agency	HHA
Agency	Personal Care Agency
Agency	Non-Profit Agency
Individual	WPCS Provider

Appendix C: Participant Services

C-1/C-3: Provider Specifications for Service

Service Type: Statutory Service
Service Name: Waiver Personal Care Services (WPCS)

Provider Category:

Agency

Provider Type:

Employment Agency

Provider Qualifications

License *(specify)*:

California Business License

Certificate *(specify):*

Other Standard *(specify):*

County IHSS Program Standards & HCBA Waiver Standards of Participation

An Employment Agency is a provider that employs individuals who provide Waiver Personal Care Services, is enrolled as an HCBA Waiver Employment Agency provider, and meets and maintains the Standards of Participation minimal qualifications for an Employment Agency.

The minimal qualifications for the Employment Agency will include:

1. Have and maintain a current, unsuspended, un-revoked license to practice business in the State of California.

2. Must maintain a bond, or deposit in lieu of bond, in accordance with the Employment Agency, Employment Counseling, and Job Listing Services Act, Title 2.91, Chapters 1-8 (Civil Code §1812.500 through 1812.544) of the Civil Code ("the Act"), with the California Secretary of State's Office, unless specifically exempted under Title 2.91 of the Civil Code. The Employment Agency shall submit evidence of the filing of its bond prior to enrollment as an HCBA Waiver provider.

If an Employment Agency claims exemption from the bond requirements of "the Act", the Employment Agency owner or officer (as authorized by the Employment Agency) shall provide a declaration under penalty of perjury that its operations and/or business do not require the filing of a bond pursuant to the Act and specifically identify the exemption under the Act that applies to the Employment Agency. The declaration under penalty of perjury must also contain the date, place of signature (city or county), and signature of the officer or owner.

3. Provide training and/or in-services to all its HCBA Waiver Personal Care providers and review training at least annually for a minimum of eight (8) hours. Training of HCBA Waiver service providers must be specific to the conditions and care of HCBA Waiver participants served by the agency. This training shall not be reimbursed by this waiver and shall include information in any one or more of the following areas:
• Companionship services
• Activities of daily living
• Basic first aid
• Bowel and bladder care
• Accessing community services
• Basic nutritional care
• Body mechanics

4. Employ individuals who will render HCBA Waiver Personal Care services to the participants as authorized by the Waiver Agency or DHCS and, who have a minimum of 1,000 hours of experience within the previous two years in providing companionship, assistance with ADLs, basic first aid, bowel and bladder care, and assistance with accessing community services to the physically and/or developmentally disabled community.

5. Comply with all pertinent regulations regarding the provision of Personal Care Services under the Medi-Cal Program as outlined in the California Code of Regulations, Title 22, §51183.

6. Comply with all pertinent regulations regarding the provision of Personal Care Services under the Medi-Cal Program as outlined in the California Code of Regulations, Title 22, §51204.

7. Comply with all pertinent statutes regarding the Personal Care Services Program as outlined in the Welfare and Institutions Code §12300, et seq., 14132.95, and 14132.97.

8. Comply with the terms and conditions provided in the HCBA Waiver under which the services are provided.

9. An Employment Agency must provide Waiver Personal Care services consistent with the participant's choice and interests, the participant's current primary care physician's orders and the HCBA Waiver

POT within the licensed provider's scope of practice and/or the qualified professional's experience.

Verification of Provider Qualifications

Entity Responsible for Verification:

DHCS and/or Waiver Agency

Frequency of Verification:

Annually

Appendix C: Participant Services

C-1/C-3: Provider Specifications for Service

Service Type: Statutory Service
Service Name: Waiver Personal Care Services (WPCS)

Provider Category:

Agency

Provider Type:

HHA

Provider Qualifications

License *(specify):*

HHA CCR Title 22 §74659 et seq.

Certificate *(specify):*

Other Standard *(specify):*

County IHSS Program Standards

Verification of Provider Qualifications

Entity Responsible for Verification:

CDPH Licensing and Certification
DHCS and/or Waiver Agency

Frequency of Verification:

Annually

Appendix C: Participant Services

C-1/C-3: Provider Specifications for Service

Service Type: Statutory Service
Service Name: Waiver Personal Care Services (WPCS)

Provider Category:

Agency

Provider Type:

Personal Care Agency

Provider Qualifications

License *(specify):*

California Business License

Certificate *(specify):*

Other Standard *(specify):*

County IHSS Program Standards & HCBA Waiver Standards of Participation

A Personal Care Agency is a provider that employs individuals who provide services, is enrolled as an HCBA provider in the HCBA Waiver, and meets and maintains SOP minimal qualifications for a Personal Care Agency.

The minimal qualifications for the Personal Care Agency include:

1. Have and maintain a current, unsuspended, un-revoked license to practice business in the State of California.

2. Maintains a bond, or deposit in lieu of bond, in accordance with the Employment Agency, Employment Counseling, and Job Listing Services Act, Title 2.91, Chapters 1-8 (Civil Code §1812.500 through 1812.544) of the Civil Code, with the Secretary of State's Office, unless specifically exempted under Title 2.91 of the Civil Code. The Personal Care Agency shall submit evidence of the filing of its bond prior to enrollment as an HCBA Waiver provider.

If a Personal Care Agency claims exemption from the bond requirements of the Employment Agency, Employment Counseling, and Job Listing Services Act, the Personal Care Agency owner or officer shall provide a declaration under penalty of perjury that its operations or business do not require the filing of a bond pursuant to the Employment Agency, Employment Counseling, and Job Listing Services Act, and specifically identify the reason why no bond is required. The declaration must also contain the date, place of signature (city or county), and signature of the officer or owner.

3. Provide training and/or in-services to all its HCBA Waiver Personal Care providers and provide review training at least annually for a minimum of eight (8) hours. Training of HCBA Waiver service providers must be specific to the conditions and care of HCBA Waiver participants served by the agency. This training shall not be reimbursed by this waiver and shall include information in any one or more of the following areas:
• Companionship services
• Activities of daily living
• Basic first aid
• Bowel and bladder care
• Accessing community services
• Basic nutritional care
• Body mechanics
4. Employ individuals who will render Medi-Cal HCBA Waiver Personal Care services to participants as authorized by the Waiver Agency or DHCS and, who have work experience that includes a minimum of 1,000 hours of experience within the previous two years in providing companionship, assistance with ADLs, basic first aid, bowel and bladder care, and assistance with accessing community services to the physically and/or developmentally disabled community. The Personal Care Agency must provide and maintain adequate documentation of the minimum hours of work experience for each of its employees for inspection and review by the Waiver Agency or DHCS.

5. Comply with all pertinent regulations regarding the provision of Personal Care Services under the Medi-Cal Program as outlined in the California Code of Regulations, Title 22, §51183.

6. Comply with all pertinent regulations regarding Personal Care Service Providers under the Medi-Cal Program as outlined in the California Code of Regulations, Title 22, §51204.

7. Comply with all pertinent statutes regarding the Personal Care Services Program as outlined in the Welfare and Institutions Code §12300, et seq., 14132.95, and 14132.97.

8. Comply with the terms and conditions provided in the waiver under which the services are provided.

9. A Personal Care Agency must provide Waiver Personal Care services consistent with the participant's choice and interests, the participant's current primary care physician's orders and the HCBA Waiver

POT within the licensed provider's scope of practice and/or the qualified professional's experience.

Verification of Provider Qualifications

Entity Responsible for Verification:

CDSS Community Care Licensing
DHCS and/or Waiver Agency

Frequency of Verification:

Annually

Appendix C: Participant Services

C-1/C-3: Provider Specifications for Service

Service Type: Statutory Service
Service Name: Waiver Personal Care Services (WPCS)

Provider Category:

Agency

Provider Type:

Non-Profit Agency

Provider Qualifications

License *(specify):*

Business license, appropriate for the services purchased

Certificate *(specify):*

Other Standard *(specify):*

HCBA Waiver Standards of Participation

A Non-Profit Agency/Organization is a California service entity organized and operated under the United States Internal Revenue Code §501(c)(3), and provides services to the elderly and persons with disabilities. A Non-Profit Organization meeting the HCBA Waiver contract and Medi-Cal Provider requirements may provide HCBA Waiver services utilizing licensed professionals, qualified professional staff, and/or qualified, professionally supervised unlicensed staff.

Minimum qualifications and requirements for a Non-Profit Organization functioning as an HCBA Waiver Service Provider are:

1. The Executive Director/Program Manager responsible for the day-to-day management of the non-profit program has:

a. A Baccalaureate degree or higher, and training and experience in overseeing programs for the elderly and/or persons with disabilities living in the community; or

b. At least five (5) years of training and experience in overseeing programs for the elderly and/or persons with disabilities living in the community in lieu of possessing a Baccalaureate degree.

2. Filed a current "Statement of Information by Domestic Nonprofit Corporation" (Form SI-100 rev. 05/2005) with the California Secretary of State.

3. Annually files Form 990 financial reports with the California Attorney General's Registry of Charitable Trusts.

4. Maintain General Liability and Workers' Compensation insurance at all times while serving as a waiver service provider.

5. Is experienced in providing home and community-based services and support to the elderly and/or persons with disabilities living in the community.

6. Is responsible for providing training and/or in-services to staff eligible to provide HCBA Waiver services and at least annually reviews the HCBA Waiver services requirements. Training of HCBA Waiver service providers must be specific to the conditions and care of HCBA Waiver participants served by the Non-Profit Organization.

7. Complies with the terms and conditions set forth in the Centers for Medicare & Medicaid Services (CMS) approved HCBA Waiver.

8. Is responsible for the maintenance of waiver participant case documentation and records which support the claims for waiver services for a minimum period of ten years after the participant is receiving billable waiver services, or from the date of completion of any audit, whichever is later.

9. If the Non-Profit Organization employs licensed persons such as Licensed Clinical Social Worker (LCSW), Licensed Psychologist, and/or Marriage Family Therapist (MFT), who will render waiver services to waiver participants as requested and authorized, the licensed professional must meet the following criteria:

a. Maintains a current, unsuspended, unrevoked license to practice within their scope of licensure in the State of California.

b. Has documented work experience that includes, at least, a minimum of 1,000 hours experience in providing services to the elderly and/or persons with disabilities living in the community.

10. The Non-Profit Organization must maintain records and documentation of all requirements of the waiver/SOP for inspection and review by DHCS. The Non-Profit Organization must regularly monitor

the license status of its licensed employees and report any changes to DHCS within 30 days of the change of licensure status. The Non-Profit Organization must also maintain adequate documentation of the minimum hours of work experience for each of its licensed persons for inspection and review by DHCS.

11. Employs qualified professional providers to provide HCBA Waiver services to waiver participants as requested and authorized. The qualified professional providers must meet the following criteria:

a. Earned a Baccalaureate Degree or higher in Clinical Social Work or Social Welfare, Psychology, Marriage and Family Therapy, Rehabilitation Services or Gerontology from an accredited college or university.

b. Have at least 1,000 hours work experience providing services to the elderly and/or persons with disabilities living in the community. The Non-Profit Organization must maintain adequate documentation of the minimum hours of work experience for each of its qualified unlicensed professionals. The Non-Profit Organization must maintain adequate documentation of the minimum hours of work experience for each of its qualified unlicensed professional providers for inspection and review by DHCS.

The Non-Profit Organization must maintain adequate documentation of the minimum hours of work experience for the qualified professional supervisor and each of the unlicensed providers for inspection and review by DHCS.

12. A Non-Profit Organization must provide Waiver Personal Care services consistent with the participant's choice and interests, the participant's current primary care physician's orders, and the HCBA Waiver POT, within the licensed provider's scope of practice and/or the qualified professional's experience.

Verification of Provider Qualifications

Entity Responsible for Verification:

California Attorney General's registry of Charitable Trusts
DHCS and/or Waiver Agency

Frequency of Verification:

Annually

Appendix C: Participant Services

C-1/C-3: Provider Specifications for Service

Service Type: Statutory Service
Service Name: Waiver Personal Care Services (WPCS)

Provider Category:

Individual

Provider Type:

WPCS Provider

Provider Qualifications

License *(specify):*

NA

Certificate *(specify):*

Other Standard *(specify):*

County IHSS Program Standards & HCBA Waiver Standards of Participation

Overtime:
On October 1, 2013, the United States Department of Labor published the Final Rule on applying the FLSA to domestic service providers which went into effect on February 1, 2016. FLSAs new overtime rule requires overtime (time and a half) pay for WPCS, paramedical service, and/or IHSS providers when they work more than 40 hours in a workweek. The workweek begins at 12 a.m. on Sunday, and ends at 11:59 p.m. the following Saturday. A single provider who works for a single participant can work up to 70-hours and 45-minutes of combined WPCS, paramedical services, and IHSS hours in one workweek. A single provider who works for multiple participants cannot work more than 66 hours in one workweek. WPCS hours will continue to be subject to a maximum work day of 12 combined hours. Each provider must establish a regular workweek schedule for each participant they serve, not to exceed the 70-hours and 45-minutes of WPCS, paramedical services, and IHSS hours combined, and not to exceed the participant's authorized weekly and monthly hours.

Travel Time:
Beginning February 1, 2016, WPCS providers who work for more than one participant may be eligible for travel time up to 7 hours per workweek. If an individual provider works over 40 hours in one workweek, travel time will be paid at time and a half. Travel time is the time it takes to travel directly from one participant to another on the same day to provide WPCS only or a combination of WPCS, paramedical services, and IHSS.

Verification of Provider Qualifications

Entity Responsible for Verification:

DHCS and/or Waiver Agency

Frequency of Verification:

At the time of service request and modification

Appendix C: Participant Services

C-1/C-3: Service Specification

State laws, regulations and policies referenced in the specification are readily available to CMS upon request through the Medicaid agency or the operating agency (if applicable).

Service Type:

Extended State Plan Service

Service Title:

Paramedical Service

HCBS Taxonomy:

Category 1: **Sub-Category 1:**

Category 2: **Sub-Category 2:**

Category 3: **Sub-Category 3:**

Category 4: **Sub-Category 4:**

Complete this part for a renewal application or a new waiver that replaces an existing waiver. Select one **:**

- ○ **Service is included in approved waiver. There is no change in service specifications.**
- ○ **Service is included in approved waiver. The service specifications have been modified.**
- ◉ **Service is not included in the approved waiver.**

Service Definition *(Scope):*

Paramedical services are defined as "supportive services" in Welfare & Institutions Code §12300.1 as: "…services that are ordered by a licensed health care professional who is lawfully authorized to do so, which persons could provide for themselves but for their functional limitations. Paramedical services include the administration of medications, puncturing the skin or inserting a medical device into a body orifice, activities requiring sterile procedures, or other activities requiring judgment based on training given by a licensed health care professional. These necessary services shall be rendered by a provider under the direction of a licensed health care professional, subject to the informed consent of the recipient obtained as a part of the order for service."

Paramedical services are also governed by:
• Section 51350, Title 22, California Code of Regulations, as follows "(e) Paramedical services when included in the personal care plan of treatment must be ordered by a licensed health care professional lawfully authorized by the State. The order shall include a statement of informed consent saying that the beneficiary has been informed of the potential risks arising from receipt of such services. The statement of informed consent shall be signed and dated by the beneficiary, the personal representative of the beneficiary, or in the case of a minor, the legal parent or guardian. . . . . Catheter insertion, ostomy irrigation and bowel program are ... paramedical. ...(h)(1) ... if decubiti have developed, the need for skin and wound care is a paramedical service."

To be eligible to receive HCBA Waiver paramedical services, a waiver participant must be enrolled in and receiving paramedical services through the federally funded state plan personal care program (In-Home Supportive Services (IHSS)), and must have exhausted the approved IHSS hours prior to receiving paramedical services through the HCBA Waiver. The service will be provided by an enrolled IHSS provider trained to provide paramedical services to the recipient under IHSS program rules.

Paramedical services require pre-authorization, and the Waiver Agency or DHCS must receive the following documentation in order to authorize paramedical services:
• A signed and dated order for the paramedical services from the licensed health care professional (LHCP) who is lawfully authorized to issue such an order within their scope of practice. The order must include a statement of informed consent signed and dated by the participant, their legal representative, and/or legally responsible adult(s), documenting that the LHCP has informed them of the potential risks arising from receipt of paramedical services, and that they understand and accept the risk(s).
• The ordered paramedical services must be specifically described in the completed POT, and include the signature(s) of the paramedical service provider(s). A separate page for paramedical service provider signatures may be attached to a POT.

Paramedical services cannot be authorized prior to receipt of the LHCP's signed order for such services. However, the cost of medically necessary paramedical services that were received may be reimbursed retroactively if they are consistent with the subsequent authorization, were provided by an enrolled IHSS provider with an approved waiver to provide paramedical IHSS, and were received on or after the date of submission of the request for authorization of the paramedical services.

Providers will not be paid for paramedical services while a participant is admitted to a health care facility, as this type of care duplicates the care that the health care facility is required to provide during the participant's admission.

To protect and sustain the health, safety and welfare of waiver participants, Paramedical Services providers must be awake, alert and present during the scheduled hours of service and immediately available to the participant. Participants authorized for more than 360 hours a month of combined State Plan (such as IHSS services), WPCS, and/or Paramedical services benefits, must receive that care from two or more State Plan (such as IHSS) and/or WPCS providers. A Paramedical Service provider will not be paid to work more than 12 combined hours per day.

Prior to rending any services under the HCBA waiver, the provider must be enrolled as an IHSS in compliance with state and federal law. Any services provided prior to the provider's enrollment as an IHSS provider as required by state and federal law are not eligible for payment under the HCBA Waiver.

Specify applicable (if any) limits on the amount, frequency, or duration of this service:

Neither the Waiver Agency nor DHCS will authorize direct care services, or any combination of direct care and protective supervision services, exceeding 24 hours of care per day under this waiver, regardless of the funding source. Direct care services are defined in the "Additional Needed Information" section of this Waiver. Protective supervision is observing the participant's behavior to safeguard the participant against injury, hazard, or accident.

Waiver participants whose complex medical care needs meet the acute hospital facility LOC, requiring frequent evaluation and/or intervention by an RN or LVN who is skilled and knowledgeable in evaluating the participant's medical needs and administering technically complex care as ordered by the participant's current primary care physician, are not eligible for this service. This requirement is compliant with the California Business and Professions Code, §2725.

Overtime:
On October 1, 2013, the United States Department of Labor published the Final Rule on applying the FLSA to domestic service providers which went into effect on February 1, 2016. FLSAs new overtime rule requires overtime (time and a half) pay for WPCS, paramedical service, and/or IHSS providers when they work more than 40 hours in a workweek. The workweek begins at 12 a.m. on Sunday, and ends at 11:59 p.m. the following Saturday. A single provider who works for a single participant can work up to 70-hours and 45-minutes of combined WPCS, paramedical services, and IHSS hours in one workweek. A single provider who works for multiple participants cannot work more than 66 hours in one workweek. WPCS hours will continue to be subject to a maximum work day of 12 combined hours. Each provider must establish a regular workweek schedule for each participant they serve, not to exceed the 70-hours and 45-minutes of WPCS, paramedical services, and IHSS hours combined, and not to exceed the participant's authorized weekly and monthly hours.

Travel Time:
Beginning February 1, 2016, WPCS providers who work for more than one participant may be eligible for travel time up to 7 hours per workweek. If an individual provider works over 40 hours in one workweek, travel time will be paid at time and a half. Travel time is the time it takes to travel directly from one participant to another on the same day to provide WPCS only or a combination of WPCS, paramedical services, and IHSS.

Service Delivery Method *(check each that applies)*:

☒ **Participant-directed as specified in Appendix E**

☐ **Provider managed**

Specify whether the service may be provided by *(check each that applies)*:

☒ **Legally Responsible Person**

☒ **Relative**

☒ **Legal Guardian**

Provider Specifications:

Provider Category	Provider Type Title
Individual	IHSS Provider

Appendix C: Participant Services

C-1/C-3: Provider Specifications for Service

Service Type: Extended State Plan Service
Service Name: Paramedical Service

Provider Category:
Individual
Provider Type:

IHSS Provider

Provider Qualifications

License *(specify):*

N/A

Certificate *(specify):*

Other Standard *(specify):*

County IHSS Program Standards & HCBA Waiver Standards of Participation

Welfare and Institution Code, Div. 9, Part 3, Chpt.3, Art. 7; CA Dept. of Social Services, Social Services Standards Manual, Service Program No. 7, In-Home Support Services (https://www.cdss.ca.gov/inforesources/letters-regulations/legislation-and-regulations/adult-services-regulations)

Overtime:
On October 1, 2013, the United States Department of Labor published the Final Rule on applying the FLSA to domestic service providers which went into effect on February 1, 2016. FLSAs new overtime rule requires overtime (time and a half) pay for WPCS, paramedical service, and/or IHSS providers when they work more than 40 hours in a workweek. The workweek begins at 12 a.m. on Sunday, and ends at 11:59 p.m. the following Saturday. A single provider who works for a single participant can work up to 70-hours and 45-minutes of combined WPCS, paramedical services, and IHSS hours in one workweek. A single provider who works for multiple participants cannot work more than 66 hours in one workweek. WPCS hours will continue to be subject to a maximum work day of 12 combined hours. Each provider must establish a regular workweek schedule for each participant they serve, not to exceed the 70-hours and 45-minutes of WPCS, paramedical services, and IHSS hours combined, and not to exceed the participant's authorized weekly and monthly hours.

Travel Time:
Beginning February 1, 2016, WPCS providers who work for more than one participant may be eligible for travel time up to 7 hours per workweek. If an individual provider works over 40 hours in one workweek, travel time will be paid at time and a half. Travel time is the time it takes to travel directly from one participant to another on the same day to provide WPCS only or a combination of WPCS, paramedical services, and IHSS.

Verification of Provider Qualifications

Entity Responsible for Verification:

DHCS and/or Waiver Agency

Frequency of Verification:

At the time of service request and modification

Appendix C: Participant Services

C-1/C-3: Service Specification

State laws, regulations and policies referenced in the specification are readily available to CMS upon request through the Medicaid agency or the operating agency (if applicable).

Service Type:

Other Service

As provided in 42 CFR §440.180(b)(9), the State requests the authority to provide the following additional service not specified in statute.

Service Title:

Assistive Technology

HCBS Taxonomy:

Category 1:	**Sub-Category 1:**
Category 2:	**Sub-Category 2:**
Category 3:	**Sub-Category 3:**
Category 4:	**Sub-Category 4:**

Complete this part for a renewal application or a new waiver that replaces an existing waiver. Select one **:**

- ○ **Service is included in approved waiver. There is no change in service specifications.**
- ○ **Service is included in approved waiver. The service specifications have been modified.**
- ◉ **Service is not included in the approved waiver.**

Service Definition *(Scope):*

Assistive technology includes equipment or systems that are used to increase, maintain, or improve functional capabilities of participants, and/or enhance an individual's independence in performing activities of daily living (ADLs) and health related tasks. For the purposes of this waiver, Assistive Technology is limited to the following ADLs and health related tasks:
1. Bathing
2. Dressing and grooming
3. Toileting
4. Transferring
5. Eating
6. Communication
7. Medication Management
8. Accessing Telehealth
Determinations of an individual's functional capabilities will be completed by the CMT RN.

Assistive Technology includes services that directly assists a participant in the selection, acquisition, or use of medically necessary Assistive Technology, including, but not limited to:
1. Evaluation of the participant to determine the functional impact Assistive Technology would have on their ability to perform the ADLs and/or health related tasks identified above;
2. Training the participant and/or caregivers to use the Assistive Technology in the customary environment of the participant;
3. Purchasing, leasing, or otherwise providing for the acquisition of assistive technology devices for participants; as well as maintaining, repairing, or replacing assistive technology devices at the end of their expected lifetime specified by the manufacturer;
4. Selecting, designing, fitting, customizing, adapting assistive devices; and
5. Costs associated with delivery and repairs of the items allowable under this service.

Examples of Assistive Technology include, but are not limited to:
• Augmented communication devices (Example: Speech-to-Text devices/software)
• Emergency alert adaptations (Examples: blinking lights triggered by a smoke alarm)
• Telephone adaptive devices not available from the telephone company
• Tablets

Requested Assistive Technology must be for the least costly alternative to meet the individual's needs and must be related to an assessed functional need that is included in a participant's POT.

Assistive Technology does not include, any of the following costs:
• Devices that are considered experimental
• Animal support and assistance (i.e. service and/or therapy pets)
• Entertainment or recreational equipment/technology not specifically addressing and/or adapted for an assessed need
• Technology/devices used for employment, business, or educational purposes
• Service costs such as, but not limited to Internet service, telephone service, utilities, etc.

Assistive Technology costs cannot exceed $2,500 per calendar year, and unused balances do not "roll over" to the following year(s).

Prior authorization by DHCS is required before purchasing Assistive Technology, and the following information must be submitted with the TAR and documented in the participant's case record:
1. The item is medically necessary to preserve the Waiver Participant's health, functional ability, and reach maximum independence, thereby minimizing or slowing the Waiver participant's elevation to a higher level of care and avoiding more costly institutionalization.
2. The Waiver Participant's assessment must identify the medical need for the Assistive Technology, including how it is a medically necessary support if the Waiver Participant is to remain in the community, and the care plan specifies the required item.
3. Proof of request and denial from other sources that provide Assistive Technology, including but not limited to: Medi-Cal state plan, Medicare, private insurance, Regional Center, school district, the Department of Rehabilitation, utility companies, community based organizations, etc.
4. At least two bids/cost estimates for Assistive Technology that costs over $500.

Specify applicable (if any) limits on the amount, frequency, or duration of this service:

This waiver service is only authorized for individuals age 21 and over. All medically necessary Assistive Technology services for children under the age of 21 are covered in the state plan pursuant to the EPSDT benefit.

Service Delivery Method *(check each that applies)*:

☐ **Participant-directed as specified in Appendix E**

☒ **Provider managed**

Specify whether the service may be provided by *(check each that applies)*:

☐ **Legally Responsible Person**

☐ **Relative**

☐ **Legal Guardian**

Provider Specifications:

Provider Category	Provider Type Title
Agency	DME Provider
Agency	HCBS Benefit Provider
Individual	HCBS Waiver Nurse Provider - RN
Agency	Professional Corporation
Agency	Non-Profit Agency
Agency	HHA

Appendix C: Participant Services

C-1/C-3: Provider Specifications for Service

Service Type: Other Service
Service Name: Assistive Technology

Provider Category:

Agency

Provider Type:

DME Provider

Provider Qualifications

License *(specify)*:

W&I 14043.15, 14043.2, 14043.25, 14043.26
CCR Title 22, §51000.30(B)(3), §51000.55, §§51006(a)(1), (a)(2), (a)(3), (a)(5)

Certificate *(specify)*:

Other Standard *(specify)*:

Business license appropriate for the services purchased.

Verification of Provider Qualifications

Entity Responsible for Verification:

CDPH

Frequency of Verification:

Annually

Appendix C: Participant Services

C-1/C-3: Provider Specifications for Service

Service Type: Other Service
Service Name: Assistive Technology

Provider Category:

Agency

Provider Type:

HCBS Benefit Provider

Provider Qualifications

License *(specify):*

Certificate *(specify):*

Other Standard *(specify):*

HCBA Waiver Standards of Participation

An HCBS Benefit Provider agency is a local government provider that employs individuals who provide HCBS approved under the HCBA Waiver, is enrolled in Medi-Cal as an HCBS Benefit Provider agency, and meets and maintains the SOP minimal qualifications for an HCBS Benefit Provider agency.

Minimum qualifications and requirements for an HCBS Benefit Provider agency functioning as an HCBS Provider are:

1. The Executive Director/Program Manager responsible for the day-to-day management of the non-profit program has:

a. A Baccalaureate degree or higher, and training and experience in overseeing programs for the elderly and/or persons with disabilities living in the community; or

b. At least five (5) years of training and experience in overseeing programs for the elderly and/or persons with disabilities living in the community in lieu of possessing a Baccalaureate degree.

2. Maintain General Liability and Workers' Compensation insurance at all times while serving as a waiver service provider.

3. Is experienced in providing HCBS and support to the elderly and/or persons with disabilities living in the community.

4. Is responsible for providing training and/or in-services to staff eligible to provide HCBA Waiver Comprehensive Care Management services; and at least annually, requires CMT staff and supervisors to review the HCBA Waiver and Waiver Agency Contract Scope of Work HCBS requirements. Training of HCBA Waiver service providers must be specific to the conditions and care of HCBA Waiver participants served by the HCBA Benefit Provider agency.

5. Complies with the terms and conditions set forth in the Centers for Medicare & Medicaid Services (CMS) approved HCBA Waiver.

6. Is responsible for the maintenance of waiver participant case documentation and records that support the claims for waiver services for a minimum period of ten years after the participant is receiving billable waiver services, or from the date of completion of any audit, whichever is later.

7. Employs licensed persons permitted to provide HCBS to waiver participants under the terms of the HCBA Waiver who maintain a current, unsuspended, unrevoked license to practice within their scope of licensure in the State of California. Licensed person permitted to provide HCBS are:

a. Registered Nurse (RN pursuant to Chapter 6 (commencing with §2700) of Division 2 of the Business and Professions Code)

b. Licensed Clinical Social Worker (LCSW pursuant to Business & Professions Code, Division 2, Chapter 14, Article 4)

8. May employ the following unlicensed persons permitted to provide HCBS to waiver participants under the terms of the HCBA Waiver:

a. Social Worker with at least a Master's Degree (MSW)

b. Social Worker with at least a Bachelor's degree, as well as those with Bachelor's level degrees in related fields, including: gerontology, marriage and family therapy, psychology, etc., when supervised by an MSW

The minimum qualification and requirements for an HCBS Benefit Provider agency functioning as a

HCBA Waiver Service Provider are:

1. Employ licensed persons as specified above who will render waiver services to waiver participants as requested and authorized and who meet the following criteria:

a. Employ only licensed persons with a current, unsuspended, un-revoked license to practice in the State of California. The HCBS Benefit Provider agency must maintain records of licensing for inspection and review by DHCS upon request. The HCBS Benefit Provider agency must notify DHCS in writing of any change in licensure status of its licensed employees within five (5) days of the change of licensure status.

b. Employ licensed persons who have documented work experience that includes, as least, a minimum of 1,000 hours of experience in providing HCBS to the elderly and/or persons with disabilities living in the community. The HCBS Benefit Provider agency must maintain adequate documentation of the minimum hours of work experience for each of its licensed persons for inspection and review by DHCS.

2. Employ unlicensed persons as specified above who will render waiver services that do not require a licensed professional to provide them, as requested and authorized, and who have documented work experience that includes, as least, a minimum of 1,000 hours of experience in providing HCBS services to the elderly and/or persons with disabilities living in the community. The HCBS Benefit Provider agency must maintain adequate documentation of the minimum hours of work experience for each of its licensed persons for inspection and review by DHCS.

3. Provide HCBS consistent with the participant's medically necessary services to safely live in their home or community based setting, taking into consideration the current primary care physician's orders and the POT, within the scope of the licensed person's scope of practice as follows:

4. Facilitate the process of advocacy and/or mediation in the event that the participant's choice and interests are inconsistent with the participant's current primary care physician's POT. Provide the participant with education and resources regarding self-advocacy and systems change.

Verification of Provider Qualifications

Entity Responsible for Verification:

DHCS

Frequency of Verification:

Annually

Appendix C: Participant Services

C-1/C-3: Provider Specifications for Service

Service Type: Other Service
Service Name: Assistive Technology

Provider Category:

Individual

Provider Type:

HCBS Waiver Nurse Provider - RN

Provider Qualifications

License *(specify):*

BPC §§2725 et seq. CCR Title 22, §51067; CCR Title 16, Division 14

Certificate *(specify):*

Other Standard *(specify):*

HCBA Waiver Standards of Participation Definitions

a. "HCBA Waiver Nurse Provider-RN" means a Registered Nurse who provides HCBA Waiver RN services, as defined below, and in this capacity is not employed by or otherwise affiliated with a home health agency or any other licensed health care provider, agency, or organization.

b. "HCBA Waiver RN services" means case management or private duty nursing services, as described in the HCB waiver in Appendix C (Participant Services), provided to a waiver participant in their home or place of residence by a HCBA Waiver RN, within their scope of practice. Such services shall not include nursing services provided in a licensed health facility.

To sustain and protect the health, safety, and well-being of the vulnerable HCBA Waiver population, an HCBA Waiver Nurse Provider application will not be processed should it be determined through official documentation that the Nurse's professional license to provide health care services has been revoked, suspended or is currently in a probationary status by a federal, California or another State's licensing agency; or that the Nurse has been subject to any disciplinary action or currently in or pending an investigation for, including but not limited to, the following types of complaints:

• Drug/alcohol abuse
• Gross negligence/incompetence, resulting in patient endangerment
• Patient abuse and/or neglect
• Sexual, violent, or abusive offenses
• Fraud or theft offenses
• Mentally impaired and unsafe to practice
• Other acts or convictions substantially related to the practice of nursing
• Practicing nursing without a license
• RNs on probation and have violated their probation conditions

In areas where a Waiver Agency is not present, DHCS verifies that all providers meet waiver provider requirements at the point of provider enrollment and thereafter as necessary. DHCS staff shall periodically confirm that any provider of waiver services continues to meet the waiver program requirements through credentialing desk review and onsite provider visits.

In areas where a licensed provider is part of a Waiver Agency's provider network, the Waiver Agency would annually verify the provider continues to meet waiver provider requirements through its credentialing process and onsite provider visits. DHCS will monitor the Waiver Agency and their provider network through annual Waiver Agency QAR.

An HCBA Waiver RN may be a parent, stepparent, foster parent of the participant, a spouse, or legal guardian of the participant ONLY under the following circumstances: there are no other available providers. The Waiver Agency or DHCS may require additional documentation to support requests of this nature. Documentation required before the Waiver Agency or DHCS can authorize such a request, is a written explanation of the attempts made to enlist and retain an HCBA Waiver Nurse Provider, such as posting classified advertisements for Individual Nurse Providers in the community and/or contacts with Home Health Agencies, and a description of other efforts employed to locate a suitable provider. The explanation should also document the outcome of interviews with potential providers and the reasons the applicant was not selected or refused employment.

Qualifications of the HCBA Waiver RN
The initial HCBA Waiver provider enrollment application shall be accompanied by all of the following documentation:

Current, unencumbered license to practice as an RN in the State of California. The RN shall notify the Waiver Agency or DHCS in writing of any change in the status the RN licensure within five (5) business days of change.

A. Current Basic Life Support (BLS) certification.

B. Written evidence, in a format acceptable to the Waiver Agency or DHCS, of training or experience, which shall include at least one of the following:

a. A minimum of 1,000 hours of experience in the previous two years, in an acute care hospital caring for individuals with the care need(s) of individuals at the levels of care specified in this waiver.

b. A minimum of 2,000 hours of experience in the previous three years, in an acute care hospital caring for individuals with the care need(s) of individuals at the levels of care specified in this waiver.

c. A minimum of 2,000 hours of experience in the previous five years, working for a licensed and certified home health agency caring for individuals with the care need(s) of individuals at the levels of care specified in this waiver.

d. A minimum of 2,000 hours of experience in the previous five years in an area not listed above, that in the opinion of DHCS, would demonstrate appropriate knowledge, skill and ability in caring for individuals at one or more of the levels of care specified in this waiver.

C. An HCBA Waiver RN must provide Assistive Technology consistent with the participant's choice and interests, the participant's current primary care physician's orders, and the HCBA Waiver POT, within the licensed provider's scope of practice and/or the qualified professional's experience.

B. Written evidence, in a format acceptable to the Waiver Agency or DHCS, of training or experience, which shall include at least one of the following:

a. A minimum of 1,000 hours of experience in the previous two years, in an acute care hospital caring for individuals with the care need(s) of individuals at the levels of care specified in this waiver.

b. A minimum of 2,000 hours of experience in the previous three years, in an acute care hospital caring for individuals with the care need(s) of individuals at the levels of care specified in this waiver.

c. A minimum of 2,000 hours of experience in the previous five years, working for a licensed and certified home health agency caring for individuals with the care need(s) of individuals at the levels of care specified in this waiver.

d. A minimum of 2,000 hours of experience in the previous five years in an area not listed above, that in the opinion of DHCS, would demonstrate appropriate knowledge, skill and ability in caring for individuals at one or more of the levels of care specified in this waiver.

C. An HCBA Waiver RN must provide Assistive Technology consistent with the participant's choice and interests, the participant's current primary care physician's orders, and the HCBA Waiver POT, within the licensed provider's scope of practice and/or the qualified professional's experience.

Verification of Provider Qualifications

Entity Responsible for Verification:

California Board of Registered Nursing
DHCS

Frequency of Verification:

Annually

Appendix C: Participant Services

C-1/C-3: Provider Specifications for Service

Service Type: Other Service
Service Name: Assistive Technology

Provider Category:

Agency

Provider Type:

Professional Corporation

Provider Qualifications

License *(specify):*

CC §13401(b)

Certificate *(specify):*

Other Standard *(specify):*

HCBA Waiver Standards of Participation

A Professional Corporation is a provider that employs individuals who provide HCBS approved under the HCBA Waiver, is enrolled as an HCBS Waiver Professional Corporation provider, and meets and maintains the SOP minimal qualifications for a Professional Corporation.

The following are the licensed persons permitted to provide HCBS to Waiver participants under the terms of the HCBA Waiver:

1. Licensed Psychologists (See California Business and Professions Code §2900, et seq.) operating a Professional Corporation pursuant to California Corporations Code §13400, et seq.;

2. Licensed Clinical Social Workers (LCSW) (See California Business and Professions Code §4996, et seq.); operating a Professional Corporation pursuant to California Corporations Code §13400, et seq.,

3. Marriage and Family Therapists (MFT) (See California Business and Professions Code §4980, et seq.) operating as a Professional Corporation pursuant to California Corporations Code §13400, et seq. and,

4. Registered Nurse (RN) (See California Business and Professions Code §2725, et seq.) operating as a Professional Corporation pursuant to California Corporations Code §13400, et seq.

Minimum qualification and requirements for a Professional Corporation functioning as a HCBA Waiver Service Provider are:

1. Be currently and continuously incorporated in the State of California as a professional corporation, pursuant to California Corporations Code §13400, et seq., or, if a foreign professional corporation, be currently and continuously incorporated in its state of incorporation and have filed in California a Statement and Designation of a Professional Foreign Corporation.

2. The Professional Corporation must maintain good standing as a domestic or foreign professional corporation while the professional corporation is enrolled as an HCBA Waiver provider.

3. All Professional Corporations enrolling as an HCBA Waiver provider must provide DHCS a Certificate of Status of Good Standing to do business in the State of California (available from the Secretary of State's Office) and a current Certificate of Registration (pursuant to California Corporations Code §13401(b)) provided by the governmental agency regulating the profession. Professions regulated by the Board of Behavioral Sciences that organize as professional corporations are exempt from providing the Certificate of Registration (California Corporations Code §13401(b)). The Professional Corporation must notify DHCS in writing of any change to its Good Standing status or its Certificate of Registration within five (5) business days of the change.

4. Have and maintain a current, unsuspended, un-revoked license to practice business in the State of California, and provide a copy of that license to DHCS upon enrollment and upon request. The Professional Corporation must notify DHCS in writing of any change to the status of its license to practice business within five (5) business days of the change.

5. Employ licensed persons as specified above who will render HCBA Waiver services to Waiver participants, as requested and authorized, and who meet the following criteria:

a. Employ only licensed persons with a current, unsuspended, un-revoked license to practice in the State of California. The Professional Corporation must maintain records of licensing for inspection and review by DHCS. The Professional Corporation must notify DHCS in writing of any change in licensure status of its licensed employees within five (5) days of the change of licensure status.

b. Employ licensed persons who have documented work experience that includes, as least, a minimum of 1,000 hours of experience in providing HCBS to the elderly and/or persons with disabilities living in the community. The Professional Corporation must maintain adequate documentation of the minimum

hours of work experience for each of its licensed persons for inspection and review by DHCS.

6. A Professional Corporation must provide HCBS consistent with the participant's choice and interests, the participant's current primary care physician's orders, and the HCBA Waiver POT, within the licensed provider's scope of practice and/or the qualified professional's experience.

Verification of Provider Qualifications

Entity Responsible for Verification:

DHCS and/or Waiver Agency

Frequency of Verification:

Annually

Appendix C: Participant Services

C-1/C-3: Provider Specifications for Service

Service Type: Other Service
Service Name: Assistive Technology

Provider Category:

Agency

Provider Type:

Non-Profit Agency

Provider Qualifications

License *(specify):*

Certificate *(specify):*

Other Standard *(specify):*

HCBA Waiver Standards of Participation

A Non-Profit Agency/Organization is a California service entity organized and operated under the United States Internal Revenue Code §501(c)(3), and provides services to the elderly and persons with disabilities. A Non-Profit Organization meeting the HCBA Waiver contract and Medi-Cal Provider requirements may provide HCBA Waiver services utilizing licensed professionals, qualified professional staff, and/or qualified, professionally supervised unlicensed staff.

1. Minimum qualifications and requirements for a Non-Profit Organization functioning as an HCBA Waiver Service Provider are:
The Executive Director/Program Manager responsible for the day-to-day management of the non-profit program has:

a. A Baccalaureate degree or higher, and training and experience in overseeing programs for the elderly and/or persons with disabilities living in the community; or

b. At least five (5) years of training and experience in overseeing programs for the elderly and/or persons with disabilities living in the community in lieu of possessing a Baccalaureate degree.

2. Filed a current "Statement of Information by Domestic Nonprofit Corporation" (Form SI-100 rev. 05/2005) with the California Secretary of State.

3. Annually files Form 990 financial reports with the California Attorney General's Registry of Charitable Trusts.

4. Maintain General Liability and Workers' Compensation insurance at all times while serving as a waiver service provider.

5. Is experienced in providing home and community-based services and support to the elderly and/or persons with disabilities living in the community.

6. Is responsible for providing training and/or in-services to staff eligible to provide HCBA Waiver services and at least annually reviews the HCBA Waiver services requirements. Training of HCBA Waiver service providers must be specific to the conditions and care of HCBA Waiver participants served by the Non-Profit Organization.

7. Complies with the terms and conditions set forth in the Centers for Medicare & Medicaid Services (CMS) approved HCBA Waiver.

8. Is responsible for the maintenance of waiver participant case documentation and records which support the claims for waiver services for a minimum period of ten years after the participant is receiving billable waiver services, or from the date of completion of any audit, whichever is later.

9. If the Non-Profit Organization employs licensed persons such as Licensed Clinical Social Worker (LCSW), Licensed Psychologist, and/or Marriage Family Therapist (MFT), who will render waiver services to waiver participants as requested and authorized, the licensed professional must meet the following criteria:

a. Maintains a current, unsuspended, unrevoked license to practice within their scope of licensure in the State of California.

b. Has documented work experience that includes, at least, a minimum of 1,000 hours experience in providing services to the elderly and/or persons with disabilities living in the community.

The Non-Profit Organization must maintain records and documentation of all requirements of the waiver/SOP for inspection and review by DHCS. The Non-Profit Organization must regularly monitor the license status of its licensed employees and report any changes to DHCS within 30 days of the

change of licensure status. The Non-Profit Organization must also maintain adequate documentation of the minimum hours of work experience for each of its licensed persons for inspection and review by DHCS.

11. Employs qualified professional providers to provide HCBA Waiver services to waiver participants as requested and authorized. The qualified professional providers must meet the following criteria:

a. Earned a Baccalaureate Degree or higher in Clinical Social Work or Social Welfare, Psychology, Marriage and Family Therapy, Rehabilitation Services or Gerontology from an accredited college or university.

b. Have at least 1,000 hours work experience providing services to the elderly and/or persons with disabilities living in the community. The Non-Profit Organization must maintain adequate documentation of the minimum hours of work experience for each of its qualified unlicensed professional providers for inspection and review by DHCS.

The Non-Profit Organization must maintain adequate documentation of the minimum hours of work experience for the qualified professional supervisor and each of the unlicensed providers for inspection and review by DHCS.

12. A Non-Profit Organization must provide Assistive Technology consistent with the participant's choice and interests, the participant's current primary care physician's orders, and the HCBA Waiver POT, within the licensed provider's scope of practice and/or the qualified professional's experience.

Verification of Provider Qualifications

Entity Responsible for Verification:

DHCS and/or Waiver Agency

Frequency of Verification:

Annually

Appendix C: Participant Services

C-1/C-3: Provider Specifications for Service

Service Type: Other Service
Service Name: Assistive Technology

Provider Category:

Agency

Provider Type:

HHA

Provider Qualifications

License *(specify):*

Health and Safety Code §1725 et seq.; 22 CCR §74600 et seq.

Certificate *(specify):*

Other Standard *(specify):*

Verification of Provider Qualifications

Entity Responsible for Verification:

CDPH Licensing and Certification
DHCS and/or Waiver Agency

Frequency of Verification:

Annually

Appendix C: Participant Services

C-1/C-3: Service Specification

State laws, regulations and policies referenced in the specification are readily available to CMS upon request through the Medicaid agency or the operating agency (if applicable).

Service Type:

Other Service

As provided in 42 CFR §440.180(b)(9), the State requests the authority to provide the following additional service not specified in statute.

Service Title:

Community Transition Services

HCBS Taxonomy:

Category 1:	**Sub-Category 1:**
Category 2:	**Sub-Category 2:**
Category 3:	**Sub-Category 3:**
Category 4:	**Sub-Category 4:**

Complete this part for a renewal application or a new waiver that replaces an existing waiver. Select one **:**

- ○ **Service is included in approved waiver. There is no change in service specifications.**
- ◉ **Service is included in approved waiver. The service specifications have been modified.**
- ○ **Service is not included in the approved waiver.**

Service Definition *(Scope):*

Community transition services are non-recurring home set-up expenses at the time of enrollment into the Waiver that are necessary to enable a person to establish a basic household and that do not constitute room and board. Community transition services are available to two Waiver sub-populations, at different spending caps, and only to the extent that the costs are reasonable and necessary to maintain the participant's health and safety in the community setting.

The first sub-population eligible to receive community transition services under the Waiver are individuals who are transitioning from a licensed health care facility to a living arrangement in a private residence where the person is directly responsible for their own living expenses. The second sub-population eligible to receive community transition services under the Wavier are individuals who live in a private, community-based, residence where the person is directly responsible for their own living expenses.

Community transition services can include, but are not limited to:
1. Security deposits that are required to obtain a lease on an apartment or home;
2. Essential household furnishings and required to occupy and use a community domicile, including furniture, window coverings, food preparation items, and bed/bath linens;
3. Set-up fees or deposits for utility or service access, including telephone, electricity, heating and water;
4. One-time services necessary for the individual's health and safety such as pest eradication and one-time cleaning prior to occupancy;
5. Moving expenses;; and
6. Activities to assess, arrange for, and procure needed resources.

Goods and/or services that are the legal responsibility of a property owner are not allowable; and, community transition services do not include monthly rental or mortgage expense, food, regular utility charges, and/or household appliances or items that are intended for purely diversionary/recreational purposes.

Community transition goods and services are identified during the person-centered development of the participant's POT to meet the unique need(s) of the participant. The POT must also include validation that the goods and services cannot be obtained from other sources.

The Waiver Agency or DHCS will approve the service after all requested documentation has been received and reviewed. In areas where there is a Waiver Agency, the Waiver Agency oversees the administration of the service and submits all of the medical documentation and invoices for approval and reimbursement.

Prior to rending any services under the HCBA waiver, the provider must be enrolled as a Medi-Cal provider in compliance with state and federal law. Any services provided prior to the provider's enrollment as a Medi-Cal provider as required by state and federal law are not eligible for payment under the HCBA Waiver.

Specify applicable (if any) limits on the amount, frequency, or duration of this service:

For individuals who are transitioning from a licensed health care facility to a living arrangement in a private residence where the person is directly responsible for their own living expenses, community transition services are payable up to a total lifetime maximum amount of $5,000.00.

For individuals who live in a private, community-based, residence where the person is directly responsible for their own living expenses, community transition services are payable up to a total lifetime maximum amount of $400.

The only exception to the lifetime maximums is if the participant is compelled to move from a provider-operated living arrangement to a living arrangement in a private residence through circumstances beyond the participant's control.

Community transition services must be necessary to protect and sustain the health, welfare, and safety of the participant outside of an institution; without which the participant would be unable to move to the private residence and/or require re-institutionalization.

This waiver service is only authorized for individuals age 21 and over. All medically necessary Community Transition Services for children under the age of 21 are covered in the state plan pursuant to the EPSDT benefit.

Service Delivery Method *(check each that applies)*:

☒ **Participant-directed as specified in Appendix E**

☒ **Provider managed**

Specify whether the service may be provided by *(check each that applies)*:

☐ **Legally Responsible Person**

☒ **Relative**

☐ **Legal Guardian**

Provider Specifications:

Provider Category	Provider Type Title
Individual	HCBS Waiver Nurse Provider - RN
Agency	Non-Profit Agency
Agency	HHA
Agency	HCBS Benefit Provider
Agency	Professional Corporation

Appendix C: Participant Services

C-1/C-3: Provider Specifications for Service

Service Type: Other Service
Service Name: Community Transition Services

Provider Category:

Individual

Provider Type:

HCBS Waiver Nurse Provider - RN

Provider Qualifications

License *(specify)*:

BPC §§2725 et seq.
CCR Title 22, §51067;
CCR Title 16, Division 14

Certificate *(specify)*:

Other Standard *(specify)*:

HCBA Waiver Standards of Participation

Definitions

a. "HCBS Waiver Nurse Provider-RN" means a Registered Nurse who provides HCBS Waiver RN services, as defined below, and in this capacity is not employed by or otherwise affiliated with a home health agency or any other licensed health care provider, agency, or organization.

b. "HCBS Waiver RN services" means case management or private duty nursing services, as described in the HCBA waiver in Appendix C (Participant Services), provided to a waiver participant in their home or community-based residence by and HCBS Waiver RN, within their scope of practice. Such services shall not include nursing services provided in a licensed health facility.

To protect and sustain the health, safety, and well-being of the vulnerable HCBA Waiver population, an HCBA Waiver Nurse Provider application will not be processed should it be determined through official documentation that the Nurse's professional license to provide health care services has been revoked, suspended or is currently in a probationary status by a federal, California or another State's licensing agency; or that the Nurse has been subject to any disciplinary action or currently in or pending an investigation for, including but not limited to, the following types of complaints:

• Drug/alcohol abuse
• Gross negligence/incompetence, resulting in patient endangerment
• Patient abuse and/or neglect
• Sexual, violent, or abusive offenses
• Fraud or theft offenses
• Mentally impaired and unsafe to practice
• Other acts or convictions substantially related to the practice of nursing
• Practicing nursing without a license
• RNs on probation and have violated their probation conditions

In areas where a Waiver Agency is not present, DHCS verifies that all providers meet waiver provider requirements at the point of provider enrollment and thereafter as necessary. DHCS staff shall periodically confirm that any provider of waiver services continues to meet the waiver program requirements through credentialing desk review and onsite provider visits.

In areas where a licensed provider is part of a Waiver Agency's provider network, the Waiver Agency would annually verify the provider continues to meet waiver provider requirements through its credentialing process and onsite provider visits. DHCS will monitor the Waiver Agency and their provider network through annual Waiver Agency QAR.

An HCBA Waiver RN may be a parent, stepparent, foster parent of the participant, a spouse, or legal guardian of the participant ONLY under the following circumstances: there are no other available providers. The Waiver Agency or DHCS may require additional documentation to support requests of this nature. Documentation required before the Waiver Agency or DHCS can authorize such a request, is a written explanation of the attempts made to enlist and retain an HCBA Waiver Nurse Provider, such as posting classified advertisements for Individual Nurse Providers in the community and/or contacts with Home Health Agencies, and a description of other efforts employed to locate a suitable provider. The explanation should also document the outcome of interviews with potential providers and the reasons the applicant was not selected or refused employment.

Qualifications of the HCBS Waiver RN
The initial HCBS Waiver Nurse Provider enrollment application shall be accompanied by all of the following documentation:

A. Current, unencumbered license to practice as an RN in the State of California. The RN shall notify the Waiver Agency or DHCS in writing of any change in the status the RN licensure within five (5) business days of change.

B. Current Basic Life Support (BLS) certification.

C. Written evidence, in a format acceptable to the Waiver Agency or DHCS, of training or experience, which shall include at least one of the following:

a. A minimum of 1,000 hours of experience in the previous two years, in an acute care hospital caring for individuals with the care need(s) of individuals at the levels of care specified in this waiver.

b. A minimum of 2,000 hours of experience in the previous three years, in an acute care hospital caring for individuals with the care need(s) of individuals at the levels of care specified in this waiver.

c. A minimum of 2.000 hours of experience in the previous five years, working for a licensed and certified home health agency caring for individuals with the care need(s) of individuals at the levels of care specified in this waiver.

d. A minimum of 2,000 hours of experience in the previous five years in an area not listed above, that in the opinion of DHCS, would demonstrate appropriate knowledge, skill and ability in caring for individuals at one or more of the levels of care specified in this waiver.

D. A HCBS Waiver RN must provide Community Transition services consistent with the participant's choice and interests, the participant's current primary care physician's orders, and the HCBA Waiver POT, within the licensed provider's scope of practice and/or the qualified professional's experience.

B. Current Basic Life Support (BLS) certification.

C. Written evidence, in a format acceptable to the Waiver Agency or DHCS, of training or experience, which shall include at least one of the following:

a. A minimum of 1,000 hours of experience in the previous two years, in an acute care hospital caring for individuals with the care need(s) of individuals at the levels of care specified in this waiver.

b. A minimum of 2,000 hours of experience in the previous three years, in an acute care hospital caring for individuals with the care need(s) of individuals at the levels of care specified in this waiver.

c. A minimum of 2.000 hours of experience in the previous five years, working for a licensed and certified home health agency caring for individuals with the care need(s) of individuals at the levels of care specified in this waiver.

d. A minimum of 2,000 hours of experience in the previous five years in an area not listed above, that in the opinion of DHCS, would demonstrate appropriate knowledge, skill and ability in caring for individuals at one or more of the levels of care specified in this waiver.

D. A HCBS Waiver RN must provide Community Transition services consistent with the participant's choice and interests, the participant's current primary care physician's orders, and the HCBA Waiver POT, within the licensed provider's scope of practice and/or the qualified professional's experience.

Verification of Provider Qualifications

Entity Responsible for Verification:

California Board of Registered Nursing
DHCS

Frequency of Verification:

Annually

Appendix C: Participant Services

C-1/C-3: Provider Specifications for Service

Service Type: Other Service
Service Name: Community Transition Services

Provider Category:

Agency

Provider Type:

Non-Profit Agency

Provider Qualifications

License *(specify):*

Business license, appropriate for the services purchased

Certificate *(specify):*

Other Standard *(specify):*

HCBA Waiver Standards of Participation

A Non-Profit Agency/Organization is a California service entity organized and operated under the United States Internal Revenue Code §501(c)(3), and provides services to the elderly and persons with disabilities. A Non-Profit Organization meeting the HCBA Waiver contract and Medi-Cal Provider requirements may provide HCBA Waiver services utilizing licensed professionals, qualified professional staff, and/or qualified, professionally supervised unlicensed staff.

Minimum qualifications and requirements for a Non-Profit Organization functioning as an HCBA Waiver Service Provider are:
1. The Executive Director/Program Manager responsible for the day-to-day management of the non-profit program has:

a. A Baccalaureate degree or higher, and training and experience in overseeing programs for the elderly and/or persons with disabilities living in the community; or

b. At least five (5) years of training and experience in overseeing programs for the elderly and/or persons with disabilities living in the community in lieu of possessing a Baccalaureate degree.

2. Filed a current "Statement of Information by Domestic Nonprofit Corporation" (Form SI-100 rev. 05/2005) with the California Secretary of State.

3. Annually files Form 990 financial reports with the California Attorney General's Registry of Charitable Trusts.

4. Maintain General Liability and Workers' Compensation insurance at all times while serving as a waiver service provider.

5. Is experienced in providing home and community-based services and support to the elderly and/or persons with disabilities living in the community.

6. Is responsible for providing training and/or in-services to staff eligible to provide HCBA Waiver services and at least annually reviews the HCBA Waiver services requirements. Training of HCBA Waiver service providers must be specific to the conditions and care of HCBA Waiver participants served by the Non-Profit Organization.

7. Complies with the terms and conditions set forth in the Centers for Medicare & Medicaid Services (CMS) approved HCBA Waiver.

8. Is responsible for the maintenance of waiver participant case documentation and records which support the claims for waiver services for a minimum period of ten years after the participant is receiving billable waiver services, or from the date of completion of any audit, whichever is later.

9. If the Non-Profit Organization employs licensed persons such as Licensed Clinical Social Worker (LCSW), Licensed Psychologist, and/or Marriage Family Therapist (MFT), who will render waiver services to waiver participants as requested and authorized, the licensed professional must meet the following criteria:

a. Maintains a current, unsuspended, unrevoked license to practice within their scope of licensure in the State of California.

b. Has documented work experience that includes, at least, a minimum of 1,000 hours experience in providing services to the elderly and/or persons with disabilities living in the community.

10. The Non-Profit Organization must maintain records and documentation of all requirements of the waiver/SOP for inspection and review by DHCS. The Non-Profit Organization must regularly monitor the license status of its licensed employees and report any changes to DHCS within 30 days of the

change of licensure status. The Non-Profit Organization must also maintain adequate documentation of the minimum hours of work experience for each of its licensed persons for inspection and review by DHCS.

11. Employs qualified professional providers to provide HCBA Waiver services to waiver participants as requested and authorized. The qualified professional providers must meet the following criteria:

a. Earned a Baccalaureate Degree or higher in Clinical Social Work or Social Welfare, Psychology, Marriage and Family Therapy, Rehabilitation Services or Gerontology from an accredited college or university.

b. Have at least 1,000 hours work experience providing services to the elderly and/or persons with disabilities living in the community. The Non-Profit Organization must maintain adequate documentation of the minimum hours of work experience for each of its qualified unlicensed professionals. The Non-Profit Organization must maintain adequate documentation of the minimum hours of work experience for each of its qualified unlicensed professional providers for inspection and review by DHCS.

The Non-Profit Organization must maintain adequate documentation of the minimum hours of work experience for the qualified professional supervisor and each of the unlicensed providers for inspection and review by DHCS.

12. A Non-Profit Organization must provide Community Transition waiver services consistent with the participant's choice and interests, the participant's current primary care physician's orders, and the HCBA Waiver POT, within the licensed provider's scope of practice and/or the qualified professional's experience.

Verification of Provider Qualifications

Entity Responsible for Verification:

California Attorney General's registry of Charitable Trusts
DHCS

Frequency of Verification:

Annually

Appendix C: Participant Services

C-1/C-3: Provider Specifications for Service

Service Type: Other Service
Service Name: Community Transition Services

Provider Category:

Agency

Provider Type:

HHA

Provider Qualifications

License *(specify):*

Health & Safety Code §1725 et seq.; 22 CCR §74600 et seq.

Certificate *(specify):*

Other Standard *(specify):*

Verification of Provider Qualifications

Entity Responsible for Verification:

CDPH Licensing and Certification
DHCS

Frequency of Verification:

Annually

Appendix C: Participant Services

C-1/C-3: Provider Specifications for Service

Service Type: Other Service
Service Name: Community Transition Services

Provider Category:

Agency

Provider Type:

HCBS Benefit Provider

Provider Qualifications

License *(specify):*

Certificate *(specify):*

Other Standard *(specify):*

HCBA Waiver Standards of Participation

An HCBS Benefit Provider agency is a local government provider that employs individuals who provide HCBS services approved under the HCBA Waiver, is enrolled in Medi-Cal as an HCBS Benefit Provider agency, and meets and maintains the SOP minimal qualifications for an HCBS Benefit Provider agency.

Minimum qualifications and requirements for an HCBS Benefit Provider agency functioning as an HCBA Waiver Provider are:

1. The Executive Director/Program Manager responsible for the day-to-day management of the program must have:

a. A Baccalaureate degree or higher, and training and experience in overseeing programs for the elderly and/or persons with disabilities living in the community; or

b. At least five (5) years of training and experience in overseeing programs for the elderly and/or persons with disabilities living in the community in lieu of possessing a Baccalaureate degree.

2. Maintain General Liability and Workers' Compensation insurance at all times while serving as a waiver service provider.

3. Is experienced in providing HCBS and long-term support to the elderly and/or persons with disabilities living in the community.

4. Is responsible for providing training and/or in-services to staff eligible to provide HCBS Waiver services; and at least annually, requires CMT staff and supervisors to review the HCBA Waiver. Training of HCBA Waiver service providers must be specific to the conditions and care of HCBA Waiver participants served by the HCBA Benefit Provider agency.

5. Complies with the terms and conditions set forth in the Centers for Medicare & Medicaid Services (CMS) approved HCBA Waiver.

6. Is responsible for the maintenance of waiver participant case documentation and records that support the claims for waiver services for a minimum period of ten years after the participant is receiving billable waiver services, or from the date of completion of any audit, whichever is later.

7. Employs licensed persons permitted to provide HCBS to waiver participants under the terms of the HCBA Waiver who maintain a current, unsuspended, unrevoked license to practice within their scope of licensure in the State of California. Licensed person permitted to provide community transition services are:

a. Registered Nurse (RN pursuant to Chapter 6 (commencing with §2700) of Division 2 of the Business and Professions Code)

b. Licensed Clinical Social Worker (LCSW pursuant to Business & Professions Code, Division 2, Chapter 14, Article 4

8. May employ the following unlicensed persons permitted to provide HCBS to waiver participants under the terms of the HCBA Waiver:

a. Social Worker with at least a Master's Degree (MSW)

b. Social Worker with at least a Bachelor's degree, as well as those with Bachelor's level degrees in related fields, including: gerontology, marriage and family therapy, psychology, etc., when supervised by an MSW.

The minimum qualification and requirements for an HCBS Benefit Provider agency functioning as a HCBA Waiver Service Provider are:

1. Employ licensed persons as specified above who will render waiver services to waiver participants as requested and authorized and who meet the following criteria:

a. Employ only licensed persons with a current, unsuspended, un-revoked license to practice in the State of California. The HCBS Benefit Provider agency must maintain records of licensing for inspection and review by DHCS upon request. The HCBS Benefit Provider agency must notify DHCS in writing of any change in licensure status of its licensed employees within five (5) days of the change of licensure status.

b. Employ licensed persons who have documented work experience that includes, as least, a minimum of 1,000 hours of experience in providing HCBS to the elderly and/or persons with disabilities living in the community. The HCBS Benefit Provider agency must maintain adequate documentation of the minimum hours of work experience for each of its licensed persons for inspection and review by DHCS.

2. Employ unlicensed persons as specified above who will render waiver services who do not require a licensed professional to provide them, as requested and authorized, and who have documented work experience that includes, as least, a minimum of 1,000 hours of experience in providing HCBS to the elderly and/or persons with disabilities living in the community. The HCBS Benefit Provider agency must maintain adequate documentation of the minimum hours of work experience for each of its licensed persons for inspection and review by DHCS.

3. Provide HCBS consistent with the participant's medically necessary services to safely live in their home or community based setting, taking into consideration the current primary care physician's orders and the POT, within the scope of the licensed person's scope of practice.

Verification of Provider Qualifications

Entity Responsible for Verification:

DHCS

Frequency of Verification:

Annually

Appendix C: Participant Services

C-1/C-3: Provider Specifications for Service

Service Type: Other Service
Service Name: Community Transition Services

Provider Category:

Agency

Provider Type:

Professional Corporation

Provider Qualifications

License *(specify):*

CC §13401(b)

Certificate *(specify):*

Other Standard *(specify):*

HCBA Waiver Standards of Participation

A Professional Corporation is a provider that employs individuals who provide HCBS approved under the HCBA Waiver, is enrolled as an HCBS Waiver Professional Corporation provider, and meets and maintains the SOP minimal qualifications for a Professional Corporation.

The following are the licensed persons permitted to provide HCBS to Waiver participants under the terms of the HCBA Waiver:

1. Licensed Psychologists (See California Business and Professions Code §2900, et seq.) operating a Professional Corporation pursuant to California Corporations Code §13400, et seq.;

2. Licensed Clinical Social Workers (LCSW) (See California Business and Professions Code §4996, et seq.); operating a Professional Corporation pursuant to California Corporations Code §13400, et seq.,

3. Marriage and Family Therapists (MFT) (See California Business and Professions Code §4980, et seq.) operating as a Professional Corporation pursuant to California Corporations Code §13400, et seq. and,

4. Registered Nurse (RN) (See California Business and Professions Code §2725, et seq.) operating as a Professional Corporation pursuant to California Corporations Code §13400, et seq.

Minimum qualification and requirements for a Professional Corporation functioning as a HCBA Waiver Service Provider are:

1. Be currently and continuously incorporated in the State of California as a professional corporation, pursuant to California Corporations Code §13400, et seq., or if a foreign professional corporation, be currently and continuously incorporated in its state of incorporation and have filed in California a Statement and Designation of a Professional Foreign Corporation.

2. The Professional Corporation must maintain good standing as a domestic or foreign professional corporation while the professional corporation is enrolled as an HCBA Waiver provider.

3. All Professional Corporations enrolling as an HCBA Waiver provider must provide DHCS a Certificate of Status of Good Standing to do business in the State of California (available from the Secretary of State's Office) and a current Certificate of Registration (pursuant to California Corporations Code §13401(b)) provided by the governmental agency regulating the profession. Professions regulated by the Board of Behavioral Sciences that organize as professional corporations are exempt from providing the Certificate of Registration (California Corporations Code §13401(b)). The Professional Corporation must notify DHCS in writing of any change to its Good Standing status or its Certificate of Registration within five (5) business days of the change.

4. Have and maintain a current, unsuspended, un-revoked license to practice business in the State of California, and provide a copy of that license to DHCS upon enrollment and upon request. The Professional Corporation must notify DHCS in writing of any change to the status of its license to practice business within five (5) business days of the change.

5. Employ licensed persons as specified above who will render HCBA Waiver services to Waiver participants, as requested and authorized, and who meet the following criteria:

a. Employ only licensed persons with a current, unsuspended, un-revoked license to practice in the State of California. The Professional Corporation must maintain records of licensing for inspection and review by DHCS. The Professional Corporation must notify DHCS in writing of any change in licensure status of its licensed employees within five (5) days of the change of licensure status.

b. Employ licensed persons who have documented work experience that includes, as least, a minimum of 1,000 hours of experience in providing HCBS to the elderly and/or persons with disabilities living in the community. The Professional Corporation must maintain adequate documentation of the minimum

hours of work experience for each of its licensed persons for inspection and review by DHCS.

6. A Professional Corporation must provide HCBS consistent with the participant's choice and interests, the participant's current primary care physician's orders, and the HCBA Waiver POT, within the licensed provider's scope of practice and/or the qualified professional's experience.

Verification of Provider Qualifications

Entity Responsible for Verification:

DHCS

Frequency of Verification:

Annually

Appendix C: Participant Services

C-1/C-3: Service Specification

State laws, regulations and policies referenced in the specification are readily available to CMS upon request through the Medicaid agency or the operating agency (if applicable).

Service Type:

Other Service

As provided in 42 CFR §440.180(b)(9), the State requests the authority to provide the following additional service not specified in statute.

Service Title:

Comprehensive Care Management

HCBS Taxonomy:

Category 1:	**Sub-Category 1:**
Category 2:	**Sub-Category 2:**
Category 3:	**Sub-Category 3:**
Category 4:	**Sub-Category 4:**

Complete this part for a renewal application or a new waiver that replaces an existing waiver. Select one **:**

- ○ **Service is included in approved waiver. There is no change in service specifications.**
- ○ **Service is included in approved waiver. The service specifications have been modified.**

◉ **Service is not included in the approved waiver.**

Service Definition *(Scope):*

Comprehensive Care Management is a collaborative and interdisciplinary approach to providing intensive and comprehensive care management services to individuals enrolled in the HCBA Waiver, by responding to a participant's multiple and changing needs, and playing a pivotal role in accessing and coordinating required services from across multiple delivery systems, regardless of the funding source.

Comprehensive Care Management is only provided to HCBA Waiver participants by a qualified CMT comprised of an RN and a Social Worker with at least a Bachelor's degree, as well as those with Bachelor's level degrees in related fields, including: gerontology, marriage and family therapy, psychology, etc., when supervised by an MSW. Both members of the CMT must be directly employed or contracted by the Waiver Agency. The CMT works with the participant, legal representative/legally responsible adult and/or circle of support to identify and coordinate State Plan and Waiver services, and other resources necessary to enable the participant to transition to the community and/or remain in their own home.

HCBA Waiver participants may choose to be involved in all aspects of the design, delivery, and modification of their services and be able to determine when, where and how they receive services. The CMT works with the participant, legal representative/legally responsible adult(s), circle of support, and current primary care physician in developing goals and identifying a course of action to respond to the assessed needs and individual circumstances and desires of the participant, and in the development of the participant's current primary care physician-signed POT. In signing the POT, the participant's current primary care physician is attesting to the medical necessity of the waiver services scope, frequency and duration as identified in the POT. Participants may request a review of their service plan at any time.

Comprehensive Care Management includes, but is not limited to, approval of medically necessary Waiver services and assisting Waiver participants with coordination of waiver services, other Medi-Cal services, and other needed resources regardless of funding source. When a waiver participant is enrolled a Managed Care plan (MCP), the MCP is responsible for providing the beneficiary Medi-Cal services covered by the plan, as well as Comprehensive Case Management, including Coordination of Care Services (MCP Boilerplate Contract, Exh. A, Attachment 11). In order to fulfill these responsibilities, the Waiver Agency and MCP must work collaboratively and promptly exchange all relevant information regarding the beneficiary, their health care needs, services, and efforts to obtain non Medi-Cal related assistance. The MCPs and Waiver Agencies are authorized to share this beneficiary information with each other because they are both DHCS contractors in the DHCS administration of the Medi-Cal program, with Business Associate Agreements, and they are sharing the information with each other as part of their contractual duties. (45 CFR §164.502(a)(1)(ii), 164.502(a)(3) and 164.506(c).) The MCP and Waiver Agency may, but are not required to, enter into Memorandums of Understanding (MOU) documenting the information sharing obligations and procedures. MCPs and Waiver Agencies cannot delay the sharing of information based on the lack of an MOU. If a Waiver Agency is unable to timely obtain beneficiary information from an MCP, the Waiver Agency must promptly notify DHCS of that fact in writing, providing information regarding the efforts made by the Waiver Agency to obtain the information from the MCP.

Comprehensive Care Management services are intended to increase participants' access to HCBS to stabilize them in the community; and include but are not limited to, an initial face-to-face comprehensive nursing and psychosocial assessment, or telehealth assessment in accordance with DHCS' telehealth policies for Medicaid State Plan services; monthly service plan monitoring through face-to-face, telehealth, or telephonic contact by the CMT; coordination of both waiver and state plan services in collaboration with the participant's Medi-Cal Managed Care Plan, as appropriate; integration within the local community; and ongoing comprehensive reassessments at least every 365 days that provide information about each participant's service needs. The CMT is also responsible for the development, implementation, and periodic evaluations of the written participant centered service plans.

Under the Comprehensive Care Management service, the CMT establishes a care coordination schedule based upon the needs and acuity of the participant as determined by their initial LOC Assessment and subsequent reassessments.

The CMT will coordinate all services by providers involved in the participants' care by providing the following components of Care Management:
• Assess medical needs including diagnosis, functional and cognitive abilities, and environmental and social needs;
• Care planning to mitigate risk and assist in adjusting care plans as appropriate;
• Service plan implementation, coordination and monitoring delivery and quality of services;
• Ongoing Waiver participant contact (including a monthly face-to-face, telehealth, or telephonic visit) to monitor for changes in health, social, functional and environmental status; and

• Annual face-to-face visits or telehealth sessions in accordance with DHCS' telehealth policies for Medicaid State Plan services; reassessments; and care plan updates.

The Waiver Agency receives a flat rate payment per member each month for the provision of the Comprehensive Care Management services, which is based upon the assessed case management acuity level of the participant. Only Waiver Agencies are able to bill for and provide the Comprehensive Care Management waiver service.

Comprehensive Care Management services under the waiver differ from the scope and nature of case management services under the State Plan and in areas without a Waiver Agency. Comprehensive Care Management services are concentrated on the coordination and monitoring of cost-effective, quality HCBS for the waiver participant, while in areas without a Waiver Agency, case management services are concentrated on referrals to providers and coordinating services.

Comprehensive Care Management Services for Private Duty Nursing Services Authorized for Medi-Cal Beneficiaries Under the Age of 21

For purposes of this section only, "Private Duty Nursing" means nursing services provided in a Medi-Cal beneficiary's home by a registered nurse or a licensed practical nurse, under the direction of a beneficiary's physician, to a Medi-Cal beneficiary who requires more individual and continuous care than is available from a visiting nurse. (42 CFR. § 440.80.)

The Waiver Agency is required to provide Comprehensive Care Management Services, including, upon the request of an HCBA Waiver enrolled EPSDT eligible Medi-Cal beneficiary approved to receive Medi-Cal PDN services, arranging for all approved Medi-Cal PDN nursing services desired by the beneficiary. Medi-Cal PDN services include PDN services approved by the California Children's Services (CCS) Program. Upon the request of a Waiver enrolled EPSDT eligible Medi-Cal beneficiary for whom Medi-Cal PDN services have been approved, the Waiver Agency shall use one or more HHA, INP, or any combination thereof, in providing Comprehensive Care Management Services to arrange for all approved PDN services desired by the beneficiary. The Waiver Agency's Comprehensive Care Management Services include, but are not limited to:
• Requesting from DHCS, and upon receipt, providing to a Waiver enrolled EPSDT eligible Medi-Cal beneficiary approved for Medi-Cal PDN services, information about the number of PDN hours that the beneficiary is approved to receive.
• Contacting enrolled HHAs and enrolled INPs to seek approved PDN services on behalf of a Waiver enrolled EPSDT eligible Medi-Cal beneficiary for whom Medi-Cal PDN services have been approved as an EPSDT benefit;
• Identifying and assisting potentially eligible HHAs and INPs with navigating the process of enrolling to be a Medi-Cal provider;
• Working with HHAs and enrolled INPs to jointly provide PDN services to a Waiver enrolled EPSDT eligible Medi-Cal beneficiary approved to receive PDN services, as needed.

The Waiver Agency has primary responsibility to provide Comprehensive Care Management, which includes the Case Management Services described above, to a Waiver participant who is an EPSDT eligible Medi-Cal beneficiary approved to receive PDN services by Medi-Cal fee-for-service, and not by a Medi-Cal Managed Care Plan or CCS. The CCS Program has primary responsibility to provide Case Management for approved PDN services for a Medi-Cal beneficiary who is EPSDT eligible and for whom CCS has approved PDN services for treatment of a CCS condition. When a Medi-Cal Managed Care Plan has approved PDN services for an enrolled EPSDT eligible Medi-Cal beneficiary, the Managed Care Plan has primary responsibility to provide Case Management for approved PDN services. Regardless of which Medi-Cal program entity has primary responsibility for providing Case Management for the approved PDN services, an EPSDT eligible Medi-Cal beneficiary who is approved for Medi-Cal PDN services, and/or their personal representative, may contact any Medi-Cal program entity that the beneficiary is enrolled in (which may be a Managed Care Plan, CCS, or the Waiver Agency) to request Case management for PDN services. The contacted Medi-Cal program entity must then provide Case Management Services as described above to the beneficiary and work collaboratively with the Medi-Cal program entity primarily responsible for Case Management.

Specify applicable (if any) limits on the amount, frequency, or duration of this service:

Service Delivery Method *(check each that applies)*:

☐ **Participant-directed as specified in Appendix E**

☒ **Provider managed**

Specify whether the service may be provided by *(check each that applies)*:

☐ **Legally Responsible Person**

☐ **Relative**

☐ **Legal Guardian**

Provider Specifications:

Provider Category	Provider Type Title
Agency	Professional Corporation
Agency	HHA
Agency	HCBS Benefit Provider
Agency	Non-Profit Agency

Appendix C: Participant Services

C-1/C-3: Provider Specifications for Service

Service Type: Other Service
Service Name: Comprehensive Care Management

Provider Category:

Agency

Provider Type:

Professional Corporation

Provider Qualifications

License *(specify)*:

CC §13401(b)

Certificate *(specify)*:

Other Standard *(specify)*:

HCBA Waiver Standards of Participation

A Professional Corporation is a provider that employs individuals, who provide Case Management services approved under the HCBA Waiver and is enrolled as an HCBS Waiver Professional Corporation provider, and meets and maintains the SOP minimal qualifications for a Professional Corporation.

The following are the licensed persons permitted to provide Case Management services to waiver participants under the terms of the HCBA Waiver:

a. Licensed Psychologists (See California Business and Professions Code §2900, et seq.) operating a Professional Corporation pursuant to California Corporations Code §13400, et seq.;

b. Licensed Clinical Social Workers (LCSW) (See California Business and Professions Code §4996, et seq.); operating a Professional Corporation pursuant to California Corporations Code §13400, et seq.,

c. Marriage and Family Therapists (MFT) (See California Business and Professions Code §4980, et seq.) operating as a Professional Corporation pursuant to California Corporations Code §13400, et seq. and,

d. Registered Nurse (RN) (See California Business and Professions Code §2725, et seq.) operating as a Professional Corporation pursuant to California Corporations Code §13400, et seq.

Minimum qualification and requirements for a Professional Corporation functioning as a HCBS Waiver Service Provider are:

1. Be currently and continuously incorporated in the State of California as a professional corporation, pursuant to California Corporations Code §13400, et seq., or, if a foreign professional corporation, be currently and continuously incorporated in its state of incorporation and have filed in California a Statement and Designation of a Professional Foreign Corporation.

2. The Professional Corporation must maintain good standing as a domestic or foreign professional corporation while the professional corporation is enrolled as an HCBA Waiver provider.

3. All Professional Corporations enrolling as HCBS Waiver providers must provide DHCS a Certificate of Status of Good Standing to do business in the State of California (available from the Secretary of State's Office) and a current Certificate of Registration (pursuant to California Corporations Code §13401(b)) provided by the governmental agency regulating the profession.

Professions regulated by the Board of Behavioral Sciences that organize as professional corporations are exempt from providing the Certificate of Registration. (California Corporations Code §13401(b)).

The Professional Corporation must notify the DHCS in writing of any change to its Good Standing status or its Certificate of Registration within five (5) business days of the change.

4. Have and maintain a current, unsuspended, un-revoked license to practice business in the State of California, and provide a copy of that license to the DHCS upon enrollment and upon request. The Professional Corporation must notify the DHCS in writing of any change to the status of its license to practice business within five (5) business days of the change.

5. Employ licensed persons as specified above who will render waiver services to waiver participants as requested and authorized and who meet the following criteria:

a. Employ only licensed persons with a current, unsuspended, un-revoked license to practice in the State of California. The Professional Corporation must maintain records of licensing for inspection and review by DHCS. The professional corporation must notify the DHCS in writing of any change in licensure status of its licensed employees within five (5) days of the change of licensure status.

b. Employ licensed persons who have documented work experience that includes, as least, a minimum of 1,000 hours of experience in providing Case Management services to the elderly and/or persons with disabilities living in the community. The Professional Corporation must maintain adequate documentation of the minimum hours of work experience for each of its licensed persons for inspection and review by DHCS.

6. Provide Case Management services consistent with the participant's medically necessary services to safely live in their home or community based setting, taking into consideration the current primary care physician's orders and the POT, within the scope of the licensed person's scope of practice as follows:

a. Develop the POT consistent with the assessment of the waiver participant and the participant's current primary care physician's orders for care. Collaborate with the waiver participant's current primary care physician in the development of the POT to address the waiver participant's medical care needs. The POT will identify all of the services rendered to meet the needs of the waiver participant, the providers of those services, and the expected outcomes.

b. Facilitate the process of assessing the waiver participant at the frequency described in the POT for progress and response to the care provided under the POT. Inform the participant's current primary care physician of the waiver participant's status and update or revise the POT to reflect the medical needs of the waiver participant as determined by the participant's current primary care physician. Assist the waiver participant in accessing medical care services that are beyond the licensed person's scope of practice. The POT must be updated and signed by the participant and/or legal representative/legally responsible adult, and the participant's current primary care physician no less frequently than once every six months.

c. Submit the POT to DHCS for approval of HCBA Waiver enrollment and services.

i. DHCS will review the initial and periodic POTs and supporting documents to determine that the requested waiver services are medically necessary and that the amount, frequency, duration and provider type of each service is included. The POT must also document that the participant and/or legal representative/legally responsible adult(s) participated in the development of the POT and was informed of their free choice to select qualified providers.

ii. DHCS may request additional documentation supporting the medical necessity of the services described in the POT and discuss any necessary or suggested revisions of the POT with the provider. Modifications to the POT can only be made with the approval of the participant's current primary care physician and the participant and/or legal representative/legally responsible adult(s). DHCS will not complete enrollment of the participant in the HCBA Waiver or authorize requested waiver services until the POT accurately reflects the participant's need for services to safely live in their home or community based setting, the providers of those services, any goals for the participant, and identifies and describes the plan to correct any safety issues.

d. Facilitate the process of advocacy and/or mediation in the event that the participant's choice and interests are inconsistent with the participant's current primary care physician's POT. Provide the participant with education and resources regarding self-advocacy and systems change.

Verification of Provider Qualifications

Entity Responsible for Verification:

DHCS

Frequency of Verification:

Annually

Appendix C: Participant Services

C-1/C-3: Provider Specifications for Service

Service Type: Other Service
Service Name: Comprehensive Care Management

Provider Category:

Agency

Provider Type:

HHA

Provider Qualifications

License *(specify):*

Health & Safety Code §1725 et seq.; 22 CCR §74600 et seq.

Certificate *(specify):*

Other Standard *(specify):*

Verification of Provider Qualifications

Entity Responsible for Verification:

CDPH Licensing and Certification
DHCS

Frequency of Verification:

Annually

Appendix C: Participant Services

C-1/C-3: Provider Specifications for Service

Service Type: Other Service
Service Name: Comprehensive Care Management

Provider Category:

Agency

Provider Type:

HCBS Benefit Provider

Provider Qualifications

License *(specify):*

Certificate *(specify):*

Other Standard *(specify):*

HCBA Waiver Standards of Participation

An HCBS Benefit Provider agency is a local government provider that employs individuals who provide Comprehensive Case Management services approved under the HCBA Waiver, is enrolled in Medi-Cal as an HCBS Benefit Provider agency, and meets and maintains the SOP minimal qualifications for an HCBS Benefit Provider agency.

Minimum qualifications and requirements for an HCBS Benefit Provider agency functioning as an HCBA Waiver Case Management Service Provider are:

1. The Executive Director/Program Manager responsible for the day-to-day management of the non-profit program has:

a. A Baccalaureate degree or higher, and training and experience in overseeing programs for the elderly and/or persons with disabilities living in the community; or

b. At least five (5) years of training and experience in overseeing programs for the elderly and/or persons with disabilities living in the community in lieu of possessing a Baccalaureate degree.

2. Maintain General Liability and Workers' Compensation insurance at all times while serving as a waiver service provider.

3. Is experienced in providing home and community-based Case Management services and support to the elderly and/or persons with disabilities living in the community.

4. Is responsible for providing training and/or in-services to staff eligible to provide HCBA Waiver Comprehensive Care Management services; and at least annually, requires CMT staff and supervisors to review the HCBA Waiver and Waiver Agency Contract Scope of Work Comprehensive Care Management requirements. Training of HCBA Waiver service providers must be specific to the conditions and care of HCBA Waiver participants served by the HCBA Benefit Provider agency.

5. Complies with the terms and conditions set forth in the Centers for Medicare & Medicaid Services (CMS) approved HCBA Waiver.

6. Is responsible for the maintenance of waiver participant case documentation and records that support the claims for waiver services for a minimum period of ten years after the participant is receiving billable waiver services, or from the date of completion of any audit, whichever is later.

7. Employs licensed persons permitted to provide Comprehensive Case Management services to waiver participants under the terms of the HCBA Waiver who maintain a current, unsuspended, unrevoked license to practice within their scope of licensure in the State of California. Licensed person permitted to provide Comprehensive Case Management are:

a. Registered Nurse (RN pursuant to Chapter 6 (commencing with Section 2700) of Division 2 of the Business and Professions Code)

b. Licensed Clinical Social Worker (LCSW pursuant to Business & Professions Code, Division 2, Chapter 14, Article 4

8. May employ the following unlicensed persons permitted to provide Comprehensive Case Management services to waiver participants under the terms of the HCBA Waiver:

a. Social Worker with at least a Master's Degree (MSW)

b. Social Worker with at least a Bachelor's degree, as well as those with Bachelor's level degrees in related fields, including: gerontology, marriage and family therapy, psychology, etc., when supervised by an MSW

The minimum qualification and requirements for an HCBS Benefit Provider agency functioning as a HCBA Waiver Service Provider are:

1. Employ licensed persons as specified above who will render waiver services to waiver participants as requested and authorized and who meet the following criteria:

a. Employ only licensed persons with a current, unsuspended, un-revoked license to practice in the State of California. The HCBS Benefit Provider agency must maintain records of licensing for inspection and review by DHCS upon request. The HCBS Benefit Provider agency must notify DHCS in writing of any change in licensure status of its licensed employees within five (5) days of the change of licensure status.

b. Employ licensed persons who have documented work experience that includes, as least, a minimum of 1,000 hours of experience in providing Case Management services to the elderly and/or persons with disabilities living in the community. The HCBS Benefit Provider agency must maintain adequate documentation of the minimum hours of work experience for each of its licensed persons for inspection and review by DHCS.

2. Employ unlicensed persons as specified above who will render waiver services that do not require a licensed professional to provide them, as requested and authorized, and who have documented work experience that includes, as least, a minimum of 1,000 hours of experience in providing Case Management services to the elderly and/or persons with disabilities living in the community. The HCBS Benefit Provider agency must maintain adequate documentation of the minimum hours of work experience for each of its licensed persons for inspection and review by DHCS.

3. Provide Case Management services consistent with the participant's medically necessary services to safely live in their home or community based setting, taking into consideration the current primary care physician's orders and the POT, within the scope of the licensed person's scope of practice as follows:

a. Develop the POT consistent with the assessment of the waiver participant and the participant's current primary care physician's orders for care. Collaborate with the waiver participant's current primary care physician in the development of the POT to address the waiver participant's medical care needs. The POT will identify all of the services needed to meet the needs of the waiver participant, the providers of those services, and the expected outcomes.

b. Facilitate the process of assessing the waiver participant at the frequency described in the POT to determine the efficacy of the care provided under the POT. Inform the participant's current primary care physician of the waiver participant's status and update or revise the POT to reflect the medical needs of the waiver participant as determined by the participant's current primary care physician. The POT must be updated and signed by the participant and/or legal representative/legally responsible adult, the Waiver Agency, the Waiver service providers, and the participant's current primary care physician, no less frequently than once every six months.

c. During the participant Waiver enrollment process, submit the POT to DHCS for approval of HCBA Waiver enrollment. DHCS will review the initial and periodic POTs and supporting documents to determine that the requested waiver services are medically necessary and that the amount, frequency, duration and provider type of each service is included. The POT must also document that the participant and/or legal representative/legally responsible adult(s) participated in the development of the POT and was informed of their freedom to choose a qualified providers.

DHCS may request additional documentation supporting the medical necessity of the services described in the POT and discuss any necessary or suggested revisions of the POT with the provider. Modifications to the POT can only be made with the approval of the participant's current primary care physician and the participant and/or legal representative/legally responsible adult(s). DHCS will not complete enrollment of the participant in the HCBA Waiver or authorize requested waiver services until the POT accurately reflects the participant's need for medically necessary waiver services to safely live in their home or community based setting, the providers of those services, any goals for the participant,

and identifies and describes the plan to correct any safety issues.

d. Facilitate the process of advocacy and/or mediation in the event that the participant's choice and interests are inconsistent with the participant's current primary care physician's POT. Provide the participant with education and resources regarding self-advocacy and systems change.

The minimum qualification and requirements for an HCBS Benefit Provider agency functioning as a HCBA Waiver Service Provider are:

1. Employ licensed persons as specified above who will render waiver services to waiver participants as requested and authorized and who meet the following criteria:

a. Employ only licensed persons with a current, unsuspended, un-revoked license to practice in the State of California. The HCBS Benefit Provider agency must maintain records of licensing for inspection and review by DHCS upon request. The HCBS Benefit Provider agency must notify DHCS in writing of any change in licensure status of its licensed employees within five (5) days of the change of licensure status.

b. Employ licensed persons who have documented work experience that includes, as least, a minimum of 1,000 hours of experience in providing Case Management services to the elderly and/or persons with disabilities living in the community. The HCBS Benefit Provider agency must maintain adequate documentation of the minimum hours of work experience for each of its licensed persons for inspection and review by DHCS.

2. Employ unlicensed persons as specified above who will render waiver services that do not require a licensed professional to provide them, as requested and authorized, and who have documented work experience that includes, as least, a minimum of 1,000 hours of experience in providing Case Management services to the elderly and/or persons with disabilities living in the community. The HCBS Benefit Provider agency must maintain adequate documentation of the minimum hours of work experience for each of its licensed persons for inspection and review by DHCS.

3. Provide Case Management services consistent with the participant's medically necessary services to safely live in their home or community based setting, taking into consideration the current primary care physician's orders and the POT, within the scope of the licensed person's scope of practice as follows:

a. Develop the POT consistent with the assessment of the waiver participant and the participant's current primary care physician's orders for care. Collaborate with the waiver participant's current primary care physician in the development of the POT to address the waiver participant's medical care needs. The POT will identify all of the services needed to meet the needs of the waiver participant, the providers of those services, and the expected outcomes.

b. Facilitate the process of assessing the waiver participant at the frequency described in the POT to determine the efficacy of the care provided under the POT. Inform the participant's current primary care physician of the waiver participant's status and update or revise the POT to reflect the medical needs of the waiver participant as determined by the participant's current primary care physician. The POT must be updated and signed by the participant and/or legal representative/legally responsible adult, the Waiver Agency, the Waiver service providers, and the participant's current primary care physician, no less frequently than once every six months.

c. During the participant Waiver enrollment process, submit the POT to DHCS for approval of HCBA Waiver enrollment. DHCS will review the initial and periodic POTs and supporting documents to determine that the requested waiver services are medically necessary and that the amount, frequency, duration and provider type of each service is included. The POT must also document that the participant and/or legal representative/legally responsible adult(s) participated in the development of the POT and was informed of their freedom to choose a qualified providers.

DHCS may request additional documentation supporting the medical necessity of the services described in the POT and discuss any necessary or suggested revisions of the POT with the provider. Modifications to the POT can only be made with the approval of the participant's current primary care physician and the participant and/or legal representative/legally responsible adult(s). DHCS will not complete enrollment of the participant in the HCBA Waiver or authorize requested waiver services until the POT accurately reflects the participant's need for medically necessary waiver services to safely live in their home or community based setting, the providers of those services, any goals for the participant,

and identifies and describes the plan to correct any safety issues.

d. Facilitate the process of advocacy and/or mediation in the event that the participant's choice and interests are inconsistent with the participant's current primary care physician's POT. Provide the participant with education and resources regarding self-advocacy and systems change.

Verification of Provider Qualifications

Entity Responsible for Verification:

DHCS

Frequency of Verification:

Annually

Appendix C: Participant Services

C-1/C-3: Provider Specifications for Service

Service Type: Other Service

Service Name: Comprehensive Care Management

Provider Category:

Agency

Provider Type:

Non-Profit Agency

Provider Qualifications

License *(specify):*

Business License, appropriate for the services purchased

Certificate *(specify):*

Other Standard *(specify):*

HCBA Waiver Standards of Participation

A Non-Profit Agency/Organization is a California service entity organized and operated under the United States Internal Revenue Code §501(c)(3), and provides HCBS to the elderly and persons with disabilities.

Minimum qualifications and requirements for a Non-Profit Organization functioning as an HCBA Waiver Case Management Service Provider are:

1. The Executive Director/Program Manager responsible for the day-to-day management of the non-profit program has:

a. A Baccalaureate degree or higher, and training and experience in overseeing programs for the elderly and/or persons with disabilities living in the community; or

b. At least 5 years of training and experience in overseeing programs for the elderly and/or persons with disabilities living in the community in lieu of possessing a Baccalaureate degree.

2. Has filed a current "Statement of Information by Domestic Nonprofit Corporation" (Form SI-100 rev. 05/2005) with the California Secretary of State.

3. Annually files Form 990 financial reports with the California Attorney General's Registry of Charitable Trusts.

4. Maintain General Liability and Workers' Compensation insurance at all times while serving as a waiver service provider.

5. Is experienced in providing home and community-based Case Management services and support to the elderly and/or persons with disabilities living in the community.

6. Is responsible for providing training and/or in-services to staff eligible to provide HCBA Waiver Case Management services and at least annually reviews the HCBA Waiver services requirements. Training of HCBA Waiver service providers must be specific to the conditions and care of HCBA Waiver participants served by the Non-Profit Organization.

7. Complies with the terms and conditions set forth in the Centers for Medicare & Medicaid Services (CMS) approved HCBA Waiver.

8. Is responsible for the maintenance of waiver participant case documentation and records which support the claims for waiver services for a minimum period of ten years after the participant is receiving billable waiver services, or from the date of completion of any audit, whichever is later.

9. If the Non-Profit Organization employs licensed persons such as Licensed Clinical Social Worker (LCSW), Licensed Psychologist, and/or Marriage Family Therapist (MFT), who will render Case Management services to waiver participants as requested and authorized, the licensed professional must meet the following criteria:

a. Maintains a current, unsuspended, unrevoked license to practice within their scope of licensure in the State of California.

b. Has documented work experience that includes, at least, a minimum of 1,000 hours experience in providing Case Management services to the elderly and/or persons with disabilities living in the community.

The Non-Profit Organization must maintain records and documentation of all requirements of the Waiver/SOP for inspection and review by DHCS. The Non-Profit Organization must regularly monitor the license status of its licensed employees and report any changes to DHCS within 30 days of a change

of licensure status. The Non-Profit Organization must also maintain adequate documentation of the minimum hours of work experience for each of its licensed persons for inspection and review by DHCS.

10. Employs qualified professional providers to provide HCBA Waiver Case Management services to waiver participants as requested and authorized. The qualified professional providers must meet the following criteria:

a. Earned a Baccalaureate Degree or higher in Clinical Social Work or Social Welfare, Psychology, Marriage and Family Therapy, Rehabilitation Services or Gerontology from an accredited college or university.

b. Have at least 1,000 hours work experience providing services to the elderly and/or persons with disabilities living in the community. The Non-Profit Organization must maintain adequate documentation of the minimum hours of work experience for each of its qualified unlicensed professionals. The Non-Profit Organization must maintain adequate documentation of the minimum hours of work experience for each of its qualified unlicensed professional providers for inspection and review by DHCS.

The Non-Profit Organization must maintain adequate documentation of the minimum hours of work experience for the qualified professional supervisor and each of the unlicensed providers for inspection and review by DHCS.

11. The Non-Profit Organization must provide Case Management services consistent with the participant's choice and interests, the primary care physician's orders and the HCBA Waiver POT within the licensed provider's scope of practice and/or the qualified professional's experience as follows:

A. Develop the POT consistent with the assessment of the waiver participant and the current primary care physician's orders for care. Collaborate with the waiver participant's current primary care physician in the development of the POT to address the waiver participant's medical care needs. The POT will identify all of the services rendered to meet the needs of the waiver participant, the providers of those services and the expected outcomes.

B. Facilitate the process of assessing the Waiver participant at the frequency described in the POT for progress and response to the care provided under the POT. Inform the participant's current primary care physician of the waiver participant's status and update or revise the POT as directed by the participant's current primary care physician to reflect the medical needs of the waiver participant, as determined by the participant's current primary care physician. Assist the waiver participant in accessing medical care services that are beyond the Licensed Psychologist's scope of practice. The POT must be updated and signed by the participant and/or legal representative/legally responsible adult, and the participant's current primary care physician, no less frequently than, once every six months.

C. Submit the POT to DHCS for approval of HCBA Waiver enrollment and services.

a. The POT and supporting documents will be reviewed by DHCS to determine that the requested waiver services are medically necessary and that the amount, frequency, duration and provider type of each service is included. The POT must also document that the participant and/or legal representative/legally responsible adult(s) participated in the development of the POT and was informed of their freedom to choose qualified providers.

b. DHCS may request additional documentation supporting the medical necessity of the services described in the POT, and the Case Management Provider will discuss any necessary or suggested revisions of the POT with the provider. Modifications to the POT are made only with approval of the participant's current primary care physician, the participant and/or his/her legal representative/legally responsible adult(s). DHCS will not complete enrollment of the applicant in the HCBA Waiver or authorize requested waiver services until the POT is revised by the Case Manager to accurately reflect the participant's needs, services, providers, goals and documents the correction of any safety issues.

D. Facilitate the process of advocacy and/or mediation in the event that the participant's choice and interests are inconsistent with the POT signed by the participant's current primary care physician. Provide the participant with education and resources regarding self-advocacy and systems change.

D. Facilitate the process of advocacy and/or mediation in the event that the participant's choice and interests are inconsistent with the POT signed by the participant's current primary care physician. Provide the participant with education and resources regarding self-advocacy and systems change.

Verification of Provider Qualifications

Entity Responsible for Verification:

California Attorney General's Registry of Charitable Trusts
DHCS

Frequency of Verification:

Annually

Appendix C: Participant Services

C-1/C-3: Service Specification

State laws, regulations and policies referenced in the specification are readily available to CMS upon request through the Medicaid agency or the operating agency (if applicable).

Service Type:

Other Service

As provided in 42 CFR §440.180(b)(9), the State requests the authority to provide the following additional service not specified in statute.

Service Title:

Continuous Nursing and Supportive Services

HCBS Taxonomy:

Category 1:	Sub-Category 1:
Category 2:	**Sub-Category 2:**
Category 3:	**Sub-Category 3:**
Category 4:	**Sub-Category 4:**

Complete this part for a renewal application or a new waiver that replaces an existing waiver. Select one **:**

○ **Service is included in approved waiver. There is no change in service specifications.**

◉ **Service is included in approved waiver. The service specifications have been modified.**

○ **Service is not included in the approved waiver.**

Service Definition *(Scope):*

Continuous Nursing and Supportive Services (CNSS) are provided to waiver participant's residing in a CLHF and must be available to waiver participants 24 hours a day, 7 days a week. The per diem rate paid for CNSS does not include room and board.

CNSS are a collection of services included in a per diem rate based on the waiver participant's level of care. CNSS will include nursing services provided by an RN, LVN, and a Certified Nurse Assistant (CNA) or persons with similar training and experience. As part of the per diem rate there must be a minimum of a CNA (or unlicensed equivalent provider) and an LVN, awake, alert, and on duty at all times to provide care for the residents of the CLHF. At no time, can two CNAs or persons with similar training and experience be solely responsible for waiver participants, as there must always be an RN or LVN present and "on duty." Nursing personnel shall not be assigned housekeeping or dietary duties, such as meal preparation.

RN:
1. An RN will be available on-call to the CLHF with a response time of thirty minutes or less at all times that an RN is not on the premises.
2. The RN shall visit each waiver participant for a minimum of two hours, twice a week, or longer as necessary to meet the participant's care needs.

LVN:
1. An LVN shall be in the CLHF and "on duty" at any time that an RN is not onsite.

CNA or equivalent unlicensed provider:
1. A CNA or persons with similar training and experience may be available in the CLHF to assist the skilled nursing staff (RN and LVN) to meet the requirement of at least two (2) staff members awake, alert and on duty at all times to provide care for residents of the CLHF.

The CNSS per diem rate will also include:
- Medical supervision
- Coordinate participant care
- Pharmacy consultation
- Dietary consultation
- Social Services
- Recreational services
- Transportation to and from medical appointments
- Housekeeping and laundry services
- Cooking and shopping

Prior to rending any services under the HCBA waiver, the provider must be enrolled as a Medi-Cal provider in compliance with state and federal law. Any services provided prior to the provider's enrollment as a Medi-Cal provider as required by state and federal law are not eligible for payment under the HCBA Waiver.

Specify applicable (if any) limits on the amount, frequency, or duration of this service:

Neither the Waiver Agency, nor DHCS, will authorize additional waiver services that are duplicative of services included in the CNSS per diem rate.

Neither the Waiver Agency nor DHCS will authorize direct care services, or any combination of direct care and protective supervision services, exceeding 24 hours of care per day under this waiver, regardless of the funding source. Direct care services are defined in the "Additional Needed Information" section of this Waiver. Protective supervision is observing the participant's behavior to safeguard the participant against injury, hazard, or accident.

This waiver service is only authorized for individuals age 21 and over. All medically necessary CNSS for children under the age of 21 are covered in the state plan pursuant to the EPSDT benefit.

Service Delivery Method *(check each that applies)*:

☐ **Participant-directed as specified in Appendix E**

☒ **Provider managed**

Specify whether the service may be provided by *(check each that applies)*:

☐ **Legally Responsible Person**

☐ **Relative**

☐ **Legal Guardian**

Provider Specifications:

Provider Category	Provider Type Title
Agency	CLHF

Appendix C: Participant Services

C-1/C-3: Provider Specifications for Service

Service Type: Other Service
Service Name: Continuous Nursing and Supportive Services

Provider Category:

Agency

Provider Type:

CLHF

Provider Qualifications

License *(specify)*:

HSC §§1250et seq.
CCR Title 22, §§51246 et seq.

Certificate *(specify)*:

Other Standard *(specify)*:

HCBA Waiver Standards of Participation

As an HCBA Waiver CNSS Provider, the CLHF will provide a home like setting for individuals enrolled in the HCBA Waiver who chooses a CLHF as their place of residence. As a HCBA Waiver Service Provider of CNSS, the CLHF shall meet all applicable licensing standards and will be subject to the Waiver SOP and will adhere to the documentation, training, and quality assurance requirements identified in the approved waiver.

As a HCBA Waiver CNSS Provider, a CLHF is a residential setting with a non-institutional, homelike environment, having no more than eighteen beds with an option for a private unit. The CLHF provides CNSS that includes the following array of services: medical supervision, 24-hour skilled nursing services and supportive care, pharmacy, dietary, social, recreational and services. The CNSS are provided to waiver participants who meet the medical level of care criteria of the waiver and are persons whose medical condition(s) are within the scope of licensure for a CLHF as follows: persons who are mentally alert and physically disabled, persons who have a diagnosis of terminal illness, persons who have a diagnosis of a life-threatening illness or persons who are catastrophically and severely disabled. The primary need of CLHF residents shall be the availability of skilled nursing care on a recurring, intermittent, extended, or continuous basis. The per diem rate paid for CNSS does not include room and board.

Legal Authority and Requirements:

1. A CLHF shall be licensed in accordance with Health & Safety Code §§1250(i), 1267.12, 1267.13, 1267.16, 1267.17, and 1267.19, and shall provide skilled nursing waiver services in accordance with CCR, Title 22, §§51003 and 51344 and the HCBA Waiver document.

2. A CLHF must be enrolled as an HCBA Waiver provider and shall meet the standards specified in the CCR, Title 22, §§51200(a), 51000.30 through 51000.55, as well as all other laws and regulations applicable to Medi-Cal providers.

Any subsequently adopted laws or regulations that exceed the CLHF waiver provider participation requirements shall supersede the CLHF waiver provider requirements set forth in the waiver and shall be applicable to all CLHF waiver providers.

Physical Plant and Health and Safety Requirements:

1. To protect the health and safety of the Waiver participant, the physical plant of the CLHF shall conform to the Health and Safety Code §1267.13, as described in part in the following:

A. Obtain and maintain a valid fire clearance from the appropriate authority having jurisdiction over the facility, based on compliance with state regulations concerning fire and life safety, as adopted by the State Fire Marshall.

B. The setting shall be in a homelike, residential setting. The facility shall provide sufficient space to allow for the comfort, autonomy, dignity and privacy of each resident and adequate space for the staff to complete their tasks.

C. Common areas in addition to the space allotted for the residents' sleeping quarters, shall be provided in sufficient quantity to promote the socialization and recreational activities of the residents in a homelike and communal manner.

D. The residents' individual sleeping quarters will allow sufficient space for safe storage of their property, possessions, control of personal resources, and furnishings and still permit access for the staff to complete their necessary health care functions. Not more than two residents shall share a bedroom with an option for a private unit. Residents who choose to reside with a roommate will have their choice of a roommates.

E. Bathrooms of sufficient space and quantity shall be provided to allow for the hygiene and personal needs of each resident and the ability of the staff to render care without spatial limitations or compromise. No bathroom shall be accessed only through a resident's bedroom.

F. The setting will be maintained in good repair and shall provide a safe, clean, and healthy environment at all times. All persons shall be protected from hazards throughout the premises. The setting will be physically accessible.

A CLHF Providing CNSS under the HCBA Waiver shall do the following:

1. A CLHF shall employ a variety of providers and render services as indicated below. The individuals providing CNNS waiver services to Waiver participants shall meet all licensing requirements as specified in California Business and Professions Code and all the SOP of the HCBA Waiver. The primary category of CNNS provided by a CLHF is nursing services, which must be available to Waiver clients on a 24 hours, 7 days a week basis.

Nursing Services:

1. Pursuant to Health and Safety Code §1267.13(o)(2)(B) and (o)(2)(C), a CLHF shall provide nursing services provided by an RN, LVN, and a CNA or persons with similar training and experience. There shall be a minimum of two (2) staff members, as describe under a, b, and c awake, alert, and on duty at all times to provide for the care of residents of the CLHF. At no time, can two CNAs or persons with similar training and experience be solely responsible for patients, as there must always be an RN or LVN present and "on duty." No nursing personnel shall be assigned housekeeping or dietary duties, such as meal preparation.

A. RN
i. An RN will be available on-call to the setting with a response time of thirty minutes or less at all times that an RN is not on the premises.
ii. The RN shall visit each resident for a minimum of two hours, twice a week, or longer as necessary to meet the resident's care needs.

B. LVN
i. An LVN shall be in the setting and "on duty" at any time that an RN is not in the setting.

C. CNA or equivalent unlicensed provider
i. A CNA or persons with similar training and experience may be available in the setting to assist the skilled nursing staff (RN and LVN) to meet the requirement of two staff members in the setting.

2. The setting shall provide appropriately qualified staff in sufficient numbers to meet the resident's care needs.

Other Health Related Services:

1. In addition to the skilled nursing services and pursuant to Health and Safety Code §1250(i) and 1267.13, a CLHF will provide or arrange for the following basic services to be provided to individuals enrolled in the Waiver, as part of the per diem rate paid to CLHF CNSS waiver providers:

- Medical supervision
- Case Management, (in areas of the state where there are no HCBA Waiver Agencies)
- Pharmacy consultation
- Dietary consultation
- Social Services
- Recreational services
- Transportation to and from medical appointments
- Housekeeping and laundry services
- Cooking and shopping

Health and Safety Code §1267.13(o)(3) states, "The facility shall provide appropriately qualified staff in sufficient numbers to meet patient care needs." In addition to nursing care, a facility shall provide professional, administrative, or supportive personnel for the health, safety, and special needs of the patients.

Pursuant to Health and Safety Code §1267.12, "All persons admitted or accepted for care by the CLHF shall remain under the care of a primary care physician or surgeon who shall see the resident at least every 30 calendar days or more frequently if required by the resident's medical condition."

As a Waiver service provider, the CLHF will assess each HCBA Waiver participant for needed or required services as identified by the individual, their legal representative/legally responsible adult(s), primary care physician, family, caregivers, and/or other individuals at the request of the individual. The CLHF will establish a POT to address how these services will be provided, the frequency of the services and identify the provider for those services that are not included in the CLHF's per diem rate under this waiver. The CLHF will be responsible for arranging for the following services, which may include but are not limited to:

- Counseling services provided by a Licensed Clinical Social Worker;
- Occupational therapy provided by an Occupational Therapist
- Physical therapy provided by a Physical Therapist
- Speech therapy provided by a Speech Therapist
- Education and training of the Waiver participant to self-direct care needs and/or the education and training of their identified caregivers (who are not CLHF employees) on their care needs
- Assessment for and repair of Durable Medical Equipment and
- State Plan Personal Care Services or WPCS as described in the approved Waiver when off site from the CLHF if such care is not duplicative of care required to be provided to the waiver participant by the CLHF (i.e., not for care to and from medical appointments). State Plan or WPCS providers will not be paid for care that is duplicative of the care being provided by the CLHF.

Documentation:

1. All Waiver services rendered by the CLHF shall require prior approval and re-approval.

2. Each CLHF shall maintain a medical record chart for each waiver participant in residence. This medical record shall include documentation regarding all contact made with CLHF professional personnel, current POTs, referral requests and outcomes of said referrals and shall be available to appropriate DHCS or Waiver Agency staff for any scheduled or unscheduled visit. All CLHF documentation shall be maintained in compliance with the applicable Federal and State laws, Medi-Cal Provider Standards of Participation, and shall be retained by the CLHF for three years. The CLHF shall also maintain records to document compliance with the nursing staff requirements (see Nursing Services above) of these standards of participation and have those records available for inspection or review by DHCS or the Waiver Agency upon request at any time.

Quality Control/Quality Assurance:

1. Quality control/quality assurance reviews will be in accordance with the Quality Assurance Plan, as described in the approved waiver.

Training Requirements:

1. As a licensed CLHF CNNS Waiver service provider, and pursuant to Health and Safety Code §1267.13(o)(5), the CLHF shall confirm all CLHF staff receive training regarding care appropriate for each waiver participant's diagnoses and their individual needs. The supervisor(s) of licensed and unlicensed personnel will arrange for the training of their staff to be provided by the CLHF. Provision of the training to CLHF staff is a requirement to be enrolled as a Waiver provider and is not reimbursed by either Medi-Cal, Waiver Agency or the Waiver.

2. Pursuant to the Policies and Procedures of the CLHF and as a Waiver provider, each category of nursing (RN, LVN and CNA) shall meet the training requirements to provide the services specified in the POT as allowed with the respective, scope of practice. CDPH Licensing & Certification (L&C) will determine if the CLHFs policies and procedures are adequate for the provision of supportive health care services to care for residents, such as those who may be ventilator dependent, require a monitor or other specialized medical equipment as ordered by their primary care physician. 3. As determined by L&C, the CLHF is responsible for the orientation and training of all staff that render care. This includes the review of new and existing CLHF policies and procedures and shall be provided on a quarterly basis. Evidence of quarterly training shall include supporting documentation on the information taught, attendees, and the qualifications of the instructor. Training shall be relevant to the care and type of waiver participant served by the CLHF and enrolled in this waiver.
2. Pursuant to the Policies and Procedures of the CLHF and as a Waiver provider, each category of nursing (RN, LVN and CNA) shall meet the training requirements to provide the services specified in the POT as allowed with the respective, scope of practice. CDPH Licensing & Certification (L&C) will determine if the CLHFs policies and procedures are adequate for the provision of supportive health care services to care for residents, such as those who may be ventilator dependent, require a monitor or other specialized medical equipment as ordered by their primary care physician. 3. As determined by L&C, the CLHF is responsible for the orientation and training of all staff that render care. This includes the review of new and existing CLHF policies and procedures and shall be provided on a quarterly basis. Evidence of quarterly training shall include supporting documentation on the information taught, attendees, and the qualifications of the instructor. Training shall be relevant to the care and type of waiver participant served by the CLHF and enrolled in this waiver.

Health and Safety Code §1267.13(o)(3) states, "The facility shall provide appropriately qualified staff in sufficient numbers to meet patient care needs." In addition to nursing care, a facility shall provide professional, administrative, or supportive personnel for the health, safety, and special needs of the patients.

Pursuant to Health and Safety Code §1267.12, "All persons admitted or accepted for care by the CLHF shall remain under the care of a primary care physician or surgeon who shall see the resident at least every 30 calendar days or more frequently if required by the resident's medical condition."

As a Waiver service provider, the CLHF will assess each HCBA Waiver participant for needed or required services as identified by the individual, their legal representative/legally responsible adult(s), primary care physician, family, caregivers, and/or other individuals at the request of the individual. The CLHF will establish a POT to address how these services will be provided, the frequency of the services and identify the provider for those services that are not included in the CLHF's per diem rate under this waiver. The CLHF will be responsible for arranging for the following services, which may include but are not limited to:

- Counseling services provided by a Licensed Clinical Social Worker;
- Occupational therapy provided by an Occupational Therapist
- Physical therapy provided by a Physical Therapist
- Speech therapy provided by a Speech Therapist
- Education and training of the Waiver participant to self-direct care needs and/or the education and training of their identified caregivers (who are not CLHF employees) on their care needs
- Assessment for and repair of Durable Medical Equipment and
- State Plan Personal Care Services or WPCS as described in the approved Waiver when off site from the CLHF if such care is not duplicative of care required to be provided to the waiver participant by the CLHF (i.e., not for care to and from medical appointments). State Plan or WPCS providers will not be paid for care that is duplicative of the care being provided by the CLHF.

Documentation:

1. All Waiver services rendered by the CLHF shall require prior approval and re-approval.

2. Each CLHF shall maintain a medical record chart for each waiver participant in residence. This medical record shall include documentation regarding all contact made with CLHF professional personnel, current POTs, referral requests and outcomes of said referrals and shall be available to appropriate DHCS or Waiver Agency staff for any scheduled or unscheduled visit. All CLHF documentation shall be maintained in compliance with the applicable Federal and State laws, Medi-Cal Provider Standards of Participation, and shall be retained by the CLHF for three years. The CLHF shall also maintain records to document compliance with the nursing staff requirements (see Nursing Services above) of these standards of participation and have those records available for inspection or review by DHCS or the Waiver Agency upon request at any time.

Quality Control/Quality Assurance:

1. Quality control/quality assurance reviews will be in accordance with the Quality Assurance Plan, as described in the approved waiver.

Training Requirements:

1. As a licensed CLHF CNNS Waiver service provider, and pursuant to Health and Safety Code §1267.13(o)(5), the CLHF shall confirm all CLHF staff receive training regarding care appropriate for each waiver participant's diagnoses and their individual needs. The supervisor(s) of licensed and unlicensed personnel will arrange for the training of their staff to be provided by the CLHF. Provision of the training to CLHF staff is a requirement to be enrolled as a Waiver provider and is not reimbursed by either Medi-Cal, Waiver Agency or the Waiver.

2. Pursuant to the Policies and Procedures of the CLHF and as a Waiver provider, each category of nursing (RN, LVN and CNA) shall meet the training requirements to provide the services specified in the POT as allowed with the respective, scope of practice. CDPH Licensing & Certification (L&C) will determine if the CLHFs policies and procedures are adequate for the provision of supportive health care services to care for residents, such as those who may be ventilator dependent, require a monitor or other specialized medical equipment as ordered by their primary care physician.

3. As determined by L&C, the CLHF is responsible for the orientation and training of all staff that render care. This includes the review of new and existing CLHF policies and procedures and shall be provided on a quarterly basis. Evidence of quarterly training shall include supporting documentation on the information taught, attendees, and the qualifications of the instructor. Training shall be relevant to the care and type of waiver participant served by the CLHF and enrolled in this waiver.

2. Pursuant to the Policies and Procedures of the CLHF and as a Waiver provider, each category of nursing (RN, LVN and CNA) shall meet the training requirements to provide the services specified in the POT as allowed with the respective, scope of practice. CDPH Licensing & Certification (L&C) will determine if the CLHFs policies and procedures are adequate for the provision of supportive health care services to care for residents, such as those who may be ventilator dependent, require a monitor or other specialized medical equipment as ordered by their primary care physician.

3. As determined by L&C, the CLHF is responsible for the orientation and training of all staff that render care. This includes the review of new and existing CLHF policies and procedures and shall be provided on a quarterly basis. Evidence of quarterly training shall include supporting documentation on the information taught, attendees, and the qualifications of the instructor. Training shall be relevant to the care and type of waiver participant served by the CLHF and enrolled in this waiver.

Verification of Provider Qualifications

Entity Responsible for Verification:

CDPH Licensing and Certification
DHCS and/or Waiver Agency

Frequency of Verification:

Annually

Appendix C: Participant Services

C-1/C-3: Service Specification

State laws, regulations and policies referenced in the specification are readily available to CMS upon request through the Medicaid agency or the operating agency (if applicable).

Service Type:

Other Service

As provided in 42 CFR §440.180(b)(9), the State requests the authority to provide the following additional service not specified in statute.

Service Title:

Developmentally Disabled/Continuous Nursing Care (DD/CNC), Non-Ventilator Dependent Services

HCBS Taxonomy:

Category 1: **Sub-Category 1:**

Category 2: **Sub-Category 2:**

Category 3: **Sub-Category 3:**

Category 4: **Sub-Category 4:**

Complete this part for a renewal application or a new waiver that replaces an existing waiver. Select one **:**

- (●) **Service is included in approved waiver. There is no change in service specifications.**
- ( ) **Service is included in approved waiver. The service specifications have been modified.**
- ( ) **Service is not included in the approved waiver.**

Service Definition *(Scope):*

HCBA Waiver Standards of Participation

DD/CNC, Non-Ventilator Dependent Services are provided to waiver participants who require 24-hour personal care, developmental services, and nursing supervision, are non-ventilator dependent and are developmentally disabled. Waiver participants must be certified by a physician as requiring continuous skilled nursing care. Waiver participants who are ventilator dependent may not receive DD/CNC, Non-Ventilator Dependent Services.

An ICF/DD-CN Providing DD/CNC Non-Ventilator Dependent Waiver Services:

An ICF/DD-CN shall employ a variety of providers and render services as indicated below. The individuals providing DD/CNC Non-Ventilator Dependent Waiver services to participants shall meet all licensing requirements as specified in the Business and Professions Code and the SOPs of the HCBA Waiver. The primary services provided by an ICF/DD-CNC are continuous skilled nursing care and developmental disability services and support, which must be available to participants on a 24-hour, 7-days per week basis.

Nursing Services:

1. Sufficient RN and LVN staffing to allow a minimum of four (4) hours per participant per day of non-duplicated skilled nursing, with a minimum of two (2) hours of the four (4) hours being non- duplicated RN staffing. All LVN staffing must be supervised by an RN who is available by telephone at all time.

2. Participants residing in an ICF/DD-CN residence must have available 24-hour skilled nursing services provided by or under the direct supervision of an RN. As required under California Business and Professions Code §2725, an LVN may render services under the supervision of an RN when the RN is not physically present, within their scope of practice.

3. A minimum of one RN and one LVN in the facility and awake at all time.

4. All staff rendering direct care must maintain currently required, unrevoked licenses and/or certifications and must receive ongoing training specific to the waiver population being served.

5. Skilled nursing care includes, but is not limited to all of the following:

A. Assistance with ADLs and IADLs
B. Ventilator, tracheostomy and respiratory care
C. IV therapy
D. Feeding and elimination care (including tubes)
E. Medication administration
F. Skin care

Other Health Related Services:

1. In addition to skilled nursing services, an ICF/DD-CN shall provide or arrange for the following basic services, as described on a participant's care plan, to be provided to individuals enrolled in the waiver, as part of the per diem rate paid to ICF/DD-CN Waiver providers:

• Medical supervision
• Pharmacy consultation
• Dietary consultation
• Social services
• Recreational services
• Transportation to and from necessary medical appointments
• Housekeeping and laundry services
• Cooking and shopping
• Any developmentally disabled-related services as specified in the participant's service plan.

2. Each waiver participant will be assessed for needed or required services as identified by the individual, their legal representative/legally responsible adult(s), primary care physician, family, caregivers, and/or other individual at the

request of the individual. The ICF/DD-CN will establish a POT (see Appendix D-1 for service plan information) to address how these services will be provided, the frequency of the services and identify the provider for those services that are not included in the IDCF/DD-CN's per diem rate under this waiver. The ICF/DD-CN will be responsible for arranging for such services, including counseling, physical, occupational or speech therapy, education and training for the waiver participant and/or caregivers, assessment for and repair of durable medical equipment and off-site personal care services.

Prior to rending any services under the HCBA waiver, the provider must be enrolled as a Medi-Cal provider in compliance with state and federal law. Any services provided prior to the provider's enrollment as a Medi-Cal provider as required by state and federal law are not eligible for payment under the HCBA Waiver.

Specify applicable (if any) limits on the amount, frequency, or duration of this service:

DD/CNC, non-ventilator dependent services are limited to the following:

As stated above under "Service Definition," continuous (24-hour) skilled nursing care and other necessary medical, nursing and developmental services as needed by the waiver participant:

1. Sufficient RN and LVN staffing to allow a minimum of four(4) hours per participant per day of non-duplicated skilled nursing with a minimum of two (2) hours of the four(4) hours per participant per day being of non-duplicated RN staffing. All LVN staffing must be supervised by an RN who is available by telephone at all times.

2. Participants residing in an ICF/DD-CN must receive 24-hour skilled nursing services provided by or under the direct supervision of an RN. As required under California Business and Professions Code §2725, an LVN may render services under the supervision of an RN when the RN is not physically present, within their scope of practice.

3. A minimum of one RN or one LVN must be in the facility and awake at all times.

4. All staff rendering direct care must maintain currently required, unrevoked licenses and/or certifications and must receive ongoing training specific to the waiver population being served.

5. The following nursing care needs are included within the scope of continuous nursing:

A. Assistance with ADLs and IADLs
B. Ventilator, tracheostomy and respiratory care
C. IV therapy
D. Feeding and elimination care (including tubes)
E. Medication administration
F. Skin care

This waiver service is only authorized for individuals age 21 and over. All medically necessary DD/CNC, Non-Ventilator Dependent Services for children under the age of 21 are covered in the state plan pursuant to the EPSDT benefit.

Service Delivery Method *(check each that applies)*:

☒ **Participant-directed as specified in Appendix E**

☒ **Provider managed**

Specify whether the service may be provided by *(check each that applies)*:

☐ **Legally Responsible Person**

☐ **Relative**

☐ **Legal Guardian**

Provider Specifications:

Provider Category	Provider Type Title
Agency	Intermediate Care Facility for the Developmentally Disabled / Continuous Nursing (ICF/DD-CN)

Appendix C: Participant Services

C-1/C-3: Provider Specifications for Service

Service Type: Other Service
Service Name: Developmentally Disabled/Continuous Nursing Care (DD/CNC), Non-Ventilator Dependent Services

Provider Category:

Agency

Provider Type:

Intermediate Care Facility for the Developmentally Disabled / Continuous Nursing (ICF/DD-CN)

Provider Qualifications

License *(specify):*

Licensed as an ICF/DD-N (license is suspended in order to enroll as an ICF/DD-CN waiver provider)

Certificate *(specify):*

Enrolled in the Medi-Cal program as an ICF/DD-CN

Other Standard *(specify):*

HCBA Waiver Standards of Participation

As a HCBA Waiver Service Provider of Developmentally Disabled/Continuous Nursing Care (DD/CNC), Non-Ventilator, the ICF/DD-CN will provide a home-like setting for individuals enrolled in the HCBA Waiver who choose an ICF/DD-CN as their place of residence. As a Waiver Service Provider, the ICF/DD-CN shall meet all applicable licensing standards and will be subject to the Waiver SOP and will adhere to the documentation, training, and quality assurance requirements identified in the approved waiver.

An ICF/DD-CN is a residential facility licensed and regulated by the Department of Public Health, with a non-institutional, homelike environment and provides inpatient care that includes the following array of services: medical supervision, 24-hour skilled nursing services and supportive care including pharmacy, dietary, social, recreational and other services. These services are provided to waiver participants who meet the medical level of care criteria of the HCBA Waiver and are persons whose medical condition(s) are within the scope of practice for an ICF/DD-CN as follows: persons who are developmentally disabled with physical and mental disabilities that preclude independent living and self-care. Such persons may be diagnosed with a terminal illness or a life-threatening illness or may be catastrophically and severely disabled. The primary need of ICF/DD-CN residents shall be the availability of skilled nursing care on a continuous basis.

Legal Authority and Requirements:

1. An ICF/DD-CN shall be licensed as an ICF/DD-CN in accordance with Health and Safety Code §1250(e) and (h), 1265 et.al., 1266 et.al. and1268.6; and CCR, Title 22, Division 5, Chapter 8, Article 2; and shall provide skilled nursing waiver services in accordance with the CCR, Title 22, §51003 and 51344 and the approved waiver document.

2. An ICF/DD-CN must be enrolled as a Medi-Cal HCBA Waiver provider, and shall also meet the standards specified in Health and Safety Code §1250(m), and CCR, Title 22, §51200(a) and 51003.30 through 51000.55. Any subsequent adopted laws or regulations that exceed the ICF/DD-CN waiver provider participant requirements shall supersede the specified CCR sections and shall be applicable to all ICF/DD-CN providers.

Physical Plant and Health and Safety Requirements:

1. To protect the health and safety of the Waiver participate, the physical plant of the ICF/DD-CN shall conform to the requirements of CCR, Title 22, Division 5, Chapter 8, Article 5, as described in part in the following:

A. Must meet all requirements of the federal ICF/MR Conditions of Participation, Physical Environment [42 CFR §483.470(a)(1) through (k)(2)].

B. Each ICF/DD-CN must submit an initial emergency plan for evacuation and sheltering in place, no later than 30 days following the signing of the provider contract or agreement. The emergency plan will be reviewed, revised as necessary and be submitted annually to the California Department of Public Health (CDPH) coordinator for review and approval.

i. The plan will include detailed written plans and procedures to meet all potential emergencies and disasters [42 CFR §483.75(m) and 483.470(h); Health and Safety Code §1336.3(b); CCR, Title 22, §73929(a) and (b)].

ii. The provider's "External Disaster Plan" should address those types of emergencies relevant to the residence and its geographical location; the needs of the individuals served; and the highest risks for the residence's area. The plan must consider all of the following: transportation needs, sources of emergency utilities and supplies, procedures for assigning and recalling staff, procedures for moving participants from damaged areas of the residence, provisions for the conversion of useable space, procedure for emergency transfers of patients, evacuation routes, emergency phone numbers of physicians, health

facilities and local fire and Emergency Medical Technician (EMT) personnel, procedures for maintaining a record of participant movement and the method of sending all pertinent personal and medical information with them, security of the residence, procedures for the emergency discharge of participants, and provisions for prompt medical assessment and treatment of participants and staff as needed.

iii. Each provider is encouraged to consult with local emergency planning officials to confirm that their plan does not conflict with the city and/or county plans.

C. Obtain and maintain a valid fire clearance from the appropriate authority having jurisdiction over the facility, based on compliance with state regulations concerning fire and life safety, as adopted by the State Fire Marshall.

D. The ICF/DD-CN shall be maintained as a homelike, residential setting with sufficient space to allow for the comfort and privacy of each resident and adequate space for the staff to complete their tasks.

E. Common areas in addition to the space allotted for the residents' sleeping quarters, shall be provided in sufficient quantity to promote the socialization and recreational activities of the residents.

F. Residents' sleeping quarters will allow sufficient space for safe storage of their property, possessions, and furnishings and still permit access for the staff to complete their necessary health care functions.

G. Bathrooms of sufficient space and quantity shall be provided to allow for the hygiene needs of each resident and the ability of the staff to render care without spatial limitations or compromise.

H. The facility will be maintained in good repair and shall provide a safe, clean, and healthy environment at all times. All persons shall be protected from hazards throughout the premises.

Documentation:

1. All Waiver services rendered by the ICF/DD-CN shall require approval and reapproval.

2. Each ICF/DD-CN shall maintain a medical record chart for each waiver participant in residence. This medical record shall include documentation regarding all participant contact made with facility professional personnel, current POTs, referral requests and outcomes of said referrals and shall be available to appropriate DHCS staff for any scheduled or unscheduled visit. All facility documentation shall be maintained in compliance with the applicable Federal and State laws, Medi- Cal, HCBA Waiver Provider Standards of Participation, and shall be retained by the facility for three years.

3. The ICF/DD-CN shall also maintain records to document that all requirements specified in this waiver have been met, including those requirements related to staffing of the facility.

Quality Control/Quality Assurance:

1. Quality control/quality assurance reviews will be in accordance with the Quality Assurance Plan, as described in the approved waiver.

Training Requirements:

1. As a contracted or enrolled HCBA Waiver provider, the ICF/DD-CN shall provide training regarding services appropriate for each waiver participant based upon the participant's care needs, to all facility staff. Appropriate in-house supervisors shall arrange for the training of their staff to be provided by the ICF/DD-CN. Provision of this training is a requirement to be a waiver provider and is not separately reimbursed by either Medi-Cal, the waiver.

2. Such training shall be conducted on a quarterly basis and shall be documented, including the information taught, attendees, and the qualifications of the instructor. The ICF/DD-CN is also

responsible for providing appropriate orientation for all new facility employees.

3. CDPH's Licensing and Certification Division will be responsible for determining if the policies and procedures for training of ICF/DD-CN staff are adequate to provide and sufficient care to residents and to maintain their health and safety.

Prior to rending any services under the HCBA waiver, the provider must be enrolled as a Medi-Cal provider in compliance with state and federal law. Any services provided prior to the provider's enrollment as a Medi-Cal provider as required by state and federal law are not eligible for payment under the HCBA Waiver.

Verification of Provider Qualifications

Entity Responsible for Verification:

CDPH Licensing and Certification Division

Frequency of Verification:

Annually

Appendix C: Participant Services

C-1/C-3: Service Specification

State laws, regulations and policies referenced in the specification are readily available to CMS upon request through the Medicaid agency or the operating agency (if applicable).

Service Type:

Other Service

As provided in 42 CFR §440.180(b)(9), the State requests the authority to provide the following additional service not specified in statute.

Service Title:

Developmentally Disabled/Continuous Nursing Care, Ventilator Dependent Services

HCBS Taxonomy:

Category 1:	Sub-Category 1:
Category 2:	**Sub-Category 2:**
Category 3:	**Sub-Category 3:**
Category 4:	**Sub-Category 4:**

Complete this part for a renewal application or a new waiver that replaces an existing waiver. Select one **:**

- ○ **Service is included in approved waiver. There is no change in service specifications.**
- ◉ **Service is included in approved waiver. The service specifications have been modified.**
- ○ **Service is not included in the approved waiver.**

Service Definition *(Scope):*

DD/CNC, Ventilator Dependent Services are provided to waiver participants who require 24-hour personal care, developmental services, and nursing supervision, are ventilator dependent and are developmentally disabled.

Waiver participants must be certified by a physician as requiring continuous skilled nursing care and services must be available to waiver participants 24 hours a day, 7 days a week. Waiver participants who are non-ventilator dependent may not receive DD/CNC, Ventilator Dependent Services.

An ICF/DD-CN Providing Waiver Services:

1. An ICF/DD-CN shall employ a variety of providers and render services as indicated below. The individuals providing waiver services to participants shall meet all licensing requirements as specified in the B&P Code and the SOPs of the HCBA Waiver. The primary services provided by an ICF/DD-CN are continuous skilled nursing care and developmental disability services and support, which must be available to participants on a 24-hour, 7-days per week basis.

Nursing Services:

1. Sufficient RN and LVN staffing to allow a minimum of four (4) hours per participant per day of non-duplicated skilled nursing with a minimum of two (2) hours of the four (4) hours being non- duplicated RN staffing. All LVN staffing must be supervised by an RN who is available by telephone at all time.

2. Participants residing in an ICF/DD-CN residence must have available 24-hour skilled nursing services provided by or under the direct supervision of an RN. As required under California Business and Professions Code §2725, an LVN may render services under the supervision of an RN when the RN is not physically present, within their scope of practice.

3. A minimum of one RN and one LVN in the facility and awake at all time.

4. All staff rendering direct care must maintain currently required, unrevoked licenses and/or certifications and must receive ongoing training specific to the waiver population being served.

5. Skilled nursing care includes, but is not limited to all of the following:

A. Assistance with ADLs and IADLs
B. Ventilator, tracheostomy and respiratory care
C. IV therapy
D. Feeding and elimination care (including tubes)
E. Medication administration
F. Skin care

Other Health Related Services:

1. In addition to skilled nursing services, an ICF/DD-CN shall provide or arrange for the following basic services, as described on a participant's care plan, to be provided to individuals enrolled in the waiver, as part of the per diem rate paid to ICF/DD-CN Waiver providers:

• Medical supervision
• Pharmacy consultation
• Dietary consultation
• Social services
• Recreational services
• Transportation to and from necessary medical appointments
• Housekeeping and laundry services
• Cooking and shopping
• Any developmentally disabled-related services as specified in the participant's service plan.

2. Each waiver participant will be assessed for needed or required services as identified by the individual, their legal representative/legally responsible adult(s), primary care physician, family, caregivers, and/or other individual at the

request of the individual. The ICF/DD-CN will establish a POT (see Appendix D-1 for service plan information) to address how these services will be provided, the frequency of the services and identify the provider for those services that are not included in the IDCF/DD-CN's per diem rate under this waiver. The ICF/DD-CN will be responsible for arranging for such services, including counseling, physical, occupational or speech therapy, education and training for the waiver participant and/or caregivers, assessment for and repair of durable medical equipment and off-site personal care services.

Prior to rending any services under the HCBA waiver, the provider must be enrolled as a Medi-Cal provider in compliance with state and federal law. Any services provided prior to the provider's enrollment as a Medi-Cal provider as required by state and federal law are not eligible for payment under the HCBA Waiver.

Specify applicable (if any) limits on the amount, frequency, or duration of this service:

DD/CNC, ventilator dependent services are limited to the following:

As stated above under "Service Definition" and continuous (24-hour) skilled nursing care and other necessary medical, nursing and developmental services as needed by the waiver participant:

1. Sufficient RN and LVN staffing to allow a minimum of four(4) hours per participant per day of non-duplicated skilled nursing with a minimum of two (2) hours of the four(4) hours per participant per day being of non-duplicated RN staffing. All LVN staffing must be supervised by an RN who is available by telephone at all times.

2. Participants residing in an ICF/DD-CN must receive 24-hour skilled nursing services provided by or under the direct supervision of an RN. An LVN can render services under the supervision of an RN when the RN is not physically present, pursuant to California Business and Professions Code §2859.

3. A minimum of one RN or one LVN must be in the facility and awake at all times.

4. All staff rendering direct care must maintain currently required, unrevoked licenses and/or certifications and must receive ongoing training specific to the waiver population being served.

5. The following nursing care needs are included within the scope of continuous nursing:

- Assistance with ADLs and IADLs
- Ventilator, tracheostomy and respiratory care
- IV therapy
- Feeding and elimination care (including tubes)
- Medication administration
- Skin care

This waiver service is only authorized for individuals age 21 and over. All medically necessary DD/CNC, Ventilator Dependent Services for children under the age of 21 are covered in the state plan pursuant to the EPSDT benefit.

Service Delivery Method *(check each that applies)*:

☒ **Participant-directed as specified in Appendix E**

☒ **Provider managed**

Specify whether the service may be provided by *(check each that applies)*:

☐ **Legally Responsible Person**

☐ **Relative**

☐ **Legal Guardian**

Provider Specifications:

Provider Category	Provider Type Title
Agency	ICF/DD-CN

Appendix C: Participant Services

C-1/C-3: Provider Specifications for Service

Service Type: Other Service
Service Name: Developmentally Disabled/Continuous Nursing Care, Ventilator Dependent Services

Provider Category:

Agency

Provider Type:

ICF/DD-CN

Provider Qualifications

License *(specify):*

Licensed as an ICF/DD-N (license is suspended to enroll as an ICF/DD-CN waiver provider)

Certificate *(specify):*

Enrolled in the Medi-Cal program as an ICF/DD-CN

Other Standard *(specify):*

HCBA Waiver Standards of Participation

As an HCBA Waiver Provider of Developmentally Disabled/Continuous Nursing Care, Ventilator Dependent Services, the ICF/DD-CN will provide a home-like setting for individuals enrolled in the HCBA Waiver who choose an ICF/DD-CN as their place of residence. As a Waiver Service Provider, the ICF/DD-CN shall meet all applicable licensing standards and will be subject to the Waiver SOP and will adhere to the documentation, training, and quality assurance requirements identified in the approved waiver.

An ICF/DD-CN is a residential facility with a non-institutional, homelike environment and provides inpatient care that includes the following array of services: medical supervision, 24-hour skilled nursing services and supportive care including pharmacy, dietary, social, recreational and other services for waiver participants who meet the medical level of care criteria of the HCBA Waiver and are persons whose medical condition(s) are within the scope of practice for an ICF/DD-CN as follows: persons who are developmentally disabled with physical and mental disabilities that preclude independent living and self-care. Such persons may be diagnosed with a terminal illness or a life-threatening illness or may be catastrophically and severely disabled. The primary need of ICF/DD-CN residents shall be the availability of skilled nursing care on a continuous basis.

Legal Authority and Requirements:

1. An ICF/DD-CN shall be licensed as an ICF/DD-N in accordance with Health and Safety Code §1250(e) and (h), 1265 et.al. 1266 et.al. and 1268.6; and CCR, Title 22, Division 5, Chapter 8, Article 2; and shall provide skilled nursing waiver services in accordance with the CCR, Title 22, §51003 and 51344 and the approved waiver document.

2. An ICF/DD-CN enrolled as a Medi-Cal Waiver provider, and shall meet the standards specified in Health and Safety Code §1250(m), the CCR, Title 22, §51200(a) and 51003.30 through 51000.55. Any subsequent adopted laws or regulations that exceed the ICF/DD-CN waiver provider participant requirements shall supersede the specified CCR sections and shall be applicable to all ICF/DD-CN providers.

Physical Plant and Health and Safety Requirements:

1. To protect the health and safety of the Waiver participant, the physical plant of the ICF/DD-CN shall conform to the CCR, Title 22, Division 5, Chapter 8, Article 5, as described in part in the following:

A. Must meet all requirements of the federal ICF/MR Conditions of Participation, Physical Environment [42 CFR §483.470(a)(1) through (k)(2)].

B. Each ICF/DD-CN must submit an initial emergency plan for evacuation and sheltering in place, no later than 30 days following the signing of the provider agreement. The emergency plan will be reviewed, revised as necessary and be submitted annually to the CDPH coordinator for review and approval.

i. The plan will include detailed written plans and procedures to meet all potential emergencies and disasters [42 CFR §483.75(m) and 483.470(h); Health and Safety Code § 1336.3(b); CCR, Title 22, §73929(a) and (b)].

ii. The provider's "External Disaster Plan" should address those types of emergencies relevant to the residence and its geographical location; the needs of the individuals served; and the highest risks for the residence's area. The plan must consider all of the following: transportation needs, sources of emergency utilities and supplies, procedures for assigning and recalling staff, procedures for moving participants from damaged areas of the residence, provisions for the conversion of useable space, procedure for emergency transfers of patients, evacuation routes, emergency phone numbers of physicians, health facilities and local fire and EMT personnel, procedures for maintaining a record of participant movement and the method of sending all pertinent personal and medial information with them, security

of the residence, procedures for the emergency discharge of participants, and provisions for prompt medical assessment and treatment of participants and staff as needed.

iii. Each provider is encouraged to consult with local emergency planning officials to confirm that their plan does not conflict with the city and/or county plans.

C. Obtain and maintain a valid fire clearance from the appropriate authority having jurisdiction over the facility, based on compliance with state regulations concerning fire and life safety, as adopted by the State Fire Marshall.

D. The ICF/DD-CN shall be maintained as homelike, residential setting with sufficient space to allow for the comfort and privacy of each resident and adequate space for the staff to complete their tasks.

E. Common areas in addition to the space allotted for the residents' sleeping quarters, shall be provided in sufficient quantity to promote the socialization and recreational activities of the residents.

F. Residents' sleeping quarters will allow sufficient space for safe storage of their property, possessions, and furnishings and still permit access for the staff to complete their necessary health care functions.

G. Bathrooms of sufficient space and quantity shall be provided to allow for the hygiene needs of each resident and the ability of the staff to render care without spatial limitations or compromise.

H. The facility will be maintained in good repair and shall provide a safe, clean, and healthy environment at all times. All persons shall be protected from hazards throughout the premises.

Documentation:

1. All Waiver services rendered by the ICF/DD-CN shall require approval and re-approval.

2. Each ICF/DD-CN shall maintain a medical record chart for each waiver participant in residence. This medical record shall include documentation regarding all participant contact made with facility professional personnel, current POTs, referral requests and outcomes of said
referrals and shall be available to appropriate DHCS staff for any scheduled or unscheduled visit. All facility documentation shall be maintained in compliance with the applicable Federal and State laws, Medi-Cal and HCBA Waiver Provider SOP, and shall be retained by the facility for three years.

3. The ICF/DD-CN shall also maintain records to document that all requirements specified in this waiver have been met, including those requirements related to staffing of the facility.

Quality Control/Quality Assurance:

1. Quality control/quality assurance reviews will be in accordance with the Quality Assurance Plan, as described in the approved waiver.

Training Requirements:

1. As an enrolled HCBA Waiver provider, the ICF/DD-CN shall provide training regarding services appropriate for each waiver participant based upon the participant's care needs, to all facility staff. Appropriate in-house supervisors shall arrange for the training of their staff to be provided by the ICF/DD-CN. Provision of this training is a requirement to be contracted or enrolled as a waiver provider and is not separately reimbursed by either Medi-Cal or the waiver.

2. Such training shall be conducted on a quarterly basis and shall be documented, including the information taught, attendees, and the qualifications of the instructor. The ICF/DD-CN is also responsible for providing appropriate orientation for all new facility employees.

3. CDPH's Licensing and Certification Division will be responsible for determining if the policies and

procedures for training of ICF/DD-CN staff are adequate to provide appropriate and sufficient care of residents and maintain their health and safety.

Verification of Provider Qualifications

Entity Responsible for Verification:

CDPH Licensing and Certification Division

Frequency of Verification:

Annually

Appendix C: Participant Services

C-1/C-3: Service Specification

State laws, regulations and policies referenced in the specification are readily available to CMS upon request through the Medicaid agency or the operating agency (if applicable).

Service Type:

Other Service

As provided in 42 CFR §440.180(b)(9), the State requests the authority to provide the following additional service not specified in statute.

Service Title:

Environmental Accessibility Adaptations

HCBS Taxonomy:

Category 1:	**Sub-Category 1:**
Category 2:	**Sub-Category 2:**
Category 3:	**Sub-Category 3:**
Category 4:	**Sub-Category 4:**

Complete this part for a renewal application or a new waiver that replaces an existing waiver. Select one **:**

- (●) **Service is included in approved waiver. There is no change in service specifications.**
- ( ) **Service is included in approved waiver. The service specifications have been modified.**
- ( ) **Service is not included in the approved waiver.**

Service Definition *(Scope):*

Environmental Accessibility Adaptations are those physical adaptations to the home, identified in the participant's POT, that are necessary to sustain the health, welfare and safety of the participant, or which enable the participant to function with greater independence in the home, and without which, the participant would require institutionalization. Such adaptations may include the installation of ramps and grab-bars, widening of doorways, modification of bathroom facilities, or installation of specialized electric and plumbing systems that are necessary to accommodate the medical equipment and supplies that are necessary for the safety and welfare of the participant. All services shall be provided in accordance with applicable State or local building codes.

All Environmental Accessibility Adaptations are subject to prior approval. Requests for any modifications to a residence, which is not the property of the waiver recipient, shall be accompanied by written consent from the property owner for the requested modifications. Excluded are those adaptations or improvements to the home that are of general utility, and are not of direct medical or remedial benefit to the participant, such as carpeting, roof repair, central air conditioning, etc. Adaptations that add to the total square footage of the home are excluded from this benefit except when necessary to complete an adaptation (e.g., in order to improve entrance/egress to a residence or to configure a bathroom to accommodate a wheelchair).

If there is no written authorization from the owner, environmental accessibility will not be approved or compensated for residential care providers or rental units. To the extent possible, the participant will make modifications to the residence prior to occupation. Upon commencement of approved modifications, all parties will receive written documentation that the modifications are permanent, and that the State is not responsible for removal of any modification if the participant ceases to reside at the residence.

All requests for Environmental Accessibility Adaptations submitted by a waiver provider should include the following:

1. Participant's current primary care physician's order specifying the requested equipment or service;

2. Physical or Occupational Therapy evaluation and report to evaluate the medical necessity of the requested equipment or service. This should typically come from an entity with no connection to the provider of the requested equipment or service. The Physical or Occupational Therapy evaluation and report should contain at least the following:

A. An evaluation of the participant and the current equipment needs specific to the participant, describing how/why the current equipment does not meet the needs of the participant;

B. An evaluation of the requested equipment or service that includes a description of how/why it is necessary for the participant. This should also include information on the ability of the participant and/or the primary caregiver to learn about and appropriately use any requested item, and

C. A description of similar equipment used either currently or in the past that has demonstrated to be inadequate for the participant and a description of the inadequacy.

3. Depending on the type of adaptation or modification requested, documentation from the provider of the equipment or service describing how the equipment or service meets the medical needs of the participant, including any supporting documentation describing the efficacy of the equipment. Brochures will suffice in showing the purpose and efficacy of the equipment; however, a brief written evaluation specific to the participant describing how and why the equipment or service meets the needs of the individual will still be necessary;

4. If possible, a minimum of two bids from appropriate providers of the requested service, which itemize the services, cost, labor, and applicable warranties; and,

5. After all requested documentation has been received and reviewed, the provider overseeing the administration of the service submits all of the medical documentation and invoices for approval and reimbursement and a home visit has been conducted to determine the suitability of any requested equipment or service.

Prior to rending any services under the HCBA waiver, the provider must be enrolled as a Medi-Cal provider in compliance with state and federal law. Any services provided prior to the provider's enrollment as a Medi-Cal provider as required by state and federal law are not eligible for payment under the HCBA Waiver.

Specify applicable (if any) limits on the amount, frequency, or duration of this service:

Environmental Accessibility Adaptation services are payable up to a total lifetime maximum amount of $5,000. The only exceptions to the $5,000 total maximum are if the recipient's place of residence changes or the waiver participant's condition has changed so significantly that additional modifications are necessary to protect and sustain the health, welfare, and safety of the participant, or are necessary to enable the participant to function with greater independence in the home and without which the recipient would require institutionalization.

This waiver service is only authorized for individuals age 21 and over. All medically necessary Environmental Accessibility Adaptation services for children under the age of 21 are covered in the state plan pursuant to the EPSDT benefit.

Service Delivery Method *(check each that applies)*:

- ☒ **Participant-directed as specified in Appendix E**
- ☒ **Provider managed**

Specify whether the service may be provided by *(check each that applies)*:

- ☐ **Legally Responsible Person**
- ☒ **Relative**
- ☐ **Legal Guardian**

Provider Specifications:

Provider Category	Provider Type Title
Agency	Non-Profit Agency
Agency	Professional Corporation
Individual	HCBS Waiver Nurse Provider - RN
Agency	Durable Medical Equipment (DME) Provider
Agency	HCBS Benefit Provider
Agency	HHA

Appendix C: Participant Services

C-1/C-3: Provider Specifications for Service

Service Type: Other Service
Service Name: Environmental Accessibility Adaptations

Provider Category:

Agency

Provider Type:

Non-Profit Agency

Provider Qualifications

License *(specify)*:

Business license, appropriate for the services purchased

Certificate *(specify)*:

Other Standard *(specify)*:

HCBA Waiver Standards of Participation

A Non-Profit Agency/Organization is a California service entity organized and operated under the United States Internal Revenue Code §501(c)(3), and provides services to the elderly and persons with disabilities. A Non-Profit Organization meeting the HCBA Waiver contract and Medi-Cal Provider requirements may provide HCBA Waiver services utilizing licensed professionals, qualified professional staff, and/or qualified, professionally supervised unlicensed staff.

Minimum qualifications and requirements for a Non-Profit Organization functioning as an HCBA Waiver Service Provider are:

1. The Executive Director/Program Manager responsible for the day-to-day management of the non-profit program has:

a. A Baccalaureate degree or higher, and training and experience in overseeing programs for the elderly and/or persons with disabilities living in the community; or

b. At least 5 years of training and experience in overseeing programs for the elderly and/or persons with disabilities living in the community in lieu of possessing a Baccalaureate degree.

2. Filed a current "Statement of Information by Domestic Nonprofit Corporation" (Form SI-100 rev. 05/2005) with the California Secretary of State.

3. Annually files Form 990 financial reports with the California Attorney General's Registry of Charitable Trusts.

4. Maintain General Liability and Workers' Compensation insurance at all times while serving as a waiver service provider.

5. Is experienced in providing home and community-based services and support to the elderly and/or persons with disabilities living in the community.

6. Is responsible for providing training and/or in-services to staff eligible to provide HCBA Waiver services and at least annually reviews the HCBA Waiver services requirements. Training of HCBA Waiver service providers must be specific to the conditions and care of HCBA Waiver participants served by the Non-Profit Organization.

7. Complies with the terms and conditions set forth in the Centers for Medicare & Medicaid Services (CMS) approved HCBA Waiver.

8. Is responsible for the maintenance of waiver participant case documentation and records which support the claims for waiver services for a minimum period of ten years after the participant is receiving billable waiver services, or from the date of completion of any audit, whichever is later.

9. If the Non-Profit Organization employs licensed persons such as Licensed Clinical Social Worker (LCSW), Licensed Psychologist, and/or Marriage Family Therapist (MFT), who will render waiver services to waiver participants as requested and authorized, the licensed professional must meet the following criteria:

a. Maintains a current, unsuspended, unrevoked license to practice within their scope of licensure in the State of California.

b. Has documented work experience that includes, at least, a minimum of 1,000 hours experience in providing services to the elderly and/or persons with disabilities living in the community.

10. The Non-Profit Organization must maintain records and documentation of all requirements of the waiver/SOP for inspection and review by DHCS. The Non-Profit Organization must regularly monitor

the license status of its licensed employees and report any changes to DHCS within 30 days of the change of licensure status. The Non-Profit Organization must also maintain adequate documentation of the minimum hours of work experience for each of its licensed persons for inspection and review by DHCS.

11. Employs qualified professional providers to provide HCBA Waiver services to waiver participants as requested and authorized. The qualified professional providers must meet the following criteria:

a. Earned a Baccalaureate Degree or higher in Clinical Social Work or Social Welfare, Psychology, Marriage and Family Therapy, Rehabilitation Services or Gerontology from an accredited college or university.

b. Have at least 1,000 hours work experience providing services to the elderly and/or persons with disabilities living in the community. The Non-Profit Organization must maintain adequate documentation of the minimum hours of work experience for each of its qualified unlicensed professionals. The Non-Profit Organization must maintain adequate documentation of the minimum hours of work experience for each of its qualified unlicensed professional providers for inspection and review by DHCS.

The Non-Profit Organization must maintain adequate documentation of the minimum hours of work experience for the qualified professional supervisor and each of the unlicensed providers for inspection and review by DHCS.

12. A Non-Profit Organization must provide Environmental Accessibility Adaptations waiver services consistent with the participant's choice and interests, the participant's current primary care physician's orders, and the HCBA Waiver POT, within the licensed provider's scope of practice and/or the qualified professional's experience.

Verification of Provider Qualifications

Entity Responsible for Verification:

California Attorney Generals registry of Charitable Trusts
DHCS and/or Waiver Agency

Frequency of Verification:

Annually

Appendix C: Participant Services

C-1/C-3: Provider Specifications for Service

Service Type: Other Service
Service Name: Environmental Accessibility Adaptations

Provider Category:

Agency

Provider Type:

Professional Corporation

Provider Qualifications

License *(specify):*

CC §13401(b)

Certificate *(specify):*

Other Standard *(specify):*

HCBA Waiver Standards of Participation

A Professional Corporation is a provider that employs individuals who provide HCBS approved under the HCBA Waiver, is enrolled as an HCBS Waiver Professional Corporation provider, and meets and maintains the SOP minimal qualifications for a Professional Corporation.

The following are the licensed persons permitted to provide waiver services to waiver participants under the terms of the HCBA Waiver:

a. Licensed Psychologists (See Business and Professions Code §2900, et seq.) operating a Professional Corporation pursuant to California Corporations Code §13400, et seq.;

b. Licensed Clinical Social Workers (LCSW) (See Business and Professions Code §4996, et seq.); operating a Professional Corporation pursuant to California Corporations Code §13400, et seq.,

c. Marriage and Family Therapists (MFT) (See California Business and Professions Code §4980, et seq.) operating as a Professional Corporation pursuant to California Corporations Code §13400, et seq. and,

d. Registered Nurse (RN) (See California Business and Professions Code §2725, et seq.) operating as a Professional Corporation pursuant to California Corporations Code §13400, et seq.

Minimum qualification and requirements for a Professional Corporation that functions as a HCBA Waiver Service Provider are:

1. Be currently and continuously incorporated in the State of California as a professional corporation, pursuant to California Corporations Code §13400, et seq., or if a foreign professional corporation, be currently and continuously incorporated in its state of incorporation and have filed in California a Statement and Designation of a Professional Foreign Corporation.

2. The Professional Corporation must maintain good standing as a domestic or foreign professional corporation while the professional corporation is enrolled as an HCBA Waiver provider.

3. All Professional Corporations enrolling as HCBS Waiver providers must provide the Waiver Agency or DHCS a Certificate of Status of Good Standing to do business in the State of California (available from the Secretary of State's Office) and a current Certificate of Registration (pursuant to California Corporations Code §13401(b)) provided by the governmental agency regulating the profession.

Professions regulated by the Board of Behavioral Sciences that organize as professional corporations are exempt from providing the Certificate of Registration. (California Corporations Code §13401(b)).

The Professional Corporation must notify the Waiver Agency or DHCS in writing of any change to its Good Standing status or its Certificate of Registration within five (5) business days of the change.

4. Have and maintain a current, unsuspended, un-revoked license to practice business in the State of California, and provide a copy of that license to the Waiver Agency or DHCS upon enrollment and upon request. The Professional Corporation must notify the Waiver Agency or DHCS in writing of any change to the status of its license to practice business within five (5) business days of the change.

5. Employ licensed persons as specified above who will render waiver services to waiver participants as requested and authorized and who meet the following criteria:

a. Employ only licensed persons with a current, unsuspended, un-revoked license to practice in the State of California. The Professional Corporation must maintain records of licensing for inspection and review by the Waiver Agency or DHCS. The professional corporation must notify the Waiver or DHCS in writing of any change in licensure status of its licensed employees within five (5) days of the change of licensure status.

b. Employ licensed persons who have documented work experience that includes, as least, a minimum of 1,000 hours of experience in providing HCBS to the elderly and/or persons with disabilities living in the community. The Professional Corporation must maintain adequate documentation of the minimum hours of work experience for each of its licensed persons for inspection and review by DHCS.

6. A Professional Corporation must provide HCBS consistent with the participant's choice and interests, the participant's current primary care physician's orders, and the HCBA Waiver POT, within the licensed provider's scope of practice and/or the qualified professional's experience.

Verification of Provider Qualifications

Entity Responsible for Verification:

DHCS and/or Waiver Agency

Frequency of Verification:

Annually

Appendix C: Participant Services

C-1/C-3: Provider Specifications for Service

Service Type: Other Service
Service Name: Environmental Accessibility Adaptations

Provider Category:

Individual

Provider Type:

HCBS Waiver Nurse Provider - RN

Provider Qualifications

License *(specify):*

BPC §§2725 et seq.
CCR Title 22, §51067;
CCR Title 16, Division 4

Certificate *(specify):*

Other Standard *(specify):*

HCBA Waiver Standards of Participation

Definitions

a. "HCBS Waiver Nurse Provider--RN" means a Registered Nurse who provides HCBS Waiver RN services, as defined below, and in this capacity is not employed by or otherwise affiliated with a home health agency or any other licensed health care provider, agency, or organization.

b. "HCBS Waiver RN services" means case management or private duty nursing services, as described in the HCBA waiver in Appendix C (Participant Services), provided to a waiver participant in their home or place of residence by an HCBS Waiver RN, within their scope of practice. Such services shall not include nursing services provided in a licensed health facility.

To protect and sustain the health, safety, and well-being of the vulnerable HCBA Waiver population, an HCBS Waiver Nurse Provider application will not be processed should it be determined through official documentation that the Nurse's professional license to provide health care services has been revoked, suspended or is currently in a probationary status by a federal, California or another State's licensing agency; or that the Nurse has been subject to any disciplinary action or currently in or pending an investigation for, including but not limited to, the following types of complaints:

• Drug/alcohol abuse
• Gross negligence/incompetence, resulting in patient endangerment
• Patient abuse and/or neglect
• Sexual, violent, or abusive offenses
• Fraud or theft offenses
• Mentally impaired and unsafe to practice
• Other acts or convictions substantially related to the practice of nursing
• Practicing nursing without a license
• RNs on probation and have violated their probation conditions

In areas where a Waiver Agency is not present, DHCS verifies that all providers meet waiver provider requirements at the point of provider enrollment and thereafter as necessary. DHCS staff shall periodically confirm that any provider of waiver services continues to meet the waiver program requirements through credentialing desk review and onsite provider visits.

In areas where a licensed provider is part of a Waiver Agency's provider network, the Waiver Agency shall annually verify the provider continues to meet waiver provider requirements through its credentialing process and onsite provider visits. DHCS shall periodically confirm the Waiver Agency and their provider network through annual Waiver Agency QAR.

An HCBS Waiver RN may be a parent, stepparent, foster parent of the participant, a spouse, or legal guardian of the participant ONLY under the following circumstances: there are no other available providers. The Waiver Agency or DHCS may require additional documentation to support requests of this nature. Documentation required before the Waiver Agency or DHCS can authorize such a request, is a written explanation of the attempts made to enlist and retain an HCBS Waiver Nurse Provider, such as posting classified advertisements for Individual Nurse Providers in the community and/or contacts with Home Health Agencies, and a description of other efforts employed to locate a suitable provider. The explanation should also document the outcome of interviews with potential providers and the reasons the applicant was not selected or refused employment.

Qualifications of the HCBS Waiver RN
The initial HCBS Waiver Nurse Provider enrollment application shall be accompanied by all of the following documentation:

A. Current, unencumbered license to practice as an RN in the State of California. The RN shall notify the Waiver Agency or DHCS in writing of any change in the status the RN licensure within five (5) business days of change.

B. Current Basic Life Support (BLS) certification.

C. Written evidence, in a format acceptable to the Waiver Agency or DHCS, of training or experience, which shall include at least one of the following:

a. A minimum of 1,000 hours of experience in the previous two years, in an acute care hospital caring for individuals with the care need(s) of individuals at the levels of care specified in this waiver.

b. A minimum of 2,000 hours of experience in the previous three years, in an acute care hospital caring for individuals with the care need(s) of individuals at the levels of care specified in this waiver.

c. A minimum of 2,000 hours of experience in the previous five years, working for a licensed and certified home health agency caring for individuals with the care need(s) of individuals at the levels of care specified in this waiver.

d. A minimum of 2,000 hours of experience in the previous five years in an area not listed above, that in the opinion of DHCS, would demonstrate appropriate knowledge, skill and ability in caring for individuals at one or more of the levels of care specified in this waiver.

D. An HCBS Waiver RN must provide Environmental Accessibility Adaptation services consistent with the participant's choice and interests, the participant's current primary care physician's orders, and the HCBA Waiver POT, within the licensed provider's scope of practice and/or the qualified professional's experience.

B. Current Basic Life Support (BLS) certification.

C. Written evidence, in a format acceptable to the Waiver Agency or DHCS, of training or experience, which shall include at least one of the following:

a. A minimum of 1,000 hours of experience in the previous two years, in an acute care hospital caring for individuals with the care need(s) of individuals at the levels of care specified in this waiver.

b. A minimum of 2,000 hours of experience in the previous three years, in an acute care hospital caring for individuals with the care need(s) of individuals at the levels of care specified in this waiver.

c. A minimum of 2,000 hours of experience in the previous five years, working for a licensed and certified home health agency caring for individuals with the care need(s) of individuals at the levels of care specified in this waiver.

d. A minimum of 2,000 hours of experience in the previous five years in an area not listed above, that in the opinion of DHCS, would demonstrate appropriate knowledge, skill and ability in caring for individuals at one or more of the levels of care specified in this waiver.

D. An HCBS Waiver RN must provide Environmental Accessibility Adaptation services consistent with the participant's choice and interests, the participant's current primary care physician's orders, and the HCBA Waiver POT, within the licensed provider's scope of practice and/or the qualified professional's experience.

Verification of Provider Qualifications

Entity Responsible for Verification:

California Board of Registered Nursing
DHCS and/or Waiver Agency

Frequency of Verification:

Annually

Appendix C: Participant Services

C-1/C-3: Provider Specifications for Service

Service Type: Other Service
Service Name: Environmental Accessibility Adaptations

Provider Category:

Agency

Provider Type:

Durable Medical Equipment (DME) Provider

Provider Qualifications

License *(specify):*

W&I 14043.15, 14043.2, 14043.25, 14043.26
CCR Title 22, §51000.30(B)(3), §51000.55, §§51006(a)(1), (a)(2), (a)(3), (a)(5)

Certificate *(specify):*

Other Standard *(specify):*

Business license appropriate for the services purchased.

Verification of Provider Qualifications

Entity Responsible for Verification:

CDPH

Frequency of Verification:

Annually

Appendix C: Participant Services

C-1/C-3: Provider Specifications for Service

Service Type: Other Service
Service Name: Environmental Accessibility Adaptations

Provider Category:

Agency

Provider Type:

HCBS Benefit Provider

Provider Qualifications

License *(specify):*

Certificate *(specify):*

Other Standard *(specify):*

HCBA Waiver Standards of Participation

An HCBS Benefit Provider agency is a local government provider that employs individuals who provide HCBS approved under the HCBA Waiver, is enrolled in Medi-Cal as an HCBS Benefit Provider agency, and meets and maintains the SOP minimal qualifications for an HCBS Benefit Provider agency.

Minimum qualifications and requirements for an HCBS Benefit Provider agency functioning as an HCBS Provider are:

1. The Executive Director/Program Manager responsible for the day-to-day management of the non-profit program has:

a. A Baccalaureate degree or higher, and training and experience in overseeing programs for the elderly and/or persons with disabilities living in the community; or

b. At least five (5) years of training and experience in overseeing programs for the elderly and/or persons with disabilities living in the community in lieu of possessing a Baccalaureate degree.

2. Maintain General Liability and Workers' Compensation insurance at all times while serving as a waiver service provider.

3. Is experienced in providing HCBS and support to the elderly and/or persons with disabilities living in the community.

4. Is responsible for providing training and/or in-services to staff eligible to provide HCBA Waiver Comprehensive Care Management services; and at least annually, requires CMT staff and supervisors to review the HCBA Waiver and Waiver Agency Contract Scope of Work HCBS requirements. Training of HCBA Waiver service providers must be specific to the conditions and care of HCBA Waiver participants served by the HCBA Benefit Provider agency.

5. Complies with the terms and conditions set forth in the Centers for Medicare & Medicaid Services (CMS) approved HCBA Waiver.

6. Is responsible for the maintenance of waiver participant case documentation and records that support the claims for waiver services for a minimum period of ten years after the participant is receiving billable waiver services, or from the date of completion of any audit, whichever is later.

7. Employs licensed persons permitted to provide HCBS to waiver participants under the terms of the HCBA Waiver who maintain a current, unsuspended, unrevoked license to practice within their scope of licensure in the State of California. Licensed person permitted to provide HCBS are:

a. Registered Nurse (RN pursuant to Chapter 6 (commencing with §2700) of Division 2 of the Business and Professions Code)

b. Licensed Clinical Social Worker (LCSW pursuant to Business & Professions Code, Division 2, Chapter 14, Article 4)

8. May employ the following unlicensed persons permitted to provide HCBS to waiver participants under the terms of the HCBA Waiver:

a. Social Worker with at least a Master's Degree (MSW)

b. Social Worker with at least a Bachelor's degree, as well as those with Bachelor's level degrees in related fields, including: gerontology, marriage and family therapy, psychology, etc., when supervised by an MSW

The minimum qualification and requirements for an HCBS Benefit Provider agency functioning as a

HCBA Waiver Service Provider are:

1. Employ licensed persons as specified above who will render waiver services to waiver participants as requested and authorized and who meet the following criteria:

a. Employ only licensed persons with a current, unsuspended, un-revoked license to practice in the State of California. The HCBS Benefit Provider agency must maintain records of licensing for inspection and review by DHCS upon request. The HCBS Benefit Provider agency must notify DHCS in writing of any change in licensure status of its licensed employees within five (5) days of the change of licensure status.

b. Employ licensed persons who have documented work experience that includes, as least, a minimum of 1,000 hours of experience in providing HCBS to the elderly and/or persons with disabilities living in the community. The HCBS Benefit Provider agency must maintain adequate documentation of the minimum hours of work experience for each of its licensed persons for inspection and review by DHCS.

2. Employ unlicensed persons as specified above who will render waiver services that do not require a licensed professional to provide them, as requested and authorized, and who have documented work experience that includes, as least, a minimum of 1,000 hours of experience in providing HCBS services to the elderly and/or persons with disabilities living in the community. The HCBS Benefit Provider agency must maintain adequate documentation of the minimum hours of work experience for each of its licensed persons for inspection and review by DHCS.

3. Provide HCBS consistent with the participant's medically necessary services to safely live in their home or community based setting, taking into consideration the current primary care physician's orders and the POT, within the scope of the licensed person's scope of practice as follows:

4. Facilitate the process of advocacy and/or mediation in the event that the participant's choice and interests are inconsistent with the participant's current primary care physician's POT. Provide the participant with education and resources regarding self-advocacy and systems change.

Verification of Provider Qualifications

Entity Responsible for Verification:

DHCS

Frequency of Verification:

Annually

Appendix C: Participant Services

C-1/C-3: Provider Specifications for Service

Service Type: Other Service
Service Name: Environmental Accessibility Adaptations

Provider Category:

Agency

Provider Type:

HHA

Provider Qualifications

License *(specify):*

Health & Safety Code § 1725 et seq.; 22 CCR § 74600 et seq.

Certificate *(specify):*

Other Standard *(specify):*

Verification of Provider Qualifications

Entity Responsible for Verification:

CDPH Licensing and Certification

Frequency of Verification:

Annually

Appendix C: Participant Services

C-1/C-3: Service Specification

State laws, regulations and policies referenced in the specification are readily available to CMS upon request through the Medicaid agency or the operating agency (if applicable).

Service Type:

Other Service

As provided in 42 CFR §440.180(b)(9), the State requests the authority to provide the following additional service not specified in statute.

Service Title:

Facility Respite

HCBS Taxonomy:

Category 1:	**Sub-Category 1:**
Category 2:	**Sub-Category 2:**
Category 3:	**Sub-Category 3:**
Category 4:	**Sub-Category 4:**

Complete this part for a renewal application or a new waiver that replaces an existing waiver. Select one **:**

◉ **Service is included in approved waiver. There is no change in service specifications.**

○ **Service is included in approved waiver. The service specifications have been modified.**

○ **Service is not included in the approved waiver.**

Service Definition *(Scope):*

Facility Respite services are provided to participants unable to care for themselves, and are furnished on a short-term basis because of the absence of, or need for, relief of those persons who normally provide care for the participant.

These services are provided in an approved out-of-home location to do all of the following:
1. Provide appropriate care and supervision to protect the participant's safety in the absence of family members;
2. Relieve family members from the constantly demanding responsibility of caring for a participant; and
3. Attend to the participant's medical needs and other ADL's, which would ordinarily be the responsibility of the service provider or family member.

The need for Facility Respite Service is authorized based on the unique circumstance of each, individual participant and family, but should consider:
• Severity of the participant's disability and needs.
• Potential risk of institutionalization if respite services are not provided.
• Lack of access to informal support systems such as family, friends, community supports, etc.
• Lack of access to other sources of respite (e.g., Regional Center), because of waiting lists, remote/inaccessible location of services, etc.
• Presence of factors known to increase family stress, such as family size, presence of another child or family member with a disability, etc. and
• The perceived and expressed level of need for respite services by the primary caregiver or legally responsible adult; however, the perceived need for respite services, in the absence of any other factors, is not a sufficient indicator of the need for respite.

Prior to rending any services under the HCBA waiver, the provider must be enrolled as a Medi-Cal provider in compliance with state and federal law. Any services provided prior to the provider's enrollment as a Medi-Cal provider as required by state and federal law are not eligible for payment under the HCBA Waiver.

Specify applicable (if any) limits on the amount, frequency, or duration of this service:

Neither the Waiver Agency nor DHCS will authorize direct care services, or any combination of direct care and protective supervision services, exceeding 24 hours of care per day under this waiver, regardless of the funding source. Direct care services are defined in the "Additional Needed Information" section of this Waiver. Protective supervision is observing the participant's behavior to safeguard the participant against injury, hazard, or accident.

Facility Respite services provided in a PDHC facility Transitional Health Care Needs Optional Service Unit, for waiver participants over the age of 21, is limited to no more than 30 intermittent or continuous whole calendar days per patient per calendar year.

The HCBA Waiver is the payer of last resort, and medically-necessary Facility Respite services may only be authorized as a Waiver service for participants under the age of 21 when it is not available to the individual through any other system, including but not limited to: 1915(i) state plan coverage, private insurance, etc.

Service Delivery Method *(check each that applies)*:

☒ **Participant-directed as specified in Appendix E**

☒ **Provider managed**

Specify whether the service may be provided by *(check each that applies)*:

☐ **Legally Responsible Person**

☐ **Relative**

☐ **Legal Guardian**

Provider Specifications:

Provider Category	Provider Type Title
Agency	PDHC
Agency	CLHF

Appendix C: Participant Services

C-1/C-3: Provider Specifications for Service

Service Type: Other Service
Service Name: Facility Respite

Provider Category:

Agency

Provider Type:

PDHC

Provider Qualifications

License *(specify):*

PDHC providers must be licensed and certified by the State of California and must meet the requirements specified in CCR, Title 22, §51184, 51242, 51242.1, 51340.1 and 51532.3; Health and Safety Code, §1760; and Welfare and Institutions Code, §14132.10.

Certificate *(specify):*

Other Standard *(specify):*

HCBA Waiver Standards of Participation

As a Waiver service provider, the PDHC will provide a home like setting for individuals enrolled in the HCBA Waiver who meet the requirements of Health and Safety Code §1760.2(a)-(c) and 1763.4(a)(3)(B), and choose a PDHC as their place of respite.

"Respite care" means day and 24-hour relief for the parent or guardian, and care for the patient. 24-hour inpatient respite care includes, but is not limited to, 24-hour nursing care, meals, socialization, and developmentally appropriate activities, and is limited to no more than 30 intermittent or continuous whole calendar days per patient per calendar year.

Facility-based respite services must provide all of the following services:
1. Medical
2. Nursing
3. Pharmacy
4. Nutrition
5. Socialization
6. Developmentally appropriate activities

Services that may be provided by a PDHC include, but are not limited to, any of the following:
1. Physical therapy
2. Developmental services
3. Occupational and speech therapy
4. Educational and psychological services
5. Respite care
6. Instruction for parents or guardians
7. Case management, if not otherwise available for the client

Legal Authority and Requirements:

As a Waiver service provider, the PDHC shall meet all applicable licensing standards and will be subject to the Waiver SOP and will adhere to the documentation, training, and quality assurance requirements identified in the approved waiver.

1. A PDHC shall be licensed in accordance with Health and Safety Code §1760.2, 1760.6, 1267.13 and 1337 and shall provide skilled nursing waiver services in accordance with CCR, Title 22, §51003 and 51344 and the waiver document. To the extent that the waiver provisions conflict with the Welfare and Institutions Code statutory and implementing regulatory provisions governing availability of PDHC respite for individuals 22 and over, the waiver provisions and Health & Safety Code provisions allowing PDHC respite for individual 22 and over under specific circumstances shall prevail.

2. A PDHC must be enrolled as a Medi-Cal Waiver provider as required under state and federal Medicaid provider enrollment law, including but not limited to, 42 U.S.C. 1396a(78), 42 CFR Part 455, Subpart E, Welfare & Institutions Code, Division 1, Part 3, Chapter 7, Article1.3, and CCR, Title 22, Division 3, subdivision 1, Article 1. The PDHC must also sign a Waiver provider agreement.

3. Any subsequently adopted laws or regulations that exceed the PDHC waiver provider participation requirements shall supersede the PDHC waiver provider requirements and shall be applicable to all PDHC waiver providers.

The facility will be maintained in good repair and shall provide a safe, clean, and healthy environment at all times, and comport with physical plant requirements included in Health and Safety Code §1760 - 1763.4. All persons shall be protected from hazards throughout the premises.

A PDHC Providing Waiver Services:

As a provider of Waiver facility respite services, a PDHC shall employ a variety of providers and render

services as indicated below. The individuals providing waiver services to Waiver participants shall meet all licensing requirements as specified in California Business and Professions Code and all of the SOP of the HCBA Waiver. The primary category of service provided by a PDHC is nursing services, which must be available to Waiver participants consistent with their individual care needs.

The facility shall provide appropriately qualified staff in sufficient numbers to meet patient care needs.

Documentation:

The Waiver facility respite service provider will assess each HCBA Waiver enrolled individual for needed or required services as identified by the individual, their legal representative/legally responsible adult(s), primary care physician, family, caregivers, and/or other individuals at the request of the individual, in accordance with the Waiver POT.

All Waiver respite services rendered by the PDHC require prior authorization and reauthorization in accordance with CCR, Title 22, §51003, and the terms of the Waiver.

The PDHC shall prepare a TAR and submit it to the Waiver Agency, or DHCS in areas of the state not covered by a Waiver Agency, for each waiver participant seeking to utilize PDHC facility-based respite. The initial TAR submitted by the PDHC shall include a copy of the POT signed by the participant's current primary care physician, as well as the PDHC's current facility license. TARs submitted for reauthorization shall be accompanied by an updated primary care physician signed POT and a renewed facility license, as appropriate.

Each PDHC shall maintain a medical record chart for each waiver participant. This medical record shall include documentation regarding all contact made with PDHC professional personnel, current POTs, referral requests and outcomes of said referrals and shall be available to the CMT or HCBA Case Management provider for any scheduled or unscheduled visit. All PDHC documentation shall be maintained in compliance with the applicable Federal and State laws, and HCBA Waiver Provider Standards of Participation. The PDHC shall also maintain records to document that the nursing staff requirements of these SOP have been met and have those records available for inspection or review by the Waiver Agency or DHCS upon request at any time.

Quality Control/Quality Assurance:

Quality Control/quality assurance reviews will be in accordance with DHCS' Quality Assurance Plan, as described in the approved waiver.

Training Requirements:

As a licensed PDHC Waiver facility respite service provider, PDCH supervisors/administrators shall provide training regarding care appropriate for each waiver participant's diagnoses and their individual needs, to all facility staff. The supervisor(s) of licensed and unlicensed personnel will arrange for the training of their staff to be provided by the PDHC. Providing training to PDHC staff is a requirement to be enrolled as a Waiver provider and is not reimbursed by either Medi-Cal, the Waiver Agency, or the Waiver.

Pursuant to the Policies and Procedures of the PDHC and as a Waiver provider, each category of nursing (RN, LVN, and CNA) shall meet the training requirements to provide the services specified in the POT as allowed with the respective scope of practice. California Department of Public Health Licensing and Certification (L&C) staff PDHC L&C will determine if the PDHC policies and procedures are adequate for the provision of supportive health care services to care for residents, such as those who may be ventilator dependent, require a monitor or other specialized medical equipment as ordered by their primary care physician.

As determined by L&C, the PDHC is responsible for the orientation and training of all staff that render care. This includes the review of new and existing PDHC policies and procedures and training and shall

be provided on a quarterly basis. Evidence of quarterly training shall include supporting documentation on the information taught, attendees, and the qualifications of the instructor. Training shall be relevant to the care and type of waiver participant served by the PDHC.

Verification of Provider Qualifications

Entity Responsible for Verification:

CDPH Licensing and Certification
DHCS and/or Waiver Agency

Frequency of Verification:

Annually

Appendix C: Participant Services

C-1/C-3: Provider Specifications for Service

Service Type: Other Service
Service Name: Facility Respite

Provider Category:

Agency

Provider Type:

CLHF

Provider Qualifications

License *(specify):*

HSC §§1250et seq.
CCR Title 22, §§51246 et seq.

Certificate *(specify):*

Other Standard *(specify):*

HCBA Waiver Standards of Participation

As an HCBA Waiver Service Provider, the CLHF will provide a home like setting for individuals enrolled in the HCBA Waiver who chooses a CLHF as their place of respite. As a Waiver Service Provider, the CLHF shall meet all applicable licensing standards and will be subject to the Waiver SOP and will adhere to the documentation, training, and quality assurance requirements identified in the approved waiver.

As a Medi-Cal Waiver Service Provider, a CLHF waiver facility respite provider is a residential or respite facility with a non- institutional, homelike environment, having no more than eighteen beds and provides inpatient care that includes the following array of services: medical supervision, 24-hour skilled nursing services and supportive care, pharmacy, dietary, social, recreational and services. The services are provided to waiver participants who meet the medical level of care criteria of the appropriate waiver and are persons whose medical condition(s) are within the scope of licensure for a CLHF as follows: persons who are mentally alert and physically disabled, persons who have a diagnosis of terminal illness, persons who have a diagnosis of a life-threatening illness or persons who are catastrophically and severely disabled. The primary need of CLHF participants shall be the availability of skilled nursing care on a recurring, intermittent, extended, or continuous basis.

Legal Authority and Requirements:

1. A CLHF shall be licensed in accordance with Health and Safety Code §1250(i), 1267.12, and 1267.13, 1267.16, 1267.17, and 1267.19 and shall provide skilled nursing waiver services in accordance with CCR, Title 22, §51003 and 51344 and the waiver document.

2. A CLHF must be contracted or enrolled as a Medi-Cal Waiver provider and shall meet the standards specified in the CCR, Title 22, §51200(a), 51000.30 through 51000.55.

3. Any subsequently adopted laws or regulations that exceed the CLHF waiver provider participation requirements shall supersede the CLHF waiver provider requirements and shall be applicable to all CLHF waiver providers.

Physical Plant and Health and Safety Requirements:

1. To maintain and protect the health and safety of the Waiver participant, the physical plant of the CLHF shall conform to the Health and Safety §1267.13, as described in part in the following:

A. Obtain and maintain a valid fire clearance from the appropriate authority having jurisdiction over the facility, based on compliance with state regulations concerning fire and life safety, as adopted by the State Fire Marshall.

B. The facility shall be in a homelike setting. The facility shall provide sufficient space to allow for the comfort and privacy of each resident and adequate space for the staff to complete their tasks.

C. Common areas in addition to the space allotted for the residents' sleeping quarters, shall be provided in sufficient quantity to promote the socialization and recreational activities in a homelike and communal manner.

D. The individual sleeping quarters will allow sufficient space for safe storage of their property, possessions, and furnishings and still permit access for the staff to complete their necessary health care functions.

E. Bathrooms of sufficient space and quantity shall be provided to allow for the hygiene needs of each respite participant and the ability of the staff to render care without spatial limitations or compromise. No bathroom shall be accessed only through a resident's bedroom.

F. The facility will be maintained in good repair and shall provide a safe, clean, and healthy environment

at all times. All persons shall be protected from hazards throughout the premises.

A CLHF Providing Waiver Services:

1. As a provider of Waiver facility respite services, a CLHF shall employ a variety of providers and render services as indicated below. The individuals providing waiver services to Waiver participants shall meet all licensing requirements as specified in California Business and Professions Code and all the SOP of the HCBA Waiver. The primary category of service provided by a CLHF is nursing services, which must be available to Waiver participants consistent with their individual care needs.

Nursing Services:

1. Pursuant to Health and Safety Code §1267.13(o)(2)(B) and (o)(2)(C), a CLHF shall provide nursing services provided by an RN, LVN, CNA, or persons with similar training and experience. There shall be a minimum of two staff members, as describe under a, b, and c awake, alert, and on duty at all times to provide for the participants of the CLHF. At no time, can two CNAs or persons with similar training and experience be solely responsible for patients, as there must always be a RN or LVN present and "on duty." No nursing personnel shall be assigned housekeeping or dietary duties, such as meal preparation.

A.RN
i. An RN will be available on-call to the facility with a response time of thirty minutes or less at all times that an RN is not on the premises.

ii.The RN shall visit each resident for a minimum of two hours, twice a week, or longer as necessary to meet the resident's patient care needs.

B. LVN
i. An LVN shall be in the facility and "on duty" at any time that a RN is not in the facility.

C. CNA or equivalent unlicensed provider

i. A CNA or persons with similar training and experience may be available in the facility to assist the skilled nursing staff (RN and LVN) to meet the requirement of two staff members in the facility.

2. The facility shall provide appropriately qualified staff in sufficient numbers to meet patient care needs.

Other Health Related Services:

1. In addition to the skilled nursing services and pursuant to Health and Safety Code §1250(i) and 1267.13, a CLHF will provide or arrange for the following basic services to be provided to individuals enrolled in the Waiver, as part of the per diem rate paid to CLHF waiver providers:

- Medical supervision
- Case Management, (in areas of the state where there are no HCBA Waiver Agencies)
- Pharmacy consultation
- Dietary consultation
- Social Services
- Recreational services
- Transportation to and from medical appointments
- Housekeeping and laundry services
- Cooking and shopping

Health and Safety Code §1267.13(o)(3) states, "The facility shall provide appropriately qualified staff in sufficient numbers to meet patient care needs." In addition to nursing care, a facility shall provide professional, administrative, or supportive personnel for the health, safety, and special needs of the patients.

Pursuant to Health and Safety Code §1267.12, "All persons admitted or accepted for care by the CLHF shall remain under the care of a primary care physician or surgeon who shall see the resident at least every 30 calendar days or more frequently if required by the resident's medical condition."

The Waiver facility respite service provider will assess each HCBA Waiver enrolled individual for needed or required services as identified by the individual, their legal representative/legally responsible adult(s), primary care physician, family, caregivers, and/or other individuals at the request of the individual. The CLHF will establish a POT to address how these services will be provided, the frequency of the services and identify the provider for those services that are not included in the CLHF's per diem rate under this waiver. The CLHF will be responsible for arranging for the following services, which may include but are not limited to:

- Counseling services provided by a Licensed Clinical Social Worker;
- Occupational therapy provided by an Occupational Therapist
- Physical therapy provided by a Physical Therapist
- Speech therapy provided by a Speech Therapist
- Education and training of the Waiver participant to self-direct their care needs and/or the education and training of their identified caregivers (who are not CLHF employees) on their care needs
- Assessment for and repair of Durable Medical Equipment and
- State Plan Personal Care Services or WPCS as described in the approved Waiver when off site from the CLHF if such care is not duplicative of care required to be provided to the waiver participant by the CLHF (i.e., not for care to and from medical appointments). State Plan or WPCS providers will not be paid for care that is duplicative of the care being provided by the CLHF.

Documentation:

1. All Waiver services rendered by the CLHF shall require prior authorization and reauthorization in accordance with CCR, Title 22, §51003.

2. A TAR shall be prepared by the CLHF and submitted to the Waiver Agency or DHCS for each waiver participant utilizing respite in a CLHF that renders Waiver services. The initial TAR for each waiver participant shall be accompanied by an RN developed assessment of care needs, and a POT signed by the participant's current primary care physician. The initial TAR submitted by the CLHF shall include a copy of the current facility license. TARs submitted for reauthorization shall be accompanied by an updated primary care physician signed POT and a renewed facility license, as appropriate.

3. Each CLHF shall maintain a medical record chart for each waiver participant. This medical record shall include documentation regarding all contact made with CLHF professional personnel, current POTs, referral requests and outcomes of said referrals and shall be available to the CMT or HCBA Case Management provider for any scheduled or unscheduled visit. All CLHF documentation shall be maintained in compliance with the applicable Federal and State laws, HCBA Waiver Provider Standards of Participation, and shall be retained by the CLHF for three years. The CLHF shall also maintain records to document that the nursing staff requirements (see Nursing Services above) of these SOP have been met and have those records available for inspection or review by the Waiver Agency or DHCS upon request at any time.

Quality Control/Quality Assurance:

1. Quality control/quality assurance reviews will be in accordance with DHCS' Quality Assurance Plan, as described in the approved waiver.

Training Requirements:

1. As a licensed CLHF Waiver facility respite service provider, and pursuant to Health and Safety Code §1267.13(o)(5), the CLHF shall provide training regarding care appropriate for each waiver participant's diagnoses and their individual needs, to all facility staff. The supervisor(s) of licensed and unlicensed

personnel will arrange for the training of their staff to be provided by the CLHF. Providing training to CLHF staff is a requirement to be enrolled as a Waiver provider and is not reimbursed by either Medi-Cal, the Waiver Agency, or the Waiver.

2. Pursuant to the Policies and Procedures of the CLHF and as a Waiver provider, each category of nursing (RN, LVN and CNA) shall meet the training requirements to provide the services specified in the POT as allowed with the respective scope of practice. CDPH L&C will determine if the CLHFs policies and procedures are adequate for the provision of supportive health care services to care for residents, such as those who may be ventilator dependent, require a monitor or other specialized medical equipment as ordered by their primary care physician.

3. As determined by L&C, the CLHF is responsible for the orientation and training of all staff that render care. This includes the review of new and existing CLHF policies and procedures and shall be provided on a quarterly basis. Evidence of quarterly training shall include supporting documentation on the information taught, attendees, and the qualifications of the instructor. Training shall be relevant to the care and type of waiver participant served by the CLHF and enrolled in this waiver.

Pursuant to Health and Safety Code §1267.12, "All persons admitted or accepted for care by the CLHF shall remain under the care of a primary care physician or surgeon who shall see the resident at least every 30 calendar days or more frequently if required by the resident's medical condition."

The Waiver facility respite service provider will assess each HCBA Waiver enrolled individual for needed or required services as identified by the individual, their legal representative/legally responsible adult(s), primary care physician, family, caregivers, and/or other individuals at the request of the individual. The CLHF will establish a POT to address how these services will be provided, the frequency of the services and identify the provider for those services that are not included in the CLHF's per diem rate under this waiver. The CLHF will be responsible for arranging for the following services, which may include but are not limited to:

- Counseling services provided by a Licensed Clinical Social Worker;
- Occupational therapy provided by an Occupational Therapist
- Physical therapy provided by a Physical Therapist
- Speech therapy provided by a Speech Therapist
- Education and training of the Waiver participant to self-direct their care needs and/or the education and training of their identified caregivers (who are not CLHF employees) on their care needs
- Assessment for and repair of Durable Medical Equipment and
- State Plan Personal Care Services or WPCS as described in the approved Waiver when off site from the CLHF if such care is not duplicative of care required to be provided to the waiver participant by the CLHF (i.e., not for care to and from medical appointments). State Plan or WPCS providers will not be paid for care that is duplicative of the care being provided by the CLHF.

Documentation:

1. All Waiver services rendered by the CLHF shall require prior authorization and reauthorization in accordance with CCR, Title 22, §51003.

2. A TAR shall be prepared by the CLHF and submitted to the Waiver Agency or DHCS for each waiver participant utilizing respite in a CLHF that renders Waiver services. The initial TAR for each waiver participant shall be accompanied by an RN developed assessment of care needs, and a POT signed by the participant's current primary care physician. The initial TAR submitted by the CLHF shall include a copy of the current facility license. TARs submitted for reauthorization shall be accompanied by an updated primary care physician signed POT and a renewed facility license, as appropriate.

3. Each CLHF shall maintain a medical record chart for each waiver participant. This medical record shall include documentation regarding all contact made with CLHF professional personnel, current POTs, referral requests and outcomes of said referrals and shall be available to the CMT or HCBA Case Management provider for any scheduled or unscheduled visit. All CLHF documentation shall be maintained in compliance with the applicable Federal and State laws, HCBA Waiver Provider Standards of Participation, and shall be retained by the CLHF for three years. The CLHF shall also maintain records to document that the nursing staff requirements (see Nursing Services above) of these SOP have been met and have those records available for inspection or review by the Waiver Agency or DHCS upon request at any time.

Quality Control/Quality Assurance:

1. Quality control/quality assurance reviews will be in accordance with DHCS' Quality Assurance Plan, as described in the approved waiver.

Training Requirements:

1. As a licensed CLHF Waiver facility respite service provider, and pursuant to Health and Safety Code §1267.13(o)(5), the CLHF shall provide training regarding care appropriate for each waiver participant's diagnoses and their individual needs, to all facility staff. The supervisor(s) of licensed and unlicensed

personnel will arrange for the training of their staff to be provided by the CLHF. Providing training to CLHF staff is a requirement to be enrolled as a Waiver provider and is not reimbursed by either Medi-Cal, the Waiver Agency, or the Waiver.

2. Pursuant to the Policies and Procedures of the CLHF and as a Waiver provider, each category of nursing (RN, LVN and CNA) shall meet the training requirements to provide the services specified in the POT as allowed with the respective scope of practice. CDPH L&C will determine if the CLHFs policies and procedures are adequate for the provision of supportive health care services to care for residents, such as those who may be ventilator dependent, require a monitor or other specialized medical equipment as ordered by their primary care physician.

3. As determined by L&C, the CLHF is responsible for the orientation and training of all staff that render care. This includes the review of new and existing CLHF policies and procedures and shall be provided on a quarterly basis. Evidence of quarterly training shall include supporting documentation on the information taught, attendees, and the qualifications of the instructor. Training shall be relevant to the care and type of waiver participant served by the CLHF and enrolled in this waiver.

Verification of Provider Qualifications

Entity Responsible for Verification:

CDPH Licensing and Certification
DHCS and/or Waiver Agency

Frequency of Verification:

Annually

Appendix C: Participant Services

C-1/C-3: Service Specification

State laws, regulations and policies referenced in the specification are readily available to CMS upon request through the Medicaid agency or the operating agency (if applicable).

Service Type:

Other Service

As provided in 42 CFR §440.180(b)(9), the State requests the authority to provide the following additional service not specified in statute.

Service Title:

Family/Caregiver Training

HCBS Taxonomy:

Category 1:	Sub-Category 1:
Category 2:	**Sub-Category 2:**
Category 3:	**Sub-Category 3:**

Category 4: **Sub-Category 4:**

Complete this part for a renewal application or a new waiver that replaces an existing waiver. Select one **:**

- ○ **Service is included in approved waiver. There is no change in service specifications.**
- ◉ **Service is included in approved waiver. The service specifications have been modified.**
- ○ **Service is not included in the approved waiver.**

Service Definition *(Scope):*

Family/Caregiver training services are training and counseling for families and/or unlicensed caregivers of waiver participants. Family members and voluntary members of the participant's circle of support are unpaid, backup caregivers that would provide care to the participant when a paid provider is not available. Family/Caregiver Training services include instruction about medical treatment, use of durable medical equipment, how to provide medical care services and specialized dietary plans for the participant in the absence of the paid care providers. All family training must be identified in the participant's current primary care physician signed POT.

Unlicensed caregivers (WPCS, paramedical, and IHSS) should be evaluated to determine specific training needs that will meet the participant's unique needs and the type of services to be provided. Training should also assist the family, participant, and/or circle of support in ensuring the unlicensed caregiver has the necessary skills, competencies and qualifications to provide those services. All unlicensed caregiver training must be included in the participant's current primary care physician signed POT.

Family/Caregiver Training services in the participant's home may be provided only by an RN. To render Family/Caregiver Training the provider must document the training that is needed and the process to meet the need, and submit the documentation with a request for training to the Waiver Agency/DHCS. Upon completion of the training, the provider will submit documentation of the training results to the Waiver Agency/DHCS.

Prior to rending any services under the HCBA waiver, the provider must be enrolled as a Medi-Cal provider in compliance with state and federal law. Any services provided prior to the provider's enrollment as a Medi-Cal provider as required by state and federal law are not eligible for payment under the HCBA Waiver.

Specify applicable (if any) limits on the amount, frequency, or duration of this service:

This waiver service is only authorized for individuals age 21 and over. All medically necessary family/caregiver training services for children under the age of 21 are covered in the state plan pursuant to the EPSDT benefit.

Service Delivery Method *(check each that applies)*:

- ☒ **Participant-directed as specified in Appendix E**
- ☒ **Provider managed**

Specify whether the service may be provided by *(check each that applies)***:**

- ☐ **Legally Responsible Person**
- ☒ **Relative**
- ☐ **Legal Guardian**

Provider Specifications:

Provider Category	Provider Type Title
Agency	HHA
Individual	HCBS Waiver Nurse Provider - RN

Appendix C: Participant Services

C-1/C-3: Provider Specifications for Service

Service Type: Other Service
Service Name: Family/Caregiver Training

Provider Category:

Agency

Provider Type:

HHA

Provider Qualifications

License *(specify):*

Health and Safety Code § 1725 et seq.; 22 CCR § 74600 et seq

Certificate *(specify):*

Other Standard *(specify):*

Verification of Provider Qualifications

Entity Responsible for Verification:

CDPH Licensing and Certification
DHCS and/or Waiver Agency

Frequency of Verification:

Annually

Appendix C: Participant Services

C-1/C-3: Provider Specifications for Service

Service Type: Other Service
Service Name: Family/Caregiver Training

Provider Category:

Individual

Provider Type:

HCBS Waiver Nurse Provider - RN

Provider Qualifications

License *(specify):*

BPC §§2725 et seq.
CCR Title 22, §51067;
CCR Title 16, Division 14

Certificate *(specify):*

Other Standard *(specify):*

HCBA Waiver Standards of Participation

Definitions

a. "HCBS Waiver Nurse Provider-RN" means a Registered Nurse who provides HCBS Waiver RN services, as defined below, and in this capacity is not employed by or otherwise affiliated with a home health agency or any other licensed health care provider, agency, or organization.

b. "HCBS Waiver RN services" means case management or private duty nursing services, as described in the HCBA waiver in Appendix C (Participant Services), provided to a waiver participant in their home or place of residence by and HCB Waiver RN, within their scope of practice. Such services shall not include nursing services provided in a licensed health facility.

To protect and sustain the health, safety, and well-being of the vulnerable HCBA Waiver population, an HCBS Waiver Nurse Provider application will not be processed should it be determined through official documentation that the Nurse's professional license to provide health care services has been revoked, suspended or is currently in a probationary status by a federal, California or another state's licensing agency; or that the Nurse has been subject to any disciplinary action or currently in or pending an investigation for, including but not limited to, the following types of complaints:

• Drug/alcohol abuse
• Gross negligence/incompetence, resulting in patient endangerment
• Patient abuse and/or neglect
• Sexual, violent, or abusive offenses
• Fraud or theft offenses
• Mentally impaired and unsafe to practice
• Other acts or convictions substantially related to the practice of nursing
• Practicing nursing without a license
• RNs on probation and have violated their probation conditions

In areas where a Waiver Agency is not present, DHCS verifies that all providers meet waiver provider requirements at the point of provider enrollment and thereafter as necessary. DHCS staff shall periodically confirm that any provider of waiver services continues to meet the waiver program requirements through credentialing desk review and onsite provider visits.

In areas where a licensed provider is part of a Waiver Agency's provider network, the Waiver Agency would annually verify the provider continues to meet waiver provider requirements through its credentialing process and onsite provider visits. DHCS will monitor the Waiver Agency and their provider network through annual Waiver Agency QAR.

An HCBS Waiver RN may be a parent, stepparent, foster parent of the participant, a spouse, or legal guardian of the participant ONLY under the following circumstances: there are no other available providers. The Waiver Agency or DHCS may require additional documentation to support requests of this nature. Documentation required before the Waiver Agency or DHCS can authorize such a request, is a written explanation of the attempts made to enlist and retain an HCBS Waiver Nurse Provider, such as posting classified advertisements for Individual Nurse Providers in the community and/or contacts with Home Health Agencies, and a description of other efforts employed to locate a suitable provider. The explanation should also document the outcome of interviews with potential providers and the reasons the applicant was not selected or refused employment.

Qualifications of the HCBS Waiver RN
The initial HCBS Waiver Nurse Provider enrollment application shall be accompanied by all of the following documentation:

A. Current, unencumbered license to practice as an RN in the State of California. The RN shall notify the Waiver Agency or DHCS in writing of any change in the status the RN licensure within five (5) business days of change.

B. Current Basic Life Support (BLS) certification.

C. Written evidence, in a format acceptable to the Waiver Agency or DHCS, of training or experience, which shall include at least one of the following:

a. A minimum of 1,000 hours of experience in the previous two years, in an acute care hospital caring for individuals with the care need(s) of individuals at the levels of care specified in this waiver.

b. A minimum of 2,000 hours of experience in the previous three years, in an acute care hospital caring for individuals with the care need(s) of individuals at the levels of care specified in this waiver.

c. A minimum of 2,000 hours of experience in the previous five years, working for a licensed and certified home health agency caring for individuals with the care need(s) of individuals at the levels of care specified in this waiver.

d. A minimum of 2,000 hours of experience in the previous five years in an area not listed above, that in the opinion of DHCS, would demonstrate appropriate knowledge, skill and ability in caring for individuals at one or more of the levels of care specified in this waiver.

D. An HCBS Waiver RN must provide Family Caregiver Training services consistent with the participant's choice and interests, the participant's current primary care physician's orders, and the HCBA Waiver POT, within the licensed provider's scope of practice and/or the qualified professional's experience.

B. Current Basic Life Support (BLS) certification.

C. Written evidence, in a format acceptable to the Waiver Agency or DHCS, of training or experience, which shall include at least one of the following:

a. A minimum of 1,000 hours of experience in the previous two years, in an acute care hospital caring for individuals with the care need(s) of individuals at the levels of care specified in this waiver.

b. A minimum of 2,000 hours of experience in the previous three years, in an acute care hospital caring for individuals with the care need(s) of individuals at the levels of care specified in this waiver.

c. A minimum of 2,000 hours of experience in the previous five years, working for a licensed and certified home health agency caring for individuals with the care need(s) of individuals at the levels of care specified in this waiver.

d. A minimum of 2,000 hours of experience in the previous five years in an area not listed above, that in the opinion of DHCS, would demonstrate appropriate knowledge, skill and ability in caring for individuals at one or more of the levels of care specified in this waiver.

D. An HCBS Waiver RN must provide Family Caregiver Training services consistent with the participant's choice and interests, the participant's current primary care physician's orders, and the HCBA Waiver POT, within the licensed provider's scope of practice and/or the qualified professional's experience.

Verification of Provider Qualifications

Entity Responsible for Verification:

California Board of Registered Nursing
DHCS and/or Waiver Agency

Frequency of Verification:

Annually

Appendix C: Participant Services

C-1/C-3: Service Specification

State laws, regulations and policies referenced in the specification are readily available to CMS upon request through the Medicaid agency or the operating agency (if applicable).

Service Type:

Other Service

As provided in 42 CFR §440.180(b)(9), the State requests the authority to provide the following additional service not specified in statute.

Service Title:

Medical Equipment Operating Expense

HCBS Taxonomy:

Category 1:	**Sub-Category 1:**
Category 2:	**Sub-Category 2:**
Category 3:	**Sub-Category 3:**
Category 4:	**Sub-Category 4:**

Complete this part for a renewal application or a new waiver that replaces an existing waiver. Select one **:**

- (●) **Service is included in approved waiver. There is no change in service specifications.**
- ( ) **Service is included in approved waiver. The service specifications have been modified.**
- ( ) **Service is not included in the approved waiver.**

Service Definition *(Scope):*

Medical Equipment Operating Expenses are services necessary to prevent re-institutionalization of waiver participants who are dependent upon medical technology. Medical Equipment Operating Expenses must be described in the participant's POT. Medical Equipment Operating Expenses are limited to utility costs directly attributable to operation of life sustaining medical equipment in the participant's place of residence. For purposes of this waiver service, "life sustaining medical equipment" is defined as: mechanical ventilation equipment and positive airway pressure equipment, suction machines, feeding pumps, and infusion equipment. Notwithstanding this definition, in the event a specific medical need is identified and Medical Equipment Operating Expenses are requested in the POT, the Waiver Agency or DHCS will evaluate the request for this service and may grant exceptions to this definition.

A waiver service provider may submit a request for the authorization of this service to the Waiver Agency or DHCS for evaluation of the request. After the request has been approved, the waiver service provider may bill the Waiver Agency or Medi-Cal for this service. Upon the provider's receipt of payment, the provider will reimburse the monies to the participant.

In order to calculate the cost per unit of time, the authorization for waiver Medical Equipment Operating Expenses includes consideration of the type of equipment and frequency of use. Cost factors to operate electrical equipment are supplied by local utility companies and are based on a consideration of the equipment's size and voltage and amperage requirement.

The CMT or HCBA Case Management provider is responsible for notifying the local utility providers that the HCBA Waiver participant is an individual dependent upon life sustaining medical equipment. Documentation indicating that local utilities have been notified shall be kept in the participant's case record, and updated and revised when necessary by the CMT or HCBA Case Management provider.

Prior to rending any services under the HCBA waiver, the provider must be enrolled as a Medi-Cal provider in compliance with state and federal law. Any services provided prior to the provider's enrollment as a Medi-Cal provider as required by state and federal law are not eligible for payment under the HCBA Waiver.

Specify applicable (if any) limits on the amount, frequency, or duration of this service:

The minimum monthly claim for Medical Equipment Operating Expense is $20.00, the maximum is $75.00. Medical Equipment Operating Expenses are limited to utility costs directly attributed to operation of life sustaining medical equipment in the participant's place of residence and only when there are no other possible payers of the medical equipment operating expenses.

This service is not available in a provider-operated residence such as a CLHF or ICF/DD/CN.

Service Delivery Method *(check each that applies)*:

- ☒ **Participant-directed as specified in Appendix E**
- ☒ **Provider managed**

Specify whether the service may be provided by *(check each that applies)*:

- ☐ **Legally Responsible Person**
- ☒ **Relative**
- ☐ **Legal Guardian**

Provider Specifications:

Provider Category	Provider Type Title
Agency	HCBS Benefit Provider
Agency	Professional Corporation
Agency	Non-Profit Agency
Individual	HCBS Waiver Nurse Provider - RN
Agency	HHA

Appendix C: Participant Services

C-1/C-3: Provider Specifications for Service

Service Type: Other Service
Service Name: Medical Equipment Operating Expense

Provider Category:

Agency

Provider Type:

HCBS Benefit Provider

Provider Qualifications

License *(specify):*

Certificate *(specify):*

Other Standard *(specify):*

HCBA Waiver Standards of Participation

An HCBS Benefit Provider agency is a local government provider that employs individuals who provide HCBS approved under the HCBA Waiver, is enrolled in Medi-Cal as an HCBS Benefit Provider agency, and meets and maintains the SOP minimal qualifications for an HCBS Benefit Provider agency.

Minimum qualifications and requirements for an HCBS Benefit Provider agency functioning as an HCBS Provider are:

1. The Executive Director/Program Manager responsible for the day-to-day management of the non-profit program has:

a. A Baccalaureate degree or higher, and training and experience in overseeing programs for the elderly and/or persons with disabilities living in the community; or

b. At least five (5) years of training and experience in overseeing programs for the elderly and/or persons with disabilities living in the community in lieu of possessing a Baccalaureate degree.

2. Maintain General Liability and Workers' Compensation insurance at all times while serving as a waiver service provider.

3. Is experienced in providing HCBS and support to the elderly and/or persons with disabilities living in the community.

4. Is responsible for providing training and/or in-services to staff eligible to provide HCBA Waiver Comprehensive Care Management services; and at least annually, requires CMT staff and supervisors to review the HCBA Waiver and Waiver Agency Contract Scope of Work HCBS requirements. Training of HCBA Waiver service providers must be specific to the conditions and care of HCBA Waiver participants served by the HCBA Benefit Provider agency.

5. Complies with the terms and conditions set forth in the Centers for Medicare & Medicaid Services (CMS) approved HCBA Waiver.

6. Is responsible for the maintenance of waiver participant case documentation and records that support the claims for waiver services for a minimum period of ten years after the participant is receiving billable waiver services, or from the date of completion of any audit, whichever is later.

7. Employs licensed persons permitted to provide HCBS to waiver participants under the terms of the HCBA Waiver who maintain a current, unsuspended, unrevoked license to practice within their scope of licensure in the State of California. Licensed person permitted to provide HCBS are:

a. Registered Nurse (RN pursuant to Chapter 6 (commencing with §2700) of Division 2 of the Business and Professions Code)

b. Licensed Clinical Social Worker (LCSW pursuant to Business & Professions Code, Division 2, Chapter 14, Article 4)

8. May employ the following unlicensed persons permitted to provide HCBS to waiver participants under the terms of the HCBA Waiver:

a. Social Worker with at least a Master's Degree (MSW)

b. Social Worker with at least a Bachelor's degree, as well as those with Bachelor's level degrees in related fields, including: gerontology, marriage and family therapy, psychology, etc., when supervised by an MSW

The minimum qualification and requirements for an HCBS Benefit Provider agency functioning as a

HCBA Waiver Service Provider are:

1. Employ licensed persons as specified above who will render waiver services to waiver participants as requested and authorized and who meet the following criteria:

a. Employ only licensed persons with a current, unsuspended, un-revoked license to practice in the State of California. The HCBS Benefit Provider agency must maintain records of licensing for inspection and review by DHCS upon request. The HCBS Benefit Provider agency must notify DHCS in writing of any change in licensure status of its licensed employees within five (5) days of the change of licensure status.

b. Employ licensed persons who have documented work experience that includes, as least, a minimum of 1,000 hours of experience in providing HCBS to the elderly and/or persons with disabilities living in the community. The HCBS Benefit Provider agency must maintain adequate documentation of the minimum hours of work experience for each of its licensed persons for inspection and review by DHCS.

2. Employ unlicensed persons as specified above who will render waiver services that do not require a licensed professional to provide them, as requested and authorized, and who have documented work experience that includes, as least, a minimum of 1,000 hours of experience in providing HCBS services to the elderly and/or persons with disabilities living in the community. The HCBS Benefit Provider agency must maintain adequate documentation of the minimum hours of work experience for each of its licensed persons for inspection and review by DHCS.

3. Provide HCBS consistent with the participant's medically necessary services to safely live in their home or community based setting, taking into consideration the current primary care physician's orders and the POT, within the scope of the licensed person's scope of practice as follows:

4. Facilitate the process of advocacy and/or mediation in the event that the participant's choice and interests are inconsistent with the participant's current primary care physician's POT. Provide the participant with education and resources regarding self-advocacy and systems change.

Verification of Provider Qualifications

Entity Responsible for Verification:

DHCS

Frequency of Verification:

Annually

Appendix C: Participant Services

C-1/C-3: Provider Specifications for Service

Service Type: Other Service
Service Name: Medical Equipment Operating Expense

Provider Category:

Agency

Provider Type:

Professional Corporation

Provider Qualifications

License *(specify):*

CC §13401(b)

Certificate *(specify):*

Other Standard *(specify):*

HCBA Waiver Standards of Participation

A Professional Corporation is a provider that employs individuals who provide HCBS approved under the HCBA Waiver, is enrolled as an HCBS Waiver Professional Corporation provider, and meets and maintains the SOP minimal qualifications for a Professional Corporation.

The following are the licensed persons permitted to provide HCBS to Waiver participants under the terms of the HCBA Waiver:

1. Licensed Psychologists (See California Business and Professions Code §2900, et seq.) operating a Professional Corporation pursuant to California Corporations Code §13400, et seq.;

2. Licensed Clinical Social Workers (LCSW) (See California Business and Professions Code §4996, et seq.); operating a Professional Corporation pursuant to California Corporations Code §13400, et seq.,

3. Marriage and Family Therapists (MFT) (See California Business and Professions Code §4980, et seq.) operating as a Professional Corporation pursuant to California Corporations Code §13400, et seq. and,

4. Registered Nurse (RN) (See California Business and Professions Code §2725, et seq.) operating as a Professional Corporation pursuant to California Corporations Code §13400, et seq.

Minimum qualification and requirements for a Professional Corporation functioning as a HCBS Waiver Service Provider are:

1. Be currently and continuously incorporated in the State of California as a professional corporation, pursuant to California Corporations Code §13400, et seq., or, if a foreign professional corporation, be currently and continuously incorporated in its state of incorporation and have filed in California a Statement and Designation of a Professional Foreign Corporation.

2. The Professional Corporation must maintain good standing as a domestic or foreign professional corporation while the professional corporation is enrolled as an HCBA Waiver provider.

3. All Professional Corporations enrolling as an HCBS Waiver provider must provide DHCS a Certificate of Status of Good Standing to do business in the State of California (available from the Secretary of State's Office) and a current Certificate of Registration (pursuant to California Corporations Code §13401(b)) provided by the governmental agency regulating the profession. Professions regulated by the Board of Behavioral Sciences that organize as professional corporations are exempt from providing the Certificate of Registration (California Corporations Code §13401(b)). The Professional Corporation must notify DHCS in writing of any change to its Good Standing status or its Certificate of Registration within five (5) business days of the change.

4. Have and maintain a current, unsuspended, un-revoked license to practice business in the State of California, and provide a copy of that license to DHCS upon enrollment and upon request. The Professional Corporation must notify DHCS in writing of any change to the status of its license to practice business within five (5) business days of the change.

5. Employ licensed persons as specified above who will render HCBA Waiver services to Waiver participants, as requested and authorized, and who meet the following criteria:

a. Employ only licensed persons with a current, unsuspended, un-revoked license to practice in the State of California. The Professional Corporation must maintain records of licensing for inspection and review by DHCS. The Professional Corporation must notify DHCS in writing of any change in licensure status of its licensed employees within five (5) days of the change of licensure status.

b. Employ licensed persons who have documented work experience that includes, as least, a minimum of 1,000 hours of experience in providing HCBS to the elderly and/or persons with disabilities living in the community. The Professional Corporation must maintain adequate documentation of the minimum

hours of work experience for each of its licensed persons for inspection and review by DHCS.

6. A Professional Corporation must provide HCBS consistent with the participant's choice and interests, the participant's current primary care physician's orders, and the HCBA Waiver POT, within the licensed provider's scope of practice and/or the qualified professional's experience.

Verification of Provider Qualifications

Entity Responsible for Verification:

DHCS and/or Waiver Agency

Frequency of Verification:

Annually

Appendix C: Participant Services

C-1/C-3: Provider Specifications for Service

Service Type: Other Service
Service Name: Medical Equipment Operating Expense

Provider Category:

Agency

Provider Type:

Non-Profit Agency

Provider Qualifications

License *(specify):*

Business license, appropriate for the services purchased

Certificate *(specify):*

Other Standard *(specify):*

HCBA Waiver Standards of Participation

A Non-Profit Agency/Organization is a California service entity organized and operated under the United States Internal Revenue Code §501(c)(3), and provides services to the elderly and persons with disabilities. A Non-Profit Organization meeting the HCBA Waiver contract and Medi-Cal Provider requirements may provide HCBA Waiver services utilizing licensed professionals, qualified professional staff, and/or qualified, professionally supervised unlicensed staff.

1. Minimum qualifications and requirements for a Non-Profit Organization functioning as an HCBA Waiver Service Provider are:
The Executive Director/Program Manager responsible for the day-to-day management of the non-profit program has:

a. A Baccalaureate degree or higher, and training and experience in overseeing programs for the elderly and/or persons with disabilities living in the community; or

b. At least 5 years of training and experience in overseeing programs for the elderly and/or persons with disabilities living in the community in lieu of possessing a Baccalaureate degree.

2. Filed a current "Statement of Information by Domestic Nonprofit Corporation" (Form SI-100 rev. 05/2005) with the California Secretary of State.

3. Annually files Form 990 financial reports with the California Attorney General's Registry of Charitable Trusts.

4. Maintain General Liability and Workers' Compensation insurance at all times while serving as a waiver service provider.

5. Is experienced in providing home and community-based services and support to the elderly and/or persons with disabilities living in the community.

6. Is responsible for providing training and/or in-services to staff eligible to provide HCBA Waiver services and at least annually reviews the HCBA Waiver services requirements. Training of HCBA Waiver service providers must be specific to the conditions and care of HCBA Waiver participants served by the Non-Profit Organization.

7. Complies with the terms and conditions set forth in the Centers for Medicare & Medicaid Services (CMS) approved HCBA Waiver.

8. Is responsible for the maintenance of waiver participant case documentation and records which support the claims for waiver services for a minimum period of ten years after the participant is receiving billable waiver services, or from the date of completion of any audit, whichever is later.

9. If the Non-Profit Organization employs licensed persons such as Licensed Clinical Social Worker (LCSW), Licensed Psychologist, and/or Marriage Family Therapist (MFT), who will render waiver services to waiver participants as requested and authorized, the licensed professional must meet the following criteria:

a. Maintains a current, unsuspended, unrevoked license to practice within their scope of licensure in the State of California.

b. Has documented work experience that includes, at least, a minimum of 1,000 hours experience in providing services to the elderly and/or persons with disabilities living in the community.

10. The Non-Profit Organization must maintain records and documentation of all requirements of the waiver/SOP for inspection and review by DHCS. The Non-Profit Organization must regularly monitor the license status of its licensed employees and report any changes to DHCS within 30 days of a change

of licensure status. The Non-Profit Organization must also maintain adequate documentation of the minimum hours of work experience for each of its licensed persons for inspection and review by DHCS.

11. Employs qualified professional providers to provide HCBA Waiver services to waiver participants as requested and authorized. The qualified professional providers must meet the following criteria:

a. Earned a Baccalaureate Degree or higher in Clinical Social Work or Social Welfare, Psychology, Marriage and Family Therapy, Rehabilitation Services or Gerontology from an accredited college or university.

b. Have at least 1,000 hours work experience providing services to the elderly and/or persons with disabilities living in the community. The Non-Profit Organization must maintain adequate documentation of the minimum hours of work experience for each of its qualified unlicensed professionals. The Non-Profit Organization must maintain adequate documentation of the minimum hours of work experience for each of its qualified unlicensed professional providers for inspection and review by DHCS.

The Non-Profit Organization must maintain adequate documentation of the minimum hours of work experience for the qualified professional supervisor and each of the unlicensed providers for inspection and review by DHCS.

12. A Non-Profit Organization must provide Medical Equipment Operating Expense waiver services consistent with the participant's choice and interests, the participant's current primary care physician's orders, and the HCBA Waiver POT, within the licensed provider's scope of practice and/or the qualified professional's experience.

Verification of Provider Qualifications

Entity Responsible for Verification:

California Attorney Generals registry of Charitable Trusts
DHCS and/or Waiver Agency

Frequency of Verification:

Annually

Appendix C: Participant Services

C-1/C-3: Provider Specifications for Service

Service Type: Other Service
Service Name: Medical Equipment Operating Expense

Provider Category:

Individual

Provider Type:

HCBS Waiver Nurse Provider - RN

Provider Qualifications

License *(specify):*

BPC §§2725 et seq.
CCR Title 22, §51067;
CCR Title 16, Division 14

Certificate *(specify):*

Other Standard *(specify):*

HCBA Waiver Standards of Participation

Definitions

a. "HCBS Waiver Nurse Provider--RN" means a Registered Nurse who provides HCBS Waiver RN services, as defined below, and in this capacity is not employed by or otherwise affiliated with a home health agency or any other licensed health care provider, agency, or organization.

b. "HCBS Waiver RN services" means case management or private duty nursing services, as described in the HCBA waiver in Appendix C (Participant Services), provided to a waiver participant in their home or place of residence by an HCBS Waiver RN, within their scope of practice. Such services shall not include nursing services provided in a licensed health facility.

To protect and sustain the health, safety, and well-being of the vulnerable HCBA Waiver population, an HCBS Waiver Nurse Provider application will not be processed should it be determined through official documentation that the Nurse's professional license to provide health care services has been revoked, suspended or is currently in a probationary status by a federal, California or another State's licensing agency; or that the Nurse has been subject to any disciplinary action or currently in or pending an investigation for, including but not limited to, the following types of complaints:

• Drug/alcohol abuse
• Gross negligence/incompetence, resulting in patient endangerment
• Patient abuse and/or neglect
• Sexual, violent, or abusive offenses
• Fraud or theft offenses
• Mentally impaired and unsafe to practice
• Other acts or convictions substantially related to the practice of nursing
• Practicing nursing without a license
• RNs on probation and have violated their probation conditions

In areas where a Waiver Agency is not present, DHCS verifies that all providers meet waiver provider requirements at the point of provider enrollment and thereafter as necessary. DHCS staff shall periodically confirm that any provider of waiver services continues to meet the waiver program requirements through credentialing desk review and onsite provider visits.

In areas where a licensed provider is part of a Waiver Agency's provider network, the Waiver Agency would annually verify the provider continues to meet waiver provider requirements through its credentialing process and onsite provider visits. DHCS will monitor the Waiver Agency and their provider network through annual Waiver Agency QAR.

An HCBS Waiver RN may be a parent, stepparent, foster parent of the participant, a spouse, or legal guardian of the participant ONLY under the following circumstances: there are no other available providers. The Waiver Agency or DHCS may require additional documentation to support requests of this nature. Documentation required before the Waiver Agency or DHCS can authorize such a request, is a written explanation of the attempts made to enlist and retain an HCBA Waiver Nurse Provider, such as posting classified advertisements for Individual Nurse Providers in the community and/or contacts with Home Health Agencies, and a description of other efforts employed to locate a suitable provider. The explanation should also document the outcome of interviews with potential providers and the reasons the applicant was not selected or refused employment.

Qualifications of the HCBS Waiver RN
The initial HCBS Waiver Nurse Provider enrollment application shall be accompanied by all of the following documentation:

A. Current, unencumbered license to practice as an RN in the State of California. The RN shall notify the Waiver Agency or DHCS in writing of any change in the status the RN licensure within five (5) business days of change.

B. Current Basic Life Support (BLS) certification.

C. Written evidence, in a format acceptable to the Waiver Agency or DHCS, of training or experience, which shall include at least one of the following:

a. A minimum of 1,000 hours of experience in the previous two years, in an acute care hospital caring for individuals with the care need(s) of individuals at the levels of care specified in this waiver.

b. A minimum of 2,000 hours of experience in the previous three years, in an acute care hospital caring for individuals with the care need(s) of individuals at the levels of care specified in this waiver.

c. A minimum of 2,000 hours of experience in the previous five years, working for a licensed and certified home health agency caring for individuals with the care need(s) of individuals at the levels of care specified in this waiver.

d. A minimum of 2,000 hours of experience in the previous five years in an area not listed above, that in the opinion of DHCS, would demonstrate appropriate knowledge, skill and ability in caring for individuals at one or more of the levels of care specified in this waiver.

D. An HCBS Waiver RN must provide Medical Equipment Operating Expense services consistent with the participant's choice and interests, the participant's current primary care physician's orders, and the HCBA Waiver POT, within the licensed provider's scope of practice and/or the qualified professional's experience.

B. Current Basic Life Support (BLS) certification.

C. Written evidence, in a format acceptable to the Waiver Agency or DHCS, of training or experience, which shall include at least one of the following:

a. A minimum of 1,000 hours of experience in the previous two years, in an acute care hospital caring for individuals with the care need(s) of individuals at the levels of care specified in this waiver.

b. A minimum of 2,000 hours of experience in the previous three years, in an acute care hospital caring for individuals with the care need(s) of individuals at the levels of care specified in this waiver.

c. A minimum of 2,000 hours of experience in the previous five years, working for a licensed and certified home health agency caring for individuals with the care need(s) of individuals at the levels of care specified in this waiver.

d. A minimum of 2,000 hours of experience in the previous five years in an area not listed above, that in the opinion of DHCS, would demonstrate appropriate knowledge, skill and ability in caring for individuals at one or more of the levels of care specified in this waiver.

D. An HCBS Waiver RN must provide Medical Equipment Operating Expense services consistent with the participant's choice and interests, the participant's current primary care physician's orders, and the HCBA Waiver POT, within the licensed provider's scope of practice and/or the qualified professional's experience.

Verification of Provider Qualifications

Entity Responsible for Verification:

California Board of Registered Nursing
DHCS and/or Waiver Agency

Frequency of Verification:

Annually

Appendix C: Participant Services

C-1/C-3: Provider Specifications for Service

Service Type: Other Service
Service Name: Medical Equipment Operating Expense

Provider Category:

Agency

Provider Type:

HHA

Provider Qualifications

License *(specify):*

Health & Safety Code §1725 et seq.; 22 CCR §74600 et seq.

Certificate *(specify):*

Other Standard *(specify):*

Verification of Provider Qualifications

Entity Responsible for Verification:

CDPH Licensing and Certification
DHCS and/or Waiver Agency

Frequency of Verification:

Annually

Appendix C: Participant Services

C-1/C-3: Service Specification

State laws, regulations and policies referenced in the specification are readily available to CMS upon request through the Medicaid agency or the operating agency (if applicable).

Service Type:

Other Service

As provided in 42 CFR §440.180(b)(9), the State requests the authority to provide the following additional service not specified in statute.

Service Title:

Personal Emergency Response (PERS) Installation and Testing

HCBS Taxonomy:

Category 1: **Sub-Category 1:**

Category 2: **Sub-Category 2:**

Category 3: **Sub-Category 3:**

Category 4: **Sub-Category 4:**

Complete this part for a renewal application or a new waiver that replaces an existing waiver. Select one **:**

- (●) **Service is included in approved waiver. There is no change in service specifications.**
- ( ) **Service is included in approved waiver. The service specifications have been modified.**
- ( ) **Service is not included in the approved waiver.**

Service Definition *(Scope):*

The Personal Emergency Response System (PERS) installation and testing service is for installation and testing of a PERS for participants who are at high risk of institutionalization to secure help in the event of an emergency. Authorization is limited to participants who live alone, who are alone for significant parts of the day, have no regular caregiver for extended periods of time, and who would otherwise require routine supervision.

Prior to rending any services under the HCBA waiver, the provider must be enrolled as a Medi-Cal provider in compliance with state and federal law. Any services provided prior to the provider's enrollment as a Medi-Cal provider as required by state and federal law are not eligible for payment under the HCBA Waiver.

Specify applicable (if any) limits on the amount, frequency, or duration of this service:

This waiver service is only authorized for individuals age 21 and over. All medically necessary Personal Emergency Response System (PERS) installation and testing service for children under the age of 21 are covered in the state plan pursuant to the EPSDT benefit.

Service Delivery Method *(check each that applies)*:

- [x] **Participant-directed as specified in Appendix E**
- [x] **Provider managed**

Specify whether the service may be provided by *(check each that applies)***:**

- [ ] **Legally Responsible Person**
- [x] **Relative**
- [ ] **Legal Guardian**

Provider Specifications:

Provider Category	Provider Type Title
Agency	DME Provider
Agency	Professional Corporation
Agency	HHA

Provider Category	Provider Type Title
Agency	HCBS Benefit Provider
Individual	HCBS Waiver Nurse Provider - RN
Agency	Non-Profit Agency

Appendix C: Participant Services

C-1/C-3: Provider Specifications for Service

Service Type: Other Service
Service Name: Personal Emergency Response (PERS) Installation and Testing

Provider Category:

Agency

Provider Type:

DME Provider

Provider Qualifications

License *(specify):*

W&I 14043.15, 14043.2, 14043.25, 14043.26
CCR Title 22, §51000.30(B)(3), §51000.55, §§51006(a)(1), (a)(2), (a)(3), (a)(5)

Certificate *(specify):*

Other Standard *(specify):*

Business license appropriate for the services purchased.

Verification of Provider Qualifications

Entity Responsible for Verification:

CDPH

Frequency of Verification:

Annually

Appendix C: Participant Services

C-1/C-3: Provider Specifications for Service

Service Type: Other Service
Service Name: Personal Emergency Response (PERS) Installation and Testing

Provider Category:

Agency

Provider Type:

Professional Corporation

Provider Qualifications

License *(specify):*

CC §13401(b)

Certificate *(specify):*

Other Standard *(specify):*

HCBA Waiver Standards of Participation

A Professional Corporation is a provider that employs individuals who provide HCBS approved under the HCBA Waiver, is enrolled as an HCBS Waiver Professional Corporation provider, and meets and maintains the SOP minimal qualifications for a Professional Corporation.

The following are the licensed persons permitted to provide HCBS to Waiver participants under the terms of the HCBA Waiver:

a. Licensed Psychologists (See California Business and Professions Code §2900, et seq.) operating a Professional Corporation pursuant to California Corporations Code §13400, et seq.;

b. Licensed Clinical Social Workers (LCSW) (See California Business and Professions Code §4996, et seq.); operating a Professional Corporation pursuant to California Corporations Code §13400, et seq.,

c. Marriage and Family Therapists (MFT) (See California Business and Professions Code §4980, et seq.) operating as a Professional Corporation pursuant to California Corporations Code §13400, et seq. and,

d. Registered Nurse (RN) (See California Business and Professions Code §2725, et seq.) operating as a Professional Corporation pursuant to California Corporations Code §13400, et seq.

Minimum qualification and requirements for a Professional Corporation functioning as an HCBS Waiver Service Provider are:

1. Be currently and continuously incorporated in the State of California as a professional corporation, pursuant to California Corporations Code §13400, et seq., or if a foreign professional corporation, be currently and continuously incorporated in its state of incorporation and have filed in California a Statement and Designation of a Professional Foreign Corporation.

2. The Professional Corporation must maintain good standing as a domestic or foreign professional corporation while the professional corporation is enrolled as an HCBA Waiver provider.

3. All Professional Corporations enrolling as HCB Waiver providers must provide the Waiver Agency or DHCS a Certificate of Status of Good Standing to do business in the State of California (available from the Secretary of State's Office) and a current Certificate of Registration (pursuant to California Corporations Code §13401(b)) provided by the governmental agency regulating the profession.

Professions regulated by the Board of Behavioral Sciences that organize as professional corporations are exempt from providing the Certificate of Registration. (California Corporations Code §13401(b)).

The Professional Corporation must notify the Waiver Agency or DHCS in writing of any change to its Good Standing status or its Certificate of Registration within five (5) business days of the change.

4. Have and maintain a current, unsuspended, un-revoked license to practice business in the State of California, and provide a copy of that license to the Waiver Agency or DHCS upon enrollment and upon request. The Professional Corporation must notify the Waiver Agency or DHCS in writing of any change to the status of its license to practice business within five (5) business days of the change.

5. Employ licensed persons as specified above who will render waiver services to waiver participants as requested and authorized and who meet the following criteria:

a. Employ only licensed persons with a current, unsuspended, un-revoked license to practice in the State of California. The Professional Corporation must maintain records of licensing for inspection and review by the Waiver Agency or DHCS. The professional corporation must notify the Waiver or DHCS in writing of any change in licensure status of its licensed employees within five (5) days of the change of licensure status.

b. Employ licensed persons who have documented work experience that includes, as least, a minimum of 1,000 hours of experience in providing case management services to the elderly and/or persons with disabilities living in the community. The Professional Corporation must maintain adequate documentation of the minimum hours of work experience for each of its licensed persons for inspection and review by the Waiver Agency or DHCS.

6. A Professional Corporation must provide PERS services consistent with the participant's choice and interests, the participant's current primary care physician's orders, and the HCBA Waiver POT, within the licensed provider's scope of practice and/or the qualified professional's experience.

Verification of Provider Qualifications

Entity Responsible for Verification:

DHCS and/or Waiver Agency

Frequency of Verification:

Annually

Appendix C: Participant Services

C-1/C-3: Provider Specifications for Service

Service Type: Other Service
Service Name: Personal Emergency Response (PERS) Installation and Testing

Provider Category:

Agency

Provider Type:

HHA

Provider Qualifications

License *(specify):*

Health & Safety Code §1725 et seq.; 22 CCR §74600 et seq.

Certificate *(specify):*

Other Standard *(specify):*

Verification of Provider Qualifications

Entity Responsible for Verification:

CDPH Licensing and Certification
DHCS and/or Waiver Agency

Frequency of Verification:

Annually

Appendix C: Participant Services

C-1/C-3: Provider Specifications for Service

Service Type: Other Service
Service Name: Personal Emergency Response (PERS) Installation and Testing

Provider Category:

Agency

Provider Type:

HCBS Benefit Provider

Provider Qualifications

License *(specify):*

Certificate *(specify):*

Other Standard *(specify):*

HCBA Waiver Standards of Participation

An HCBS Benefit Provider agency is a local government provider that employs individuals who provide HCBS approved under the HCBA Waiver, is enrolled in Medi-Cal as an HCBS Benefit Provider agency, and meets and maintains the SOP minimal qualifications for an HCBS Benefit Provider agency.

Minimum qualifications and requirements for an HCBS Benefit Provider agency functioning as an HCBS Provider are:

1. The Executive Director/Program Manager responsible for the day-to-day management of the non-profit program has:

a. A Baccalaureate degree or higher, and training and experience in overseeing programs for the elderly and/or persons with disabilities living in the community; or

b. At least five (5) years of training and experience in overseeing programs for the elderly and/or persons with disabilities living in the community in lieu of possessing a Baccalaureate degree.

2. Maintain General Liability and Workers' Compensation insurance at all times while serving as a waiver service provider.

3. Is experienced in providing HCBS and support to the elderly and/or persons with disabilities living in the community.

4. Is responsible for providing training and/or in-services to staff eligible to provide HCBA Waiver Comprehensive Care Management services; and at least annually, requires CMT staff and supervisors to review the HCBA Waiver and Waiver Agency Contract Scope of Work HCBS requirements. Training of HCBA Waiver service providers must be specific to the conditions and care of HCBA Waiver participants served by the HCBA Benefit Provider agency.

5. Complies with the terms and conditions set forth in the Centers for Medicare & Medicaid Services (CMS) approved HCBA Waiver.

6. Is responsible for the maintenance of waiver participant case documentation and records that support the claims for waiver services for a minimum period of ten years after the participant is receiving billable waiver services, or from the date of completion of any audit, whichever is later.

7. Employs licensed persons permitted to provide HCBS to waiver participants under the terms of the HCBA Waiver who maintain a current, unsuspended, unrevoked license to practice within their scope of licensure in the State of California. Licensed person permitted to provide HCBS are:

a. Registered Nurse (RN pursuant to Chapter 6 (commencing with §2700) of Division 2 of the Business and Professions Code)

b. Licensed Clinical Social Worker (LCSW pursuant to Business & Professions Code, Division 2, Chapter 14, Article 4)

8. May employ the following unlicensed persons permitted to provide HCBS to waiver participants under the terms of the HCBA Waiver:

a. Social Worker with at least a Master's Degree (MSW)

b. Social Worker with at least a Bachelor's degree, as well as those with Bachelor's level degrees in related fields, including: gerontology, marriage and family therapy, psychology, etc., when supervised by an MSW

The minimum qualification and requirements for an HCBS Benefit Provider agency functioning as a

HCBA Waiver Service Provider are:

1. Employ licensed persons as specified above who will render waiver services to waiver participants as requested and authorized and who meet the following criteria:

a. Employ only licensed persons with a current, unsuspended, un-revoked license to practice in the State of California. The HCBS Benefit Provider agency must maintain records of licensing for inspection and review by DHCS upon request. The HCBS Benefit Provider agency must notify DHCS in writing of any change in licensure status of its licensed employees within five (5) days of the change of licensure status.

b. Employ licensed persons who have documented work experience that includes, as least, a minimum of 1,000 hours of experience in providing HCBS to the elderly and/or persons with disabilities living in the community. The HCBS Benefit Provider agency must maintain adequate documentation of the minimum hours of work experience for each of its licensed persons for inspection and review by DHCS.

2. Employ unlicensed persons as specified above who will render waiver services that do not require a licensed professional to provide them, as requested and authorized, and who have documented work experience that includes, as least, a minimum of 1,000 hours of experience in providing HCBS services to the elderly and/or persons with disabilities living in the community. The HCBS Benefit Provider agency must maintain adequate documentation of the minimum hours of work experience for each of its licensed persons for inspection and review by DHCS.

3. Provide HCBS consistent with the participant's medically necessary services to safely live in their home or community based setting, taking into consideration the current primary care physician's orders and the POT, within the scope of the licensed person's scope of practice as follows:

4. Facilitate the process of advocacy and/or mediation in the event that the participant's choice and interests are inconsistent with the participant's current primary care physician's POT. Provide the participant with education and resources regarding self-advocacy and systems change.

Verification of Provider Qualifications

Entity Responsible for Verification:

DHCS

Frequency of Verification:

Annually

Appendix C: Participant Services

C-1/C-3: Provider Specifications for Service

Service Type: Other Service
Service Name: Personal Emergency Response (PERS) Installation and Testing

Provider Category:

Individual

Provider Type:

HCBS Waiver Nurse Provider - RN

Provider Qualifications

License *(specify):*

BPC §§2725 et seq. CCR Title 22, §51067; CCR Title 16, Division 14

Certificate *(specify):*

Other Standard *(specify):*

HCBA Waiver Standards of Participation

Definitions

a. "HCBS Waiver Nurse Provider-RN" means a Registered Nurse who provides HCBA Waiver RN services, as defined below, and in this capacity is not employed by or otherwise affiliated with a home health agency or any other licensed health care provider, agency, or organization.

b. "HCBS Waiver RN services" means case management or private duty nursing services, as described in the HCB Waiver in Appendix C (Participant Services), provided to a waiver participant in their home or place of residence by and HCBS Waiver RN, within their scope of practice. Such services shall not include nursing services provided in a licensed health facility.

To protect and sustain the health, safety, and well-being of the vulnerable HCBA Waiver population, an HCBS Waiver Nurse Provider application will not be processed should it be determined through official documentation that the Nurse's professional license to provide health care services has been revoked, suspended or is currently in a probationary status by a federal, California or another State's licensing agency; or that the Nurse has been subject to any disciplinary action or currently in or pending an investigation for, including but not limited to, the following types of complaints:

- Drug/alcohol abuse
- Gross negligence/incompetence, resulting in patient endangerment
- Patient abuse and/or neglect
- Sexual, violent, or abusive offenses
- Fraud or theft offenses
- Mentally impaired and unsafe to practice
- Other acts or convictions substantially related to the practice of nursing
- Practicing nursing without a license
- RNs on probation and have violated their probation conditions

In areas where a Waiver Agency is not present, DHCS verifies that all providers meet waiver provider requirements at the point of provider enrollment and thereafter as necessary. DHCS staff shall periodically confirm that any provider of waiver services continues to meet the waiver program requirements through credentialing desk review and onsite provider visits.

In areas where a licensed provider is part of a Waiver Agency's provider network, the Waiver Agency would annually verify the provider continues to meet waiver provider requirements through its credentialing process and onsite provider visits. DHCS will monitor the Waiver Agency and their provider network through annual Waiver Agency QAR.

An HCBS Waiver RN may be a parent, stepparent, foster parent of the participant, a spouse, or legal guardian of the participant ONLY under the following circumstances: there are no other available providers. The Waiver Agency or DHCS may require additional documentation to support requests of this nature. Documentation required before the Waiver Agency or DHCS can authorize such a request, is a written explanation of the attempts made to enlist and retain an HCBS Waiver Nurse Provider, such as posting classified advertisements for Individual Nurse Providers in the community and/or contacts with Home Health Agencies, and a description of other efforts employed to locate a suitable provider. The explanation should also document the outcome of interviews with potential providers and the reasons the applicant was not selected or refused employment.

Qualifications of the HCBS Waiver RN
The initial HCBS Waiver Nurse Provider enrollment application shall be accompanied by all of the following documentation:

A. Current, unencumbered license to practice as an RN in the State of California. The RN shall notify the Waiver Agency or DHCS in writing of any change in the status the RN licensure within five (5) business days of change.

B. Current Basic Life Support (BLS) certification.

C. Written evidence, in a format acceptable to the Waiver Agency or DHCS, of training or experience, which shall include at least one of the following:

a. A minimum of 1,000 hours of experience in the previous two years, in an acute care hospital caring for individuals with the care need(s) of individuals at the levels of care specified in this waiver.

b. A minimum of 2,000 hours of experience in the previous three years, in an acute care hospital caring for individuals with the care need(s) of individuals at the levels of care specified in this waiver.

c. A minimum of 2,000 hours of experience in the previous five years, working for a licensed and certified home health agency caring for individuals with the care need(s) of individuals at the levels of care specified in this waiver.

d. A minimum of 2,000 hours of experience in the previous five years in an area not listed above, that in the opinion of DHCS, would demonstrate appropriate knowledge, skill and ability in caring for individuals at one or more of the levels of care specified in this waiver.

D. An HCBS Waiver RN must provide PERS services consistent with the participant's choice and interests, the participant's current primary care physician's orders, and the HCBA Waiver POT, within the licensed provider's scope of practice and/or the qualified professional's experience.

B. Current Basic Life Support (BLS) certification.

C. Written evidence, in a format acceptable to the Waiver Agency or DHCS, of training or experience, which shall include at least one of the following:

a. A minimum of 1,000 hours of experience in the previous two years, in an acute care hospital caring for individuals with the care need(s) of individuals at the levels of care specified in this waiver.

b. A minimum of 2,000 hours of experience in the previous three years, in an acute care hospital caring for individuals with the care need(s) of individuals at the levels of care specified in this waiver.

c. A minimum of 2,000 hours of experience in the previous five years, working for a licensed and certified home health agency caring for individuals with the care need(s) of individuals at the levels of care specified in this waiver.

d. A minimum of 2,000 hours of experience in the previous five years in an area not listed above, that in the opinion of DHCS, would demonstrate appropriate knowledge, skill and ability in caring for individuals at one or more of the levels of care specified in this waiver.

D. An HCBS Waiver RN must provide PERS services consistent with the participant's choice and interests, the participant's current primary care physician's orders, and the HCBA Waiver POT, within the licensed provider's scope of practice and/or the qualified professional's experience.

Verification of Provider Qualifications

Entity Responsible for Verification:

California Board of Registered Nursing
DHCS and/or Waiver Agency

Frequency of Verification:

Annually

Appendix C: Participant Services

C-1/C-3: Provider Specifications for Service

Service Type: Other Service
Service Name: Personal Emergency Response (PERS) Installation and Testing

Provider Category:

Agency

Provider Type:

Non-Profit Agency

Provider Qualifications

License *(specify):*

Business license, appropriate for the services purchased

Certificate *(specify):*

Other Standard *(specify):*

HCBA Waiver Standards of Participation

A Non-Profit Agency/Organization is a California service entity organized and operated under the United States Internal Revenue Code §501(c)(3), and provides services to the elderly and persons with disabilities. A Non-Profit Organization meeting the HCBA Waiver contract and Medi-Cal Provider requirements may provide HCBA Waiver services utilizing licensed professionals, qualified professional staff, and/or qualified, professionally supervised unlicensed staff.

Minimum qualifications and requirements for a Non-Profit Organization functioning as an HCBA Waiver Service Provider are:

1. The Executive Director/Program Manager responsible for the day-to-day management of the non-profit program has:

a. A Baccalaureate degree or higher, and training and experience in overseeing programs for the elderly and/or persons with disabilities living in the community; or

b. At least five (5) years of training and experience in overseeing programs for the elderly and/or persons with disabilities living in the community in lieu of possessing a Baccalaureate degree.

2. Filed a current "Statement of Information by Domestic Nonprofit Corporation" (Form SI-100 rev. 05/2005) with the California Secretary of State.

3. Annually files Form 990 financial reports with the California Attorney General's Registry of Charitable Trusts.

4. Maintain General Liability and Workers' Compensation insurance at all times while serving as a waiver service provider.

5. Is experienced in providing home and community-based services and support to the elderly and/or persons with disabilities living in the community.

6. Is responsible for providing training and/or in-services to staff eligible to provide HCBA Waiver services and at least annually reviews the HCBA Waiver services requirements. Training of HCBA Waiver service providers must be specific to the conditions and care of HCBA Waiver participants served by the Non-Profit Organization.

7. Complies with the terms and conditions set forth in the Centers for Medicare & Medicaid Services (CMS) approved HCBA Waiver.

8. Is responsible for the maintenance of waiver participant case documentation and records which support the claims for waiver services for a minimum period of ten years after the participant is receiving billable waiver services, or from the date of completion of any audit, whichever is later.

9. If the Non-Profit Organization employs licensed persons such as Licensed Clinical Social Worker (LCSW), Licensed Psychologist, and/or Marriage Family Therapist (MFT), who will render waiver services to waiver participants as requested and authorized, the licensed professional must meet the following criteria:

a. Maintains a current, unsuspended, unrevoked license to practice within their scope of licensure in the State of California.

b. Has documented work experience that includes, at least, a minimum of 1,000 hours experience in providing services to the elderly and/or persons with disabilities living in the community.

10. The Non-Profit Organization must maintain records and documentation of all requirements of the waiver/SOP for inspection and review by DHCS. The Non-Profit Organization must regularly monitor

the license status of its licensed employees and report any changes to DHCS within 30 days of the change of licensure status. The Non-Profit Organization must also maintain adequate documentation of the minimum hours of work experience for each of its licensed persons for inspection and review by DHCS.

11. Employs qualified professional providers to provide HCBA Waiver services to waiver participants as requested and authorized. The qualified professional providers must meet the following criteria:

a. Earned a Baccalaureate Degree or higher in Clinical Social Work or Social Welfare, Psychology, Marriage and Family Therapy, Rehabilitation Services or Gerontology from an accredited college or university.

b. Have at least 1,000 hours work experience providing services to the elderly and/or persons with disabilities living in the community. The Non-Profit Organization must maintain adequate documentation of the minimum hours of work experience for each of its qualified unlicensed professionals. The Non-Profit Organization must maintain adequate documentation of the minimum hours of work experience for each of its qualified unlicensed professional providers for inspection and review by DHCS.

The Non-Profit Organization must maintain adequate documentation of the minimum hours of work experience for the qualified professional supervisor and each of the unlicensed providers for inspection and review by DHCS.

12. A Non-Profit Organization must provide PERS services consistent with the participant's choice and interests, the participant's current primary care physician's orders, and the HCBA Waiver POT, within the licensed provider's scope of practice and/or the qualified professional's experience.

Verification of Provider Qualifications

Entity Responsible for Verification:

California Attorney Generals registry of Charitable Trusts
DHCS and/or Waiver Agency

Frequency of Verification:

Annually

Appendix C: Participant Services

C-1/C-3: Service Specification

State laws, regulations and policies referenced in the specification are readily available to CMS upon request through the Medicaid agency or the operating agency (if applicable).

Service Type:

Other Service

As provided in 42 CFR §440.180(b)(9), the State requests the authority to provide the following additional service not specified in statute.

Service Title:

Personal Emergency Response Systems (PERS)

HCBS Taxonomy:

Category 1: **Sub-Category 1:**

Category 2: **Sub-Category 2:**

Category 3: **Sub-Category 3:**

Category 4: **Sub-Category 4:**

Complete this part for a renewal application or a new waiver that replaces an existing waiver. Select one **:**

- (●) **Service is included in approved waiver. There is no change in service specifications.**
- ( ) **Service is included in approved waiver. The service specifications have been modified.**
- ( ) **Service is not included in the approved waiver.**

Service Definition *(Scope):*

The PERS is a 24-hour emergency assistance electronic device that enables individuals at high risk of institutionalization to secure help in an emotional, physical, or environmental emergency. PERS services are limited to waiver participants who live alone, are alone for significant parts of the day, or have no regular caregiver for extended periods of time, and would otherwise require routine supervision.

The PERS is connected to the participant's telephone and programmed to signal a response center once a "help" button is activated. The participant may wear a portable "help" button permitting greater mobility. The response center is staffed with trained professionals who have access to the participant's profile and critical information. PERS staff will immediately attempt to contact the participant to determine if an emergency exists. If one does exist, the PERS staff contacts local emergency response services to request assistance.

The immediate response to a participant's request for assistance can help prevent unnecessary institutionalization of a waiver participant. PERS services will only be provided as a waiver service to a participant residing in a non-licensed environment.

PERS are individually designed to meet the needs and capabilities of the participant. The following services are allowed:

1. 24-hour answering/paging;
2. Beepers;
3. Med-alert bracelets;
4. Intercoms;
5. Life-lines;
6. Fire/safety devices, such as fire extinguishers and rope ladders;
7. Monitoring services;
8. Light fixture adaptations (blinking lights, etc.);
9. Telephone adaptive devices not available from the telephone company; and
10. Other electronic devices/services designed for emergency assistance.

All types of PERS, described above, shall meet applicable standards of manufacture, design, and installation. Repairs and maintenance of such equipment shall be performed by the manufacturer's authorized dealers whenever possible. Prior authorization for PERS services must be obtained by a waiver service provider through DHCS or the Waiver Agency.

Prior to rending any services under the HCBA waiver, the provider must be enrolled as a Medi-Cal provider in compliance with state and federal law. Any services provided prior to the provider's enrollment as a Medi-Cal provider as required by state and federal law are not eligible for payment under the HCBA Waiver.

Specify applicable (if any) limits on the amount, frequency, or duration of this service:

PERS services are limited to waiver participants who live alone, are alone for significant parts of the day, or have no regular caregiver for extended periods of time, and would otherwise require routine supervision.

This waiver service is only authorized for individuals age 21 and over. All medically necessary PERS for children under the age of 21 are covered in the state plan pursuant to the EPSDT benefit.

Service Delivery Method *(check each that applies)*:

☒ **Participant-directed as specified in Appendix E**

☒ **Provider managed**

Specify whether the service may be provided by *(check each that applies)*:

☐ **Legally Responsible Person**

☒ **Relative**

☐ **Legal Guardian**

Provider Specifications:

Provider Category	Provider Type Title
Agency	DME Provider
Agency	HHA
Agency	HCBS Benefit Provider
Agency	Non-Profit Agency
Agency	Professional Corporation
Individual	HCBS Waiver Nurse Provider - RN

Appendix C: Participant Services

C-1/C-3: Provider Specifications for Service

Service Type: Other Service
Service Name: Personal Emergency Response Systems (PERS)

Provider Category:

Agency

Provider Type:

DME Provider

Provider Qualifications

License *(specify):*

W&I 14043.15, 14043.2, 14043.25, 14043.26
CCR Title 22, §51000.30(B)(3), §51000.55, §§51006(a)(1), (a)(2), (a)(3), (a)(5)

Certificate *(specify):*

Other Standard *(specify):*

Business license appropriate for the services purchased.

Verification of Provider Qualifications

Entity Responsible for Verification:

CDPH

Frequency of Verification:

Annually

Appendix C: Participant Services

C-1/C-3: Provider Specifications for Service

Service Type: Other Service
Service Name: Personal Emergency Response Systems (PERS)

Provider Category:

Agency

Provider Type:

HHA

Provider Qualifications

License *(specify):*

Health & Safety Code §1725 et seq.; 22 CCR §74600 et seq

Certificate *(specify):*

Other Standard *(specify):*

Verification of Provider Qualifications

Entity Responsible for Verification:

CDPH Licensing and Certification
DHCS and/or Waiver Agency

Frequency of Verification:

Annually

Appendix C: Participant Services

C-1/C-3: Provider Specifications for Service

Service Type: Other Service
Service Name: Personal Emergency Response Systems (PERS)

Provider Category:

Agency

Provider Type:

HCBS Benefit Provider

Provider Qualifications

License *(specify):*

Certificate *(specify):*

Other Standard *(specify):*

HCBA Waiver Standards of Participation

An HCBS Benefit Provider agency is a local government provider that employs individuals who provide HCBS approved under the HCBA Waiver, is enrolled in Medi-Cal as an HCBS Benefit Provider agency, and meets and maintains the SOP minimal qualifications for an HCBS Benefit Provider agency.

Minimum qualifications and requirements for an HCBS Benefit Provider agency functioning as an HCBS Provider are:

1. The Executive Director/Program Manager responsible for the day-to-day management of the non-profit program has:

a. A Baccalaureate degree or higher, and training and experience in overseeing programs for the elderly and/or persons with disabilities living in the community; or

b. At least five (5) years of training and experience in overseeing programs for the elderly and/or persons with disabilities living in the community in lieu of possessing a Baccalaureate degree.

2. Maintain General Liability and Workers' Compensation insurance at all times while serving as a waiver service provider.

3. Is experienced in providing HCBS and support to the elderly and/or persons with disabilities living in the community.

4. Is responsible for providing training and/or in-services to staff eligible to provide HCBA Waiver Comprehensive Care Management services; and at least annually, requires CMT staff and supervisors to review the HCBA Waiver and Waiver Agency Contract Scope of Work HCBS requirements. Training of HCBA Waiver service providers must be specific to the conditions and care of HCBA Waiver participants served by the HCBA Benefit Provider agency.

5. Complies with the terms and conditions set forth in the Centers for Medicare & Medicaid Services (CMS) approved HCBA Waiver.

6. Is responsible for the maintenance of waiver participant case documentation and records that support the claims for waiver services for a minimum period of ten years after the participant is receiving billable waiver services, or from the date of completion of any audit, whichever is later.

7. Employs licensed persons permitted to provide HCBS to waiver participants under the terms of the HCBA Waiver who maintain a current, unsuspended, unrevoked license to practice within their scope of licensure in the State of California. Licensed person permitted to provide HCBS are:

a. Registered Nurse (RN pursuant to Chapter 6 (commencing with §2700) of Division 2 of the Business and Professions Code)

b. Licensed Clinical Social Worker (LCSW pursuant to Business & Professions Code, Division 2, Chapter 14, Article 4)

8. May employ the following unlicensed persons permitted to provide HCBS to waiver participants under the terms of the HCBA Waiver:

a. Social Worker with at least a Master's Degree (MSW)

b. Social Worker with at least a Bachelor's degree, as well as those with Bachelor's level degrees in related fields, including: gerontology, marriage and family therapy, psychology, etc., when supervised by an MSW

The minimum qualification and requirements for an HCBS Benefit Provider agency functioning as a

HCBA Waiver Service Provider are:

1. Employ licensed persons as specified above who will render waiver services to waiver participants as requested and authorized and who meet the following criteria:

a. Employ only licensed persons with a current, unsuspended, un-revoked license to practice in the State of California. The HCBS Benefit Provider agency must maintain records of licensing for inspection and review by DHCS upon request. The HCBS Benefit Provider agency must notify DHCS in writing of any change in licensure status of its licensed employees within five (5) days of the change of licensure status.

b. Employ licensed persons who have documented work experience that includes, as least, a minimum of 1,000 hours of experience in providing HCBS to the elderly and/or persons with disabilities living in the community. The HCBS Benefit Provider agency must maintain adequate documentation of the minimum hours of work experience for each of its licensed persons for inspection and review by DHCS.

2. Employ unlicensed persons as specified above who will render waiver services that do not require a licensed professional to provide them, as requested and authorized, and who have documented work experience that includes, as least, a minimum of 1,000 hours of experience in providing HCBS services to the elderly and/or persons with disabilities living in the community. The HCBS Benefit Provider agency must maintain adequate documentation of the minimum hours of work experience for each of its licensed persons for inspection and review by DHCS.

3. Provide HCBS consistent with the participant's medically necessary services to safely live in their home or community based setting, taking into consideration the current primary care physician's orders and the POT, within the scope of the licensed person's scope of practice as follows:

4. Facilitate the process of advocacy and/or mediation in the event that the participant's choice and interests are inconsistent with the participant's current primary care physician's POT. Provide the participant with education and resources regarding self-advocacy and systems change.

Verification of Provider Qualifications

Entity Responsible for Verification:

DHCS

Frequency of Verification:

Annually

Appendix C: Participant Services

C-1/C-3: Provider Specifications for Service

Service Type: Other Service
Service Name: Personal Emergency Response Systems (PERS)

Provider Category:

Agency

Provider Type:

Non-Profit Agency

Provider Qualifications

License *(specify):*

Business license, appropriate for the services purchased

Certificate *(specify):*

Other Standard *(specify):*

HCBA Waiver Standards of Participation

A Non-Profit Agency/Organization is a California service entity organized and operated under the United States Internal Revenue Code §501(c)(3), and provides services to the elderly and persons with disabilities. A Non-Profit Organization meeting the HCBA Waiver contract and Medi-Cal Provider requirements may provide HCBA Waiver services utilizing licensed professionals, qualified professional staff, and/or qualified, professionally supervised unlicensed staff.

Minimum qualifications and requirements for a Non-Profit Organization functioning as an HCBA Waiver Service Provider are:
1. The Executive Director/Program Manager responsible for the day-to-day management of the non-profit program has:

a. A Baccalaureate degree or higher, and training and experience in overseeing programs for the elderly and/or persons with disabilities living in the community; or

b. At least five (5) years of training and experience in overseeing programs for the elderly and/or persons with disabilities living in the community in lieu of possessing a Baccalaureate degree.

2. Filed a current "Statement of Information by Domestic Nonprofit Corporation" (Form SI-100 rev. 05/2005) with the California Secretary of State.

3. Annually files Form 990 financial reports with the California Attorney General's Registry of Charitable Trusts.

4. Maintain General Liability and Workers' Compensation insurance at all times while serving as a waiver service provider.

5. Is experienced in providing home and community-based services and support to the elderly and/or persons with disabilities living in the community.

6. Is responsible for providing training and/or in-services to staff eligible to provide HCBA Waiver services and at least annually reviews the HCBA Waiver services requirements. Training of HCBA Waiver service providers must be specific to the conditions and care of HCBA Waiver participants served by the Non-Profit Organization.

7. Complies with the terms and conditions set forth in the Centers for Medicare & Medicaid Services (CMS) approved HCBA Waiver.

8. Is responsible for the maintenance of waiver participant case documentation and records which support the claims for waiver services for a minimum period of ten years after the participant is receiving billable waiver services, or from the date of completion of any audit, whichever is later.

9. If the Non-Profit Organization employs licensed persons such as Licensed Clinical Social Worker (LCSW), Licensed Psychologist, and/or Marriage Family Therapist (MFT), who will render waiver services to waiver participants as requested and authorized, the licensed professional must meet the following criteria:

a. Maintains a current, unsuspended, unrevoked license to practice within their scope of licensure in the State of California.

b. Has documented work experience that includes, at least, a minimum of 1,000 hours experience in providing services to the elderly and/or persons with disabilities living in the community.

10. The Non-Profit Organization must maintain records and documentation of all requirements of the waiver/SOP for inspection and review by DHCS. The Non-Profit Organization must regularly monitor the license status of its licensed employees and report any changes to DHCS within 30 days of the

change of licensure status. The Non-Profit Organization must also maintain adequate documentation of the minimum hours of work experience for each of its licensed persons for inspection and review by DHCS.

11. Employs qualified professional providers to provide HCBA Waiver services to waiver participants as requested and authorized. The qualified professional providers must meet the following criteria:

a. Earned a Baccalaureate Degree or higher in Clinical Social Work or Social Welfare, Psychology, Marriage and Family Therapy, Rehabilitation Services or Gerontology from an accredited college or university.

b. Have at least 1,000 hours work experience providing services to the elderly and/or persons with disabilities living in the community. The Non-Profit Organization must maintain adequate documentation of the minimum hours of work experience for each of its qualified unlicensed professionals. The Non-Profit Organization must maintain adequate documentation of the minimum hours of work experience for each of its qualified unlicensed professional providers for inspection and review by DHCS.

The Non-Profit Organization must maintain adequate documentation of the minimum hours of work experience for the qualified professional supervisor and each of the unlicensed providers for inspection and review by DHCS.

12. A Non-Profit Organization must provide Medical Equipment Operating Expense waiver services consistent with the participant's choice and interests, the participant's current primary care physician's orders, and the HCBA Waiver POT, within the licensed provider's scope of practice and/or the qualified professional's experience.

Verification of Provider Qualifications

Entity Responsible for Verification:

California Attorney Generals registry of Charitable Trusts
DHCS and/or Waiver Agency

Frequency of Verification:

Annually

Appendix C: Participant Services

C-1/C-3: Provider Specifications for Service

Service Type: Other Service
Service Name: Personal Emergency Response Systems (PERS)

Provider Category:

Agency

Provider Type:

Professional Corporation

Provider Qualifications

License *(specify):*

CC §13401(b)

Certificate *(specify):*

Other Standard *(specify):*

HCBA Waiver Standards of Participation

A Professional Corporation is a provider that employs individuals who provide HCBS approved under the HCBA Waiver, is enrolled as an HCBS Waiver Professional Corporation provider, and meets and maintains the SOP minimal qualifications for a Professional Corporation.

The following are the licensed persons permitted to provide HCBS to Waiver participants under the terms of the HCBA Waiver:

1. Licensed Psychologists (See California Business and Professions Code §2900, et seq.) operating a Professional Corporation pursuant to California Corporations Code §13400, et seq.;

b. Licensed Clinical Social Workers (LCSW) (See California Business and Professions Code §4996, et seq.); operating a Professional Corporation pursuant to California Corporations Code §13400, et seq.,

c. Marriage and Family Therapists (MFT) (See California Business and Professions Code §4980, et seq.) operating as a Professional Corporation pursuant to California Corporations Code §13400, et seq. and,

d. Registered Nurse (RN) (See California Business and Professions Code §2725, et seq.) operating as a Professional Corporation pursuant to California Corporations Code §13400, et seq.

Minimum qualification and requirements for a Professional Corporation functioning as a HCBS Waiver Service Provider are:

1. Be currently and continuously incorporated in the State of California as a professional corporation, pursuant to California Corporations Code §13400, et seq., or if a foreign professional corporation, be currently and continuously incorporated in its state of incorporation and have filed in California a Statement and Designation of a Professional Foreign Corporation.

2. The Professional Corporation must maintain good standing as a domestic or foreign professional corporation while the professional corporation is enrolled as an HCBA Waiver provider.

3. All Professional Corporations enrolling as HCBS Waiver providers must provide the Waiver Agency or DHCS a Certificate of Status of Good Standing to do business in the State of California (available from the Secretary of State's Office) and a current Certificate of Registration (pursuant to California Corporations Code §13401(b)) provided by the governmental agency regulating the profession.

Professions regulated by the Board of Behavioral Sciences that organize as professional corporations are exempt from providing the Certificate of Registration. (California Corporations Code §13401(b)).

The Professional Corporation must notify the Waiver Agency or DHCS in writing of any change to its Good Standing status or its Certificate of Registration within five (5) business days of the change.

4. Have and maintain a current, unsuspended, un-revoked license to practice business in the State of California, and provide a copy of that license to the Waiver Agency or DHCS upon enrollment and upon request. The Professional Corporation must notify the Waiver Agency or DHCS in writing of any change to the status of its license to practice business within five (5) business days of the change.

5. Employ licensed persons as specified above who will render waiver services to waiver participants as requested and authorized and who meet the following criteria:

a. Employ only licensed persons with a current, unsuspended, un-revoked license to practice in the State of California. The Professional Corporation must maintain records of licensing for inspection and review by the Waiver Agency or DHCS. The professional corporation must notify the Waiver or DHCS in writing of any change in licensure status of its licensed employees within five (5) days of the change of licensure status.

b. Employ licensed persons who have documented work experience that includes, as least, a minimum of 1,000 hours of experience in providing case management services to the elderly and/or persons with disabilities living in the community. The Professional Corporation must maintain adequate documentation of the minimum hours of work experience for each of its licensed persons for inspection and review by the Waiver Agency or DHCS.

6. A Professional Corporation must provide PERS consistent with the participant's choice and interests, the participant's current primary care physician's orders, and the HCBA Waiver POT, within the licensed provider's scope of practice and/or the qualified professional's experience.

Verification of Provider Qualifications

Entity Responsible for Verification:

DHCS and/or Waiver Agency

Frequency of Verification:

Annually

Appendix C: Participant Services

C-1/C-3: Provider Specifications for Service

Service Type: Other Service
Service Name: Personal Emergency Response Systems (PERS)

Provider Category:

Individual

Provider Type:

HCBS Waiver Nurse Provider - RN

Provider Qualifications

License *(specify):*

BPC §§2725 et seq.
CCR Title 22, §51067;
CCR Title 16, Division 14

Certificate *(specify):*

Other Standard *(specify):*

HCBA Waiver Standards of Participation

Definitions

a. "HCBS Waiver Nurse Provider-RN" means a Registered Nurse who provides HCBS Waiver RN services, as defined below, and in this capacity is not employed by or otherwise affiliated with a home health agency or any other licensed health care provider, agency, or organization.

b. "HCBS Waiver RN services" means case management or private duty nursing services, as described in the HCBA waiver in Appendix C (Participant Services), provided to a waiver participant in their home or place of residence by and HCB Waiver RN, within their scope of practice. Such services shall not include nursing services provided in a licensed health facility.

To protect and sustain the health, safety, and well-being of the vulnerable HCBA Waiver population, an HCBS Waiver Nurse Provider application will not be processed should it be determined through official documentation that the Nurse's professional license to provide health care services has been revoked, suspended or is currently in a probationary status by a federal, California or another State's licensing agency; or that the Nurse has been subject to any disciplinary action or currently in or pending an investigation for, including but not limited to, the following types of complaints:

- Drug/alcohol abuse
- Gross negligence/incompetence, resulting in patient endangerment
- Patient abuse and/or neglect
- Sexual, violent, or abusive offenses
- Fraud or theft offenses
- Mentally impaired and unsafe to practice
- Other acts or convictions substantially related to the practice of nursing
- Practicing nursing without a license
- RNs on probation and have violated their probation conditions

In areas where a Waiver Agency is not present, DHCS verifies that all providers meets waiver provider requirements at the point of provider enrollment and thereafter as necessary. DHCS staff shall periodically confirm that any provider of waiver services continues to meet the waiver program requirements through credentialing desk review and onsite provider visits.

In areas where a licensed provider is part of a Waiver Agency's provider network, the Waiver Agency would annually verify the provider continues to meet waiver provider requirements through its credentialing process and onsite provider visits. DHCS will monitor the Waiver Agency and their provider network through annual Waiver Agency QAR.

An HCBS Waiver RN may be a parent, stepparent, foster parent of the participant, a spouse, or legal guardian of the participant ONLY under the following circumstances: there are no other available providers. The Waiver Agency or DHCS may require additional documentation to support requests of this nature. Documentation required before the Waiver Agency or DHCS can authorize such a request, is a written explanation of the attempts made to enlist and retain an HCBS Waiver Nurse Provider, such as posting classified advertisements for Individual Nurse Providers in the community and/or contacts with Home Health Agencies, and a description of other efforts employed to locate a suitable provider. The explanation should also document the outcome of interviews with potential providers and the reasons the applicant was not selected or refused employment.

Qualifications of the HCBS Waiver RN
The initial HCBS Waiver Nurse Provider enrollment application shall be accompanied by all of the following documentation:

A. Current, unencumbered license to practice as an RN in the State of California. The RN shall notify the Waiver Agency or DHCS in writing of any change in the status the RN licensure within five (5) business days of change.

B. Current Basic Life Support (BLS) certification.

C. Written evidence, in a format acceptable to the Waiver Agency or DHCS, of training or experience, which shall include at least one of the following:

a. A minimum of 1,000 hours of experience in the previous two years, in an acute care hospital caring for individuals with the care need(s) of individuals at the levels of care specified in this waiver.

b. A minimum of 2,000 hours of experience in the previous three years, in an acute care hospital caring for individuals with the care need(s) of individuals at the levels of care specified in this waiver.

c. A minimum of 2,000 hours of experience in the previous five years, working for a licensed and certified home health agency caring for individuals with the care need(s) of individuals at the levels of care specified in this waiver.

d. A minimum of 2,000 hours of experience in the previous five years in an area not listed above, that in the opinion of DHCS, would demonstrate appropriate knowledge, skill and ability in caring for individuals at one or more of the levels of care specified in this waiver.

D. An HCBS Waiver RN must provide PERS services consistent with the participant's choice and interests, the participant's current primary care physician's orders, and the HCBA Waiver POT, within the licensed provider's scope of practice and/or the qualified professional's experience.

B. Current Basic Life Support (BLS) certification.

C. Written evidence, in a format acceptable to the Waiver Agency or DHCS, of training or experience, which shall include at least one of the following:

a. A minimum of 1,000 hours of experience in the previous two years, in an acute care hospital caring for individuals with the care need(s) of individuals at the levels of care specified in this waiver.

b. A minimum of 2,000 hours of experience in the previous three years, in an acute care hospital caring for individuals with the care need(s) of individuals at the levels of care specified in this waiver.

c. A minimum of 2,000 hours of experience in the previous five years, working for a licensed and certified home health agency caring for individuals with the care need(s) of individuals at the levels of care specified in this waiver.

d. A minimum of 2,000 hours of experience in the previous five years in an area not listed above, that in the opinion of DHCS, would demonstrate appropriate knowledge, skill and ability in caring for individuals at one or more of the levels of care specified in this waiver.

D. An HCBS Waiver RN must provide PERS services consistent with the participant's choice and interests, the participant's current primary care physician's orders, and the HCBA Waiver POT, within the licensed provider's scope of practice and/or the qualified professional's experience.

Verification of Provider Qualifications

Entity Responsible for Verification:

California Board of Registered Nursing
DHCS and/or Waiver Agency

Frequency of Verification:

Annually

Appendix C: Participant Services

C-1/C-3: Service Specification

State laws, regulations and policies referenced in the specification are readily available to CMS upon request through the Medicaid agency or the operating agency (if applicable).

Service Type:

Other Service

As provided in 42 CFR §440.180(b)(9), the State requests the authority to provide the following additional service not specified in statute.

Service Title:

Private Duty Nursing - Including Home Health Aide and Shared Services

HCBS Taxonomy:

Category 1:	Sub-Category 1:

Category 2:	Sub-Category 2:

Category 3:	Sub-Category 3:

Category 4:	Sub-Category 4:

Complete this part for a renewal application or a new waiver that replaces an existing waiver. Select one **:**

- (●) **Service is included in approved waiver. There is no change in service specifications.**
- ( ) **Service is included in approved waiver. The service specifications have been modified.**
- ( ) **Service is not included in the approved waiver.**

Service Definition *(Scope):*

Private Duty Nursing (PDN) services are individual and continuous care (in contrast to part-time or intermittent care) provided by a licensed nurse (RN or LVN) or a Certified Home Health Aide (CHHA) employed by a HHA within the scope of state law. Private Duty Nursing is all skilled nursing interventions that are within the scope of the RN or LVN's licensure, or CHHA's certification, ordered by the participant's primary care physician, documented on the POT and authorized by the Waiver Agency, nor where there is no Waiver Agency, DHCS staff. Services are provided to a waiver participant in their home, home-like environment or an approved out-of-home setting compliant with the Home and Community-Based Settings requirements.

Shared PDN services are provided to two participants who live at the same residence. Shared PDN services are provided only on request and agreement of the involved participants and/or authorized representative(s).

A HCBS RN provides supervision and monitoring of PDN or Shared PDN services if provided by an HCBS LVN.

Prior to rending any services under the HCBA waiver, the provider must be enrolled as a Medi-Cal provider in compliance with state and federal law. Any services provided prior to the provider's enrollment as a Medi-Cal provider as required by state and federal law are not eligible for payment under the HCBA Waiver

Specify applicable (if any) limits on the amount, frequency, or duration of this service:

Neither the Waiver Agency nor DHCS will authorize direct care services, or any combination of direct care and protective supervision services, exceeding 24 hours of care per day under this waiver, regardless of the funding source. Direct care services are defined in the "Additional Needed Information" section of this Waiver. Protective supervision is observing the participant's behavior to safeguard the participant against injury, hazard, or accident.

This waiver service is only available to individuals age 21 and over. All medically necessary Private Duty Nursing services for children under the age of 21 are covered in the state plan pursuant to the EPSDT benefit.

Service Delivery Method *(check each that applies)*:

☒ **Participant-directed as specified in Appendix E**

☒ **Provider managed**

Specify whether the service may be provided by *(check each that applies)*:

☒ **Legally Responsible Person**

☒ **Relative**

☒ **Legal Guardian**

Provider Specifications:

Provider Category	Provider Type Title
Individual	HCBS Waiver Nurse Provider - RN
Agency	PDHC
Agency	HHA
Individual	HCBS Waiver Nurse Provider - LVN

Appendix C: Participant Services

C-1/C-3: Provider Specifications for Service

Service Type: Other Service
Service Name: Private Duty Nursing - Including Home Health Aide and Shared Services

Provider Category:
Individual
Provider Type:

HCBS Waiver Nurse Provider - RN

Provider Qualifications

License *(specify):*

BPC §§2725 et seq.
CCR Title 22, §51067;
CCR Title 16, Division 14

Certificate *(specify):*

Other Standard *(specify):*

HCBA Waiver Standards of Participation

Definitions

a. "HCBS Waiver Nurse Provider-RN" means a Registered Nurse who provides HCBS Waiver RN services, as defined below, and in this capacity is not employed by or otherwise affiliated with a home health agency or any other licensed health care provider, agency, or organization.

b. "HCBS Waiver RN services" means case management or private duty nursing services, as described in the HCBA waiver in Appendix C (Participant Services), provided to a waiver participant in their home or place of residence by a HCBS Waiver RN, within their scope of practice. Such services shall not include nursing services provided in a licensed health facility.

To protect and sustain the health, safety, and well-being of the vulnerable HCBA Waiver population, an HCBS Waiver Nurse Provider application will not be processed should it be determined through official documentation that the Nurse's professional license to provide health care services has been revoked, suspended or is currently in a probationary status by a federal, California or another State's licensing agency; or that the Nurse has been subject to any disciplinary action or currently in or pending an investigation for, including but not limited to, the following types of complaints:

- Drug/alcohol abuse
- Gross negligence/incompetence, resulting in patient endangerment
- Patient abuse and/or neglect
- Sexual, violent, or abusive offenses
- Fraud or theft offenses
- Mentally impaired and unsafe to practice
- Other acts or convictions substantially related to the practice of nursing
- Practicing nursing without a license
- RNs on probation and have violated their probation conditions

In areas where a Waiver Agency is not present, DHCS verifies that all providers meet waiver provider requirements at the point of provider enrollment and thereafter as necessary. DHCS staff shall periodically confirm that any provider of waiver services continues to meet the waiver program requirements through credentialing desk review and onsite provider visits.

In areas where a licensed provider is part of a Waiver Agency's provider network, the Waiver Agency would annually verify the provider continues to meet waiver provider requirements through its credentialing process and onsite provider visits. DHCS will monitor the Waiver Agency and their provider network through annual Waiver Agency QAR.

An HCBS Waiver RN may be a parent, stepparent, foster parent of the participant, a spouse, or legal guardian of the participant ONLY under the following circumstances: there are no other available providers. The Waiver Agency or DHCS may require additional documentation to support requests of this nature. Documentation required before the Waiver Agency or DHCS can authorize such a request, is a written explanation of the attempts made to enlist and retain an HCBS Waiver Nurse Provider, such as posting classified advertisements for Individual Nurse Providers in the community and/or contacts with Home Health Agencies, and a description of other efforts employed to locate a suitable provider. The explanation should also document the outcome of interviews with potential providers and the reasons the applicant was not selected or refused employment.

Qualifications of the HCBS Waiver RN
The initial HCBS Waiver Nurse Provider enrollment application shall be accompanied by all of the following documentation:

A. Current, unencumbered license to practice as an RN in the State of California. The RN shall notify the Waiver Agency or DHCS in writing of any change in the status the RN licensure within five (5) business days of change.

B. Current Basic Life Support (BLS) certification.

C. Written evidence, in a format acceptable to the Waiver Agency or DHCS, of training or experience, which shall include at least one of the following:

a. A minimum of 1,000 hours of experience in the previous two years, in an acute care hospital caring for individuals with the care need(s) of individuals at the levels of care specified in this waiver.

b. A minimum of 2,000 hours of experience in the previous three years, in an acute care hospital caring for individuals with the care need(s) of individuals at the levels of care specified in this waiver.

c. A minimum of 2,000 hours of experience in the previous five years, working for a licensed and certified home health agency caring for individuals with the care need(s) of individuals at the levels of care specified in this waiver.

d. A minimum of 2,000 hours of experience in the previous five years in an area not listed above, that in the opinion of DHCS, would demonstrate appropriate knowledge, skill and ability in caring for individuals at one or more of the levels of care specified in this waiver.

D. An HCBS Waiver RN must provide Private Duty Nursing services consistent with the participant's choice and interests, the participant's current primary care physician's orders, and the HCBA Waiver POT, within the licensed provider's scope of practice and/or the qualified professional's experience.

B. Current Basic Life Support (BLS) certification.

C. Written evidence, in a format acceptable to the Waiver Agency or DHCS, of training or experience, which shall include at least one of the following:

a. A minimum of 1,000 hours of experience in the previous two years, in an acute care hospital caring for individuals with the care need(s) of individuals at the levels of care specified in this waiver.

b. A minimum of 2,000 hours of experience in the previous three years, in an acute care hospital caring for individuals with the care need(s) of individuals at the levels of care specified in this waiver.

c. A minimum of 2,000 hours of experience in the previous five years, working for a licensed and certified home health agency caring for individuals with the care need(s) of individuals at the levels of care specified in this waiver.

d. A minimum of 2,000 hours of experience in the previous five years in an area not listed above, that in the opinion of DHCS, would demonstrate appropriate knowledge, skill and ability in caring for individuals at one or more of the levels of care specified in this waiver.

D. An HCBS Waiver RN must provide Private Duty Nursing services consistent with the participant's choice and interests, the participant's current primary care physician's orders, and the HCBA Waiver POT, within the licensed provider's scope of practice and/or the qualified professional's experience.

Verification of Provider Qualifications

Entity Responsible for Verification:

California Board of Registered Nursing
DHCS and/or Waiver Agency

Frequency of Verification:

Annually

Appendix C: Participant Services

C-1/C-3: Provider Specifications for Service

Service Type: Other Service
Service Name: Private Duty Nursing - Including Home Health Aide and Shared Services

Provider Category:

Agency

Provider Type:

PDHC

Provider Qualifications

License *(specify):*

PDHC providers must be licensed and certified by the State of California and must meet the requirements specified in CCR, Title 22, Sections §51184, 51242, 51242.1, 51340.1 and 51532.3; Health and Safety Code, Sections §1760; and Welfare and Institutions Code, Section §14132.10.

Certificate *(specify):*

Other Standard *(specify):*

HCBA Waiver Standards of Participation

As a Waiver service provider, the PDHC will provide medically necessary nursing services to eligible HCBA Waiver participants who have turned 21 who wish to receive medically necessary private duty nursing within a PDHC licensed to operate a TCU. Private duty nursing services provided by a PDHC TCU to eligible individuals, do not include nursing services provided in a licensed health facility.

Legal Authority and Requirements

As a Waiver service provider, the PDHC shall meet all applicable licensing standards and will be subject to the Waiver SOP and will adhere to the documentation, training, and quality assurance requirements identified in the approved waiver.

1. A PDHC shall be licensed in accordance with Health and Safety Code §1760.2, 1760.6, 1267.13 and 1337 and shall provide skilled nursing waiver services in accordance with CCR, Title 22, §51003 and 51344 and the waiver document. To the extent that the waiver provisions conflict with the Welfare and Institutions Code statutory and implementing regulatory provisions governing availability of PDHC services for individuals 22 and over, the waiver provisions and Health & Safety Code provisions allowing PDHC nursing services for individual 22 and over under specific circumstances shall prevail.

2. A PDHC must be enrolled as a Medi-Cal Waiver provider as required under state and federal Medicaid provider enrollment law, including but not limited to, 42 U.S.C. 1396a(78), 42 CFR Part 455, Subpart E, Welfare & Institutions Code, Division 1, Part 3, Chapter 7, Article1.3, and CCR, Title 22, Division 3, subdivision 1, Article 1. The PDHC must also sign a Waiver provider agreement.

3. Any subsequently adopted laws or regulations that exceed the PDHC waiver provider participation requirements shall supersede the PDHC waiver provider requirements and shall be applicable to all PDHC waiver providers.

The facility will be maintained in good repair and shall provide a safe, clean, and healthy environment at all times, and comport with physical plant requirements included in Health and Safety Code § 1760 - 1763.4. All persons shall be protected from hazards throughout the premises.

A PDHC Providing Waiver Services:

As a provider of Waiver private duty nursing services, a PDHC shall employ a variety of providers and render services as indicated below. The individuals providing waiver services to Waiver participants shall meet all licensing requirements as specified in California Business and Professions Code and all the SOP of the HCBA Waiver. The primary category of service provided by a PDHC is nursing services, which must be available to Waiver participants consistent with their individual care needs.

The facility shall provide appropriately qualified staff in sufficient numbers to meet patient care needs.

Documentation:

The PDHC will assess each HCBA Waiver enrolled individual for needed or required services as identified by the individual, their legal representative/legally responsible adult(s), primary care physician, family, caregivers, and/or other individuals at the request of the individual, in accordance with the Waiver POT.

All Waiver private duty nursing services rendered by the PDHC TCU shall require prior authorization and reauthorization in accordance with CCR, Title 22, §51003, and the terms of the Waiver.

The PDHC shall prepare a TAR and submit it to the Waiver Agency, or DHCS in areas of the state not covered by a Waiver Agency, for each waiver participant seeking to utilize PDHC TCU private duty nursing services. The initial TAR submitted by the PDHC shall include a copy of the POT signed by the primary care physician as well as the PDHC's current facility license. TARs submitted for

reauthorization shall be accompanied by an updated primary care physician signed POT and a renewed facility license, as appropriate.

Each PDHC shall maintain a medical record chart for each waiver participant. This medical record shall include documentation regarding all contact made with PDHC professional personnel, current POTs, referral requests and outcomes of said referrals and shall be available to the CMT or HCBA Case Management provider for any scheduled or unscheduled visit. All PDHC documentation shall be maintained in compliance with the applicable Federal and State laws, and HCBA Waiver Provider Standards of Participation. The PDHC shall also maintain records to document that the nursing staff requirements of these SOP have been met and have those records available for inspection or review by the Waiver Agency or DHCS upon request at any time.

Quality Control/Quality Assurance:

1. Quality control/quality assurance reviews will be in accordance with DHCS' Quality Assurance Plan, as described in the approved waiver.

Training Requirements:

As a licensed PDHC private duty nursing service provider shall provide training regarding care appropriate for each waiver participant's diagnoses and their individual needs, to all facility staff. The supervisor(s) of licensed and unlicensed personnel will arrange for the training of their staff to be provided by the PDHC. Providing training to PDHC staff is a requirement to be enrolled as a Waiver provider and is not reimbursed by either Medi- Cal, the Waiver Agency, or the Waiver.

Each category of nursing (RN, LVN and CNA) shall meet the training requirements to provide the services specified in the POT as allowed with the respective scope of practice. California Department of Public Health Licensing and Certification (L&C) staff PDHC L&C will determine if the PDHC will determine if the PDHC policies and procedures are adequate for the provision of supportive health care services to care for residents, such as those who may be ventilator dependent, require a monitor or other specialized medical equipment as ordered by their primary care physician.

As determined by L&C, the PDHC is responsible for the orientation and training of all staff that render care. This includes the review of new and existing PDHC policies and procedures and training and shall be provided on a quarterly basis. Evidence of quarterly training shall include supporting documentation on the information taught, attendees, and the qualifications of the instructor. Training shall be relevant to the care and type of waiver participant served by the PDHC.

Verification of Provider Qualifications

Entity Responsible for Verification:

CDPH Licensing and Certification
DHCS and/or Waiver Agency

Frequency of Verification:

Annually

Appendix C: Participant Services

C-1/C-3: Provider Specifications for Service

Service Type: Other Service
Service Name: Private Duty Nursing - Including Home Health Aide and Shared Services

Provider Category:

Agency

Provider Type:

HHA

Provider Qualifications

License *(specify):*

Health & Safety Code § 1725 et seq.; 22 CCR § 74600 et seq

Certificate *(specify):*

Other Standard *(specify):*

Verification of Provider Qualifications

Entity Responsible for Verification:

CDPH Licensing and Certification
DHCS and/or Waiver Agency

Frequency of Verification:

Annually

Appendix C: Participant Services

C-1/C-3: Provider Specifications for Service

Service Type: Other Service
Service Name: Private Duty Nursing - Including Home Health Aide and Shared Services

Provider Category:

Individual

Provider Type:

HCBS Waiver Nurse Provider - LVN

Provider Qualifications

License *(specify):*

BPC, Div. 2, Chptr 6.5
CCR, Title 16, Div. 25, Chptr 1 CCR Title 22, §51069

Certificate *(specify):*

Other Standard *(specify):*

HCBA Waiver Standards of Participation

Definitions

a. "HCBS Waiver Nurse Provider--LVN" means a Licensed Vocational Nurse who provides HCBS Waiver LVN services, as defined below, and in this capacity is not employed by or otherwise affiliated with a home health agency or any other licensed health care provider, agency, or organization.

b. "HCBS Waiver LVN services" means private duty nursing services, as described in the HCBA Waiver in Appendix C (Participant Services), provided to a waiver participant in their home or place of residence by and HCBS Waiver LVN, within their scope of practice. Such services shall not include nursing services provided in a licensed health facility.

To protect and secure the health, safety, and well-being of the vulnerable HCBA Waiver population, a HCBS Waiver Nurse Provider application will not be processed should it be determined through official documentation that the Nurse's professional license to provide health care services has been revoked, suspended or is currently in a probationary status by a federal, California or another State's licensing agency; or that the Nurse has been subject to any disciplinary action or currently in or pending an investigation for, including but not limited to, the following types of complaints:

• Drug/alcohol abuse
• Gross negligence/incompetence, resulting in patient endangerment
• Patient abuse and/or neglect
• Sexual, violent, or abusive offenses
• Fraud or theft offenses
• Mentally impaired and unsafe to practice
• Other acts or convictions substantially related to the practice of nursing
• Practicing nursing without a license
• LVNs on probation and have violated their probation conditions

In areas where a Waiver Agency is not present, DHCS verifies that all providers meet waiver provider requirements at the point of provider enrollment and thereafter as necessary. DHCS staff shall periodically confirm that any provider of waiver services continues to meet the waiver program requirements through credentialing desk review and onsite provider visits.

In areas where a licensed provider is part of a Waiver Agency's provider network, the Waiver Agency would annually verify the provider continues to meet waiver provider requirements through its credentialing process and onsite provider visits. DHCS will monitor the Waiver Agency and their provider network through annual Waiver Agency QAR.

An HCBS Waiver LVN may be a parent, stepparent, foster parent of the participant, a spouse, or legal guardian of the participant ONLY under the following circumstances: there are no other available providers. The Waiver Agency or DHCS may require additional documentation to support requests of this nature. Documentation required before the Waiver Agency or DHCS can authorize such a request, is a written explanation of the attempts made to enlist and retain an HCBA Waiver Nurse Provider, such as posting classified advertisements for Individual Nurse Providers in the community and/or contacts with Home Health Agencies, and a description of other efforts employed to locate a suitable provider. The explanation should also document the outcome of interviews with potential providers and the reasons the applicant was not selected or refused employment.

Qualifications of the HCBS Waiver LVN acting as a direct care provider
The initial HCBS Waiver LVN provider enrollment application shall be accompanied by all of the following documentation:

A. Current, unencumbered license to practice as an LVN in the State of California. The LVN shall notify the Waiver Agency or DHCS in writing of any change in the status the LVN licensure within five (5) business days of change.

B. Current Basic Life Support (BLS) certification.

C. Name and RN license number of the individual who will be providing ongoing supervision. Such supervision shall be required at a minimum of two hours per calendar month.

D. Written evidence, in a format acceptable to the Waiver Agency or DHCS, of training or experience.

Annually the HCBS Waiver LVN provider shall submit the following documentation to the Waiver Agency or DHCS:

A. Evidence of renewal of BLS certification and unencumbered LVN licensure prior to expiration.

B. If services have been rendered within the last 12 calendar months, written evidence, in a format acceptable to the Waiver Agency or DHCS, of on-going education or training caring for the type of individual for whom services are being provided, at least once per calendar year.

C. If services have been rendered within the last 12 calendar months, a copy of the most recent POT that reflects the on-going CMT or HCB Case Management provider assessment and updated primary care physician orders. The POT shall be signed by the supervising RN, the waiver participant's current primary care physician, the waiver participant and the LVN, and shall contain the dates of service.

D. Evaluation of PDN services provided.

E. If services have been rendered within the last 12 calendar months, written evidence of ongoing contact with the supervising RN, CMT or HCBA Case Management provider and waiver participant's current primary care physician.

F. If private duty nursing is regularly scheduled, the HCBS Waiver LVN must notify the Waiver Agency or DHCS and the waiver participant or legal representative/legally responsible adult(s), in writing, at least thirty (30) days prior to the effective date of termination when the HCBS Waiver LVN intends to terminate HCBS LVN services. This time period may be less than thirty (30) days if there are immediate issues of health and safety for either the nurse or the waiver participant, as determined by the Waiver Agency or DHCS.

G. An HCBS Waiver LVN must provide Private Duty Nursing services consistent with the participant's choice and interests, the participant's current primary care physician's orders and the HCBA Waiver POT within the licensed provider's scope of practice and/or the qualified professional's experience.

B. Current Basic Life Support (BLS) certification.

C. Name and RN license number of the individual who will be providing ongoing supervision. Such supervision shall be required at a minimum of two hours per calendar month.

D. Written evidence, in a format acceptable to the Waiver Agency or DHCS, of training or experience.

Annually the HCBS Waiver LVN provider shall submit the following documentation to the Waiver Agency or DHCS:

A. Evidence of renewal of BLS certification and unencumbered LVN licensure prior to expiration.

B. If services have been rendered within the last 12 calendar months, written evidence, in a format acceptable to the Waiver Agency or DHCS, of on-going education or training caring for the type of individual for whom services are being provided, at least once per calendar year.

C. If services have been rendered within the last 12 calendar months, a copy of the most recent POT that reflects the on-going CMT or HCB Case Management provider assessment and updated primary care physician orders. The POT shall be signed by the supervising RN, the waiver participant's current primary care physician, the waiver participant and the LVN, and shall contain the dates of service.

D. Evaluation of PDN services provided.

E. If services have been rendered within the last 12 calendar months, written evidence of ongoing contact with the supervising RN, CMT or HCBA Case Management provider and waiver participant's current primary care physician.

F. If private duty nursing is regularly scheduled, the HCBS Waiver LVN must notify the Waiver Agency or DHCS and the waiver participant or legal representative/legally responsible adult(s), in writing, at least thirty (30) days prior to the effective date of termination when the HCBS Waiver LVN intends to terminate HCBS LVN services. This time period may be less than thirty (30) days if there are immediate issues of health and safety for either the nurse or the waiver participant, as determined by the Waiver Agency or DHCS.

G. An HCBS Waiver LVN must provide Private Duty Nursing services consistent with the participant's choice and interests, the participant's current primary care physician's orders and the HCBA Waiver POT within the licensed provider's scope of practice and/or the qualified professional's experience.

Verification of Provider Qualifications

Entity Responsible for Verification:

California Board of Vocational Nursing and Psychiatric Technicians
DHCS and/or Waiver Agency

Frequency of Verification:

Annually

Appendix C: Participant Services

C-1/C-3: Service Specification

State laws, regulations and policies referenced in the specification are readily available to CMS upon request through

the Medicaid agency or the operating agency (if applicable).

Service Type:

Other Service

As provided in 42 CFR §440.180(b)(9), the State requests the authority to provide the following additional service not specified in statute.

Service Title:

Transitional Case Management

HCBS Taxonomy:

Category 1:	**Sub-Category 1:**
Category 2:	**Sub-Category 2:**
Category 3:	**Sub-Category 3:**
Category 4:	**Sub-Category 4:**

Complete this part for a renewal application or a new waiver that replaces an existing waiver. Select one **:**

- (●) **Service is included in approved waiver. There is no change in service specifications.**
- ( ) **Service is included in approved waiver. The service specifications have been modified.**
- ( ) **Service is not included in the approved waiver.**

Service Definition *(Scope):*

Transitional Case Management (TCM) services are provided to transition a Medi-Cal waiver eligible individual from a health care facility to live and receive HCBS in a community setting of their choice. The Waiver Case Manager will have direct contact with the participant, legal representative/legally responsible adult(s), circle of support, and the participant's current primary care physician to obtain information that will allow the Waiver Case Manager to coordinate services such as housing, equipment, supplies, or transportation that may be necessary to leave a health care facility. TCM services may be provided up to 89 days prior to discharge from a health care facility. All TCM services provided will be billed against the waiver on the date of waiver enrollment.

TCM service will include an evaluation of the participant's medical and non-medical care needs, circle of support, home setting, and funding sources to support the participant's choice to transition from the facility to a home and community-based setting.

Requests for this service shall be accompanied by a POT that includes: the participant's medically necessary medical and non-medical care needs, and plan on how the individual's needs are met.

Prior to rending any services under the HCBA waiver, the provider must be enrolled as a Medi-Cal provider in compliance with state and federal law. Any services provided prior to the provider's enrollment as a Medi-Cal provider as required by state and federal law are not eligible for payment under the HCBA Waiver.

Specify applicable (if any) limits on the amount, frequency, or duration of this service:

TCM services may be provided up to 89 days prior to discharge from a health care facility. These services will be provided before the individual's enrollment in the waiver.

This service is only available when a Waiver Agency is not present.

This waiver service is only authorized for individuals age 21 and over. All medically necessary TCM for children under the age of 21 are covered in the state plan pursuant to the EPSDT benefit.

Service Delivery Method *(check each that applies)*:

☒ **Participant-directed as specified in Appendix E**

☒ **Provider managed**

Specify whether the service may be provided by *(check each that applies)*:

☐ **Legally Responsible Person**

☒ **Relative**

☐ **Legal Guardian**

Provider Specifications:

Provider Category	Provider Type Title
Individual	HCBS Waiver Nurse Provider - RN
Agency	HHA

Appendix C: Participant Services

C-1/C-3: Provider Specifications for Service

Service Type: Other Service
Service Name: Transitional Case Management

Provider Category:

Individual

Provider Type:

HCBS Waiver Nurse Provider - RN

Provider Qualifications

License *(specify)*:

BPC §§2725 et seq.
CCR Title 22, §51067;
CCR Title 16, Division 14

Certificate *(specify)*:

Other Standard *(specify)*:

HCBA Waiver Standards of Participation

Definitions

a. "HCBS Waiver Nurse Provider-RN" means a Registered Nurse who provides HCBS Waiver RN services, as defined below, and in this capacity is not employed by or otherwise affiliated with a home health agency or any other licensed health care provider, agency, or organization.

b. "HCBS Waiver RN services" means case management or private duty nursing services, as described in the HCBA waiver in Appendix C (Participant Services), provided to a waiver participant in their home or place of residence by and HCBS Waiver RN, within their scope of practice. Such services shall not include nursing services provided in a licensed health facility.

To protect and sustain the health, safety, and well-being of the vulnerable HCBA Waiver population, an HCBS Waiver Nurse Provider application will not be processed should it be determined through official documentation that the Nurse's professional license to provide health care services has been revoked, suspended or is currently in a probationary status by a federal, California or another State's licensing agency; or that the Nurse has been subject to any disciplinary action or currently in or pending an investigation for, including but not limited to, the following types of complaints:

• Drug/alcohol abuse
• Gross negligence/incompetence, resulting in patient endangerment
• Patient abuse and/or neglect
• Sexual, violent, or abusive offenses
• Fraud or theft offenses
• Mentally impaired and unsafe to practice
• Other acts or convictions substantially related to the practice of nursing
• Practicing nursing without a license
• RNs on probation and have violated their probation conditions

In areas where a Waiver Agency is not present, DHCS verifies that all providers meet waiver provider requirements at the point of provider enrollment and thereafter as necessary. DHCS staff shall periodically confirm that any provider of waiver services continues to meet the waiver program requirements through credentialing desk review and onsite provider visits.

In areas where a licensed provider is part of a Waiver Agency's provider network, the Waiver Agency would annually verify the provider continues to meet waiver provider requirements through its credentialing process and onsite provider visits. DHCS will monitor the Waiver Agency and their provider network through annual Waiver Agency QAR.

An HCBS Waiver RN may be a parent, stepparent, foster parent of the participant, a spouse, or legal guardian of the participant ONLY under the following circumstances: there are no other available providers. The Waiver Agency or DHCS may require additional documentation to support requests of this nature. Documentation required before the Waiver Agency or DHCS can authorize such a request, is a written explanation of the attempts made to enlist and retain an HCBS Waiver Nurse Provider, such as posting classified advertisements for Individual Nurse Providers in the community and/or contacts with Home Health Agencies, and a description of other efforts employed to locate a suitable provider. The explanation should also document the outcome of interviews with potential providers and the reasons the applicant was not selected or refused employment.

Qualifications of the HCBS Waiver RN
The initial HCBS Waiver Nurse Provider enrollment application shall be accompanied by all of the following documentation:

A. Current, unencumbered license to practice as an RN in the State of California. The RN shall notify the Waiver Agency or DHCS in writing of any change in the status the RN licensure within five (5) business days of change.

B. Current Basic Life Support (BLS) certification.

C. Written evidence, in a format acceptable to the Waiver Agency or DHCS, of training or experience, which shall include at least one of the following:

a. A minimum of 1,000 hours of experience in the previous two years, in an acute care hospital caring for individuals with the care need(s) of individuals at the levels of care specified in this waiver.

b. A minimum of 2,000 hours of experience in the previous three years, in an acute care hospital caring for individuals with the care need(s) of individuals at the levels of care specified in this waiver.

c. A minimum of 2,000 hours of experience in the previous five years, working for a licensed and certified home health agency caring for individuals with the care need(s) of individuals at the levels of care specified in this waiver.

d. A minimum of 2,000 hours of experience in the previous five years in an area not listed above, that in the opinion of DHCS, would demonstrate appropriate knowledge, skill and ability in caring for individuals at one or more of the levels of care specified in this waiver.

D. An HCBS Waiver RN must provide Transitional Case Management services consistent with the participant's choice and interests, the participant's current primary care physician's orders, and the HCBA Waiver POT, within the licensed provider's scope of practice and/or the qualified professional's experience.

B. Current Basic Life Support (BLS) certification.

C. Written evidence, in a format acceptable to the Waiver Agency or DHCS, of training or experience, which shall include at least one of the following:

a. A minimum of 1,000 hours of experience in the previous two years, in an acute care hospital caring for individuals with the care need(s) of individuals at the levels of care specified in this waiver.

b. A minimum of 2,000 hours of experience in the previous three years, in an acute care hospital caring for individuals with the care need(s) of individuals at the levels of care specified in this waiver.

c. A minimum of 2,000 hours of experience in the previous five years, working for a licensed and certified home health agency caring for individuals with the care need(s) of individuals at the levels of care specified in this waiver.

d. A minimum of 2,000 hours of experience in the previous five years in an area not listed above, that in the opinion of DHCS, would demonstrate appropriate knowledge, skill and ability in caring for individuals at one or more of the levels of care specified in this waiver.

D. An HCBS Waiver RN must provide Transitional Case Management services consistent with the participant's choice and interests, the participant's current primary care physician's orders, and the HCBA Waiver POT, within the licensed provider's scope of practice and/or the qualified professional's experience.

Verification of Provider Qualifications

Entity Responsible for Verification:

California Board of Registered Nursing
DHCS

Frequency of Verification:

Annually

Appendix C: Participant Services

C-1/C-3: Provider Specifications for Service

Service Type: Other Service
Service Name: Transitional Case Management

Provider Category:

Agency

Provider Type:

HHA

Provider Qualifications

License *(specify):*

Health & Safety Code §1725 et seq.; 22 CCR §74600 et seq

Certificate *(specify):*

Other Standard *(specify):*

Verification of Provider Qualifications

Entity Responsible for Verification:

CDPH Licensing and Certification
DHCS

Frequency of Verification:

Annually

Appendix C: Participant Services

C-1: Summary of Services Covered (2 of 2)

b. Provision of Case Management Services to Waiver Participants. Indicate how case management is furnished to waiver participants (*select one*):

- ○ **Not applicable** - Case management is not furnished as a distinct activity to waiver participants.
- ◉ **Applicable** - Case management is furnished as a distinct activity to waiver participants.

Check each that applies:

- ☒ **As a waiver service defined in Appendix C-3.** *Do not complete item C-1-c.*
- ☐ **As a Medicaid state plan service under §1915(i) of the Act (HCBS as a State Plan Option).** *Complete item C-1-c.*
- ☐ **As a Medicaid state plan service under §1915(g)(1) of the Act (Targeted Case Management).** *Complete item C-1-c.*
- ☐ **As an administrative activity.** *Complete item C-1-c.*

☐ **As a primary care case management system service under a concurrent managed care authority.** *Complete item C-1-c.*

c. Delivery of Case Management Services. Specify the entity or entities that conduct case management functions on behalf of waiver participants:

Appendix C: Participant Services

C-2: General Service Specifications (1 of 3)

a. Criminal History and/or Background Investigations. Specify the state's policies concerning the conduct of criminal history and/or background investigations of individuals who provide waiver services (select one):

○ **No. Criminal history and/or background investigations are not required.**

◉ **Yes. Criminal history and/or background investigations are required.**

Specify: (a) the types of positions (e.g., personal assistants, attendants) for which such investigations must be conducted; (b) the scope of such investigations (e.g., state, national); and, (c) the process for ensuring that mandatory investigations have been conducted. State laws, regulations and policies referenced in this description are available to CMS upon request through the Medicaid or the operating agency (if applicable):

Anyone providing direct care to waiver participants in an ICF/DD-CN residence is subject to a criminal history and background check conducted by CDPH. All staff must be cleared prior to initiating contact with participants.

The providers must self-attest the verification of nursing licensure by the state Board of Registered Nurses (BRN). This action will include a review of any pending disciplinary action against potential staff.

The ICF/DD-CN residence RN staff must be licensed by the BRN. A criminal history and background check is required by the BRN in order to be issued a California RN license.

b. Abuse Registry Screening. Specify whether the state requires the screening of individuals who provide waiver services through a state-maintained abuse registry (select one):

◉ **No. The state does not conduct abuse registry screening.**

○ **Yes. The state maintains an abuse registry and requires the screening of individuals through this registry.**

Specify: (a) the entity (entities) responsible for maintaining the abuse registry; (b) the types of positions for which abuse registry screenings must be conducted; and, (c) the process for ensuring that mandatory screenings have been conducted. State laws, regulations and policies referenced in this description are available to CMS upon request through the Medicaid agency or the operating agency (if applicable):

Appendix C: Participant Services

C-2: General Service Specifications (2 of 3)

c. Services in Facilities Subject to §1616(e) of the Social Security Act. *Select one:*

○ **No. Home and community-based services under this waiver are not provided in facilities subject to §1616(e) of the Act.**

◉ **Yes. Home and community-based services are provided in facilities subject to §1616(e) of the Act. The standards that apply to each type of facility where waiver services are provided are available to CMS upon request through the Medicaid agency or the operating agency (if applicable).**

i. Types of Facilities Subject to §1616(e). Complete the following table for each type of facility subject to §1616(e) of the Act:

Facility Type	
CLHF	
ICF-DD/CN	

ii. Larger Facilities: In the case of residential facilities subject to §1616(e) that serve four or more individuals unrelated to the proprietor, describe how a home and community character is maintained in these settings.

A CLHF enrolled as a waiver provider has up to 12 beds with most approved waiver providers having between 6 and 10 beds, with an option for a private unit. As a waiver provider these facilities are regarded as the least restrictive alternative home-like setting for certain individuals whose primary need is the availability of skilled nursing care on a recurring, intermittent, extended, or continuous basis and whose medical needs require institutional level of care but who choose to receive their medical services in a home or community setting instead of a skilled nursing facility. Waiver participants residing in this type of facility are regarded as living in their own home, albeit a licensed facility. CLHFs must comply with state landlord and tenant and eviction laws and all local ordinances that apply to other similar residences. CLHF residents have the full array of individual rights and are encouraged to exercise his or her rights.

CLHFs are single family homes situated in residential neighborhoods providing a homelike setting that has private or semi-private bedrooms and access to kitchens and walk/roll in bathrooms.

A CLHF provides sufficient space to allow for the comfort and privacy of each resident and adequate space for the individual to visit with family or friends as well as for staff to complete their tasks. Common areas are used by residents for socialization and recreational activities. Residents are free to have visitors and engage in community outings as desired with the help of family, volunteers and/or staff. The waiver participant's bedrooms have sufficient space for safe storage of the resident's property, possessions, and furnishings and may be personalized and decorated to reflect the preferences of the individual. It also must permit access for the staff to complete their necessary health care functions. The number and size of bathrooms available must allow for the hygiene needs of each waiver participant and the ability of the staff to render care without spatial limitations or compromise. The resident also has the right to maintain access to food and controlling their own schedules. All CLHF residents sign a legally enforceable lease agreement with the residential setting provider.

For participants receiving services in CLHFs, the Waiver Agency or DHCS must determine that the setting is appropriate to the individual's need for independence, choice, autonomy, privacy and community integration. The person-centered process is always used to choose the services and settings and determine if the setting is appropriate to meet the individual's needs and choices and that the setting was selected by the participant from various other settings offered, including a non-disability specific setting. The determination will take into consideration the provision of the following:

1. Private or semi-private bedrooms shared by no more than two persons with personal décor. The choice of residential settings, including making decisions regarding sharing a bedroom, is made by the individual during the person-centered planning process.

2. Private or semi-private bathrooms. The residence must have enough bathroom space to ensure residents' privacy for personal hygiene, dressing, etc.

3. Common living areas or shared common space for interaction between residents, and residents and their guests.

4. Residents must have access to a kitchen area at all times.

5. Residents' opportunity to make decisions on their day-to-day activities, including visitors and when and what to eat, in their home and in the community.

6. Services which meet the needs of each resident.

7. Assurance of residents rights: a) to be treated with respect; b) choose and wear their own clothes; c) have private space to store personal items; d) have private space to visit with friends and family (if individuals choose to share a residence, visitors are allowed at any time, recognizing the rights of their roommates;) e) use the telephone with privacy; f) choose how and with whom to spend free time; and g) individuals can schedule and take part in community activities of their choice; h) residential units are accessible to the individual and have lockable entrance doors with appropriate staff having keys; and i) entering into an admission agreement and taking occupancy affords residents of licensed residential facilities the same protections from eviction that tenants have under landlord tenant law of the State, county, city or other

designated entity.

The DD/CNC HCBS Facilities are single family homes situated in residential neighborhoods serving no more than eight individuals at any given time. The DD/CNC specializes in serving the developmentally disabled who require extensive physical and developmental services. As a waiver provider, these facilities are regarded as the least restrictive alternative home-like setting for certain individuals whose primary need is the availability of skilled nursing care on a continuous basis and whose medical needs require an institutional level of care but who choose to receive their medical, social and cognitive services in a home or community setting instead of an institution. Waiver participants residing in a DD/CNC are regarded as living in their own home, albeit a licensed facility. The DD/CNC must comply with state landlord and tenant and eviction laws and all local ordinances that apply to other similar residences. DD/CNC residents have the full array of individual rights and are encouraged to exercise his or her rights.

A DD/CNC provides a residential home-like setting that has private or semi-private bedrooms and access to kitchens and walk/roll in bathrooms. It provides sufficient space for the individual to visit with family or friends as well as to allow for the comfort and privacy of each resident and adequate space for the staff to complete their tasks. Common areas are used by residents for socialization and recreational activities and residents are free to have visitors and engage in community outings as desired with the help of family, volunteers and/or staff. The waiver participant's bedrooms have sufficient space for safe storage of the resident's property, possessions, and furnishings and may be personalized and decorated to reflect the preferences of the individual. It also must permit access for the staff to complete their necessary health care functions. The number and size of bathrooms available must allow for the hygiene needs of each waiver participant and the ability of the staff to render care without spatial limitation or compromise.

Appendix C: Participant Services

C-2: Facility Specifications

Facility Type:

CLHF

Waiver Service(s) Provided in Facility:

Waiver Service	Provided in Facility
Family/Caregiver Training	☐
Medical Equipment Operating Expense	☐
Personal Emergency Response (PERS) Installation and Testing	☐
Personal Emergency Response Systems (PERS)	☐
Environmental Accessibility Adaptations	☐
Home Respite	☐
Habilitation Services	☐
Transitional Case Management	☐
Facility Respite	☒
Comprehensive Care Management	☐
Waiver Personal Care Services (WPCS)	☐

Waiver Service	Provided in Facility
Community Transition Services	☐
Developmentally Disabled/Continuous Nursing Care, Ventilator Dependent Services	☐
Developmentally Disabled/Continuous Nursing Care (DD/CNC), Non-Ventilator Dependent Services	☐
Case Management	☐
Continuous Nursing and Supportive Services	☒
Paramedical Service	☐
Assistive Technology	☐
Private Duty Nursing - Including Home Health Aide and Shared Services	☐

Facility Capacity Limit:

Up to 12 but most Home and Community-Based Continues Care Facilities have between 6 and 10.

Scope of Facility Sandards. For this facility type, please specify whether the state's standards address the following topics (*check each that applies*):

Scope of State Facility Standards

Standard	Topic Addressed
Admission policies	☒
Physical environment	☒
Sanitation	☒
Safety	☒
Staff : resident ratios	☒
Staff training and qualifications	☒
Staff supervision	☒
Resident rights	☒
Medication administration	☒
Use of restrictive interventions	☒
Incident reporting	☒
Provision of or arrangement for necessary health services	☒

When facility standards do not address one or more of the topics listed, explain why the standard is not included or is not relevant to the facility type or population. Explain how the health and welfare of participants is assured in the standard area(s) not addressed:

Appendix C: Participant Services

C-2: Facility Specifications

Facility Type:

ICF-DD/CN

Waiver Service(s) Provided in Facility:

Waiver Service	Provided in Facility
Family/Caregiver Training	☐
Medical Equipment Operating Expense	☐
Personal Emergency Response (PERS) Installation and Testing	☐
Personal Emergency Response Systems (PERS)	☐
Environmental Accessibility Adaptations	☐
Home Respite	☐
Habilitation Services	☐
Transitional Case Management	☐
Facility Respite	☐
Comprehensive Care Management	☐
Waiver Personal Care Services (WPCS)	☐
Community Transition Services	☐
Developmentally Disabled/Continuous Nursing Care, Ventilator Dependent Services	☒
Developmentally Disabled/Continuous Nursing Care (DD/CNC), Non-Ventilator Dependent Services	☒
Case Management	☐
Continuous Nursing and Supportive Services	☐
Paramedical Service	☐
Assistive Technology	☐
Private Duty Nursing - Including Home Health Aide and Shared Services	☐

Facility Capacity Limit:

No more than eight individuals at any given time

Scope of Facility Sandards. For this facility type, please specify whether the state's standards address the following topics (*check each that applies*):

Scope of State Facility Standards

Standard	Topic Addressed
Admission policies	☒
Physical environment	☒
Sanitation	☒
Safety	☒
Staff : resident ratios	☒

Standard	Topic Addressed
Staff training and qualifications	☒
Staff supervision	☒
Resident rights	☒
Medication administration	☒
Use of restrictive interventions	☒
Incident reporting	☒
Provision of or arrangement for necessary health services	☒

When facility standards do not address one or more of the topics listed, explain why the standard is not included or is not relevant to the facility type or population. Explain how the health and welfare of participants is assured in the standard area(s) not addressed:

Appendix C: Participant Services

C-2: General Service Specifications (3 of 3)

d. Provision of Personal Care or Similar Services by Legally Responsible Individuals. A legally responsible individual is any person who has a duty under state law to care for another person and typically includes: (a) the parent (biological or adoptive) of a minor child or the guardian of a minor child who must provide care to the child or (b) a spouse of a waiver participant. Except at the option of the State and under extraordinary circumstances specified by the state, payment may not be made to a legally responsible individual for the provision of personal care or similar services that the legally responsible individual would ordinarily perform or be responsible to perform on behalf of a waiver participant. *Select one*:

○ **No. The state does not make payment to legally responsible individuals for furnishing personal care or similar services.**

◉ **Yes. The state makes payment to legally responsible individuals for furnishing personal care or similar services when they are qualified to provide the services.**

Specify: (a) the legally responsible individuals who may be paid to furnish such services and the services they may provide; (b) state policies that specify the circumstances when payment may be authorized for the provision of ***extraordinary care*** by a legally responsible individual and how the state ensures that the provision of services by a legally responsible individual is in the best interest of the participant; and, (c) the controls that are employed to ensure that payments are made only for services rendered. *Also, specify in Appendix C-1/C-3 the personal care or similar services for which payment may be made to legally responsible individuals under the state policies specified here.*

Legally responsible individuals, including parents of minor children and spouses who meet Waiver SOP and are enrolled as an IHSS provider of personal care and/or paramedical services may receive payment to furnish WPCS and Paramedical Services under the Waiver when providing extraordinary care, and when all three of the following criteria are met:

1. The legally-responsible adult quit a full-time job or can't get a full-time job because they must care for the disabled participant, AND
2. If no other suitable care provider is available (willing and able), AND
3. If services are not received, the participant will be at risk of out-of-home placement or inadequate care.
4. Waiver Agencies, or DHCS in areas of the state not covered by a Waiver Agency, will verify the above criteria are met prior to identifying legally responsible individuals as care providers in the POT.

The needs of children under the age of 18 are assessed to determine the extraordinary care required by a disabled child, using age appropriate guidelines. WPCS and/or paramedical services are provided to Waiver participants to establish a safe environment in lieu of institutionalization. A child's needs for IHSS exist only to the extent that they are extraordinary for the age of the child regardless of the relationship of the custodian, the capabilities to provide care or presence at the time the care must be provided.

Domestic Services are not authorized for any minor or spouse, regardless of assessed needs, unless an exception is indicated.

To ensure payments made to legally responsible adults/legal guardians providing personal care to their spouse or minor child are only made for services that are rendered, a designee (i.e., not a dependent of the legally responsible adult) must be identified to sign timesheets.

Waiver Agencies, or DHCS in areas of the state not covered by a Waiver Agency, will also follow up with the participant, legal representative, and/or circle of support on a monthly basis to prevent fraud and/or conflicts of interest.

☒ **Self-directed**

☐ **Agency-operated**

e. Other State Policies Concerning Payment for Waiver Services Furnished by Relatives/Legal Guardians. Specify state policies concerning making payment to relatives/legal guardians for the provision of waiver services over and above the policies addressed in Item C-2-d. *Select one*:

○ **The state does not make payment to relatives/legal guardians for furnishing waiver services.**

○ **The state makes payment to relatives/legal guardians under specific circumstances and only when the relative/guardian is qualified to furnish services.**

Specify the specific circumstances under which payment is made, the types of relatives/legal guardians to whom payment may be made, and the services for which payment may be made. Specify the controls that are employed to ensure that payments are made only for services rendered. *Also, specify in Appendix C-1/C-3 each waiver service for which payment may be made to relatives/legal guardians.*

◉ **Relatives/legal guardians may be paid for providing waiver services whenever the relative/legal guardian is qualified to provide services as specified in Appendix C-1/C-3.**

Specify the controls that are employed to ensure that payments are made only for services rendered.

Under certain, very limited circumstances, a parent, stepparent, foster parent of a participant, a spouse or legal guardian of a waiver participant, hereto referred to as legal representative/legally responsible adult, may provide select HCBA Waiver services that require a licensed professional provider.

The participant must have been assessed by either a Waiver Agency or DHCS. Services must be ordered by the participant's current primary care physician and authorized by the Waiver Agency or DHCS prior to waiver services being furnished.

A Waiver Agency or DHCS will authorize the participant's legal representative/legally responsible adult to provide HCBA Waiver services upon evidence the legal representative/legally responsible adult:

1. The relative or legal guardian must have an active Medi-Cal provider number with an HCBS category of service indicator;

2. Meets State licensing and/or certification requirements;

3. Meets the HCBA provider standards described in Appendix C-4;

4. Meets the HCBA Waiver SOP; and

5. Provides evidence of the inability to select a local licensed professional who meets the service requirements in the participant's POT, and attaches that written evidence to every TAR re-authorization request for licensed services.

The evidence of inability to select a local licensed professional must document that:

1. There are no willing or qualified providers;

2. A Waiver Agency is not present;

3. The participant lives in a remote or rural area experiencing shortages of licensed professionals;

4. Attempts were made to enlist and retain a qualified provider, such as the posting of classified advertisements, or contacting home health agencies or professional corporations; and

5. There is an accounting of interviews with potential providers including the reasons the provider was not selected or refused to provide the waiver service(s).

Legal representatives/legally responsible adults who meet the Medi-Cal and HCBA Waiver provider standards may provide the following HCBA Waiver services after they have been enrolled as a provider:

• Case Management, in areas of the State without a Waiver Agency;
• Community Transition Services;
• Environmental Accessibility Adaptations;
• Family/Caregiver Training;
• Private Duty Nursing;
• Habilitation Services;
• Home Respite;
• PERS Installation and Testing;
• PERS;
• Transitional Case Management, in areas of the State without a Waiver Agency; and
• Medical Equipment Operating Expense.

The Waiver Agency or DHCS will notify the waiver participant and/or legal representative/legally responsible adult of the decision to approve or deny the legal representative/legally responsible adult's request to provide waiver services by either authorizing the requested service(s) or issuing a NOA.

The participant must go through the entire application process to be eligible to enroll in the waiver. The CMT or

DHCS must make a LOC assessment visit, in-person or via telehealth in accordance with DHCS' telehealth policies for Medicaid State Plan services. Services must then be ordered by the participant's current primary care physician and authorized by the Waiver Agency and DHCS prior to the furnishing of waiver services. The provider must enroll and be approved as a Medi-Cal provider and meet all the standards of participation for their approved provider type. The Waiver Agency or DHCS is required to make annual home visits, or an annual telehealth session in accordance with DHCS' telehealth policies for Medicaid State Plan services, to document that all services are being received as ordered on the POT. The provider is only allowed to bill for the specific authorized services. Monitoring and oversight reports are run on a monthly basis to verify that only claims for the amount of authorized waiver services are being paid.

Case management services provided by an RN Independent Nurse Provider in areas of the state not covered by a Waiver Agency, do not entail hands on services. Case management services includes planning and assisting the participant to access services, evaluating and assessing the participant's needs, filling out the proper paperwork, and submitting claims. DHCS is still required to make annual home visits, or conduct annual telehealth sessions in accordance with DHCS' telehealth policies for Medicaid State Plan services, to document that all services are being received as ordered on the POT and the participant's health and safety needs are all being met.

○ **Other policy.**

Specify:

f. Open Enrollment of Providers. Specify the processes that are employed to assure that all willing and qualified providers have the opportunity to enroll as waiver service providers as provided in 42 CFR §431.51:

Continuous and open enrollment is afforded to any willing and qualified provider who meets Medi-Cal and HCBA Waiver provider qualifications. Licensed providers must demonstrate they meet applicable state licensure requirements. Non-licensed providers must demonstrate they have the necessary skills to provide services as described on the POT. Information on how interested providers can become an HCBA Waiver provider is available online at the Medi-Cal website under Services, then Long-Term Care Alternatives. Provider enrollment information is also available in the Medi-Cal Provider Manual, provided at statewide DHCS presentations, and available on request by calling the DHCS Sacramento or Los Angeles office or calling the local Waiver Agency. The HCBA Waiver SOP are included in this waiver application.

In areas where a Waiver Agency is present, the Waiver Agency is responsible for ensuring all willing and qualified providers are enrolled in Medi-Cal and in good standing. In areas where a Waiver Agency is not present, DHCS enrolls all willing and qualified providers through the execution of the Medi-Cal Provider Agreement.

In areas where a Waiver Agency is not available, DHCS has developed a provider information packet for licensed providers that will include:

• HCBA Waiver Standards of Participation;
• Medi-Cal Provider Application forms and instructions;
• Forms and instructions for requesting authorization to provide HCBA Waiver services;
• Forms and instructions for submitting claims for payment of approved HCBA Waiver services that have been rendered; and
• Information on who to contact for questions or problems.

Providers, in areas where a Waiver Agency is not present, first must apply for and receive a National Provider Identifier (NPI) number to include on the Medi-Cal Provider Application forms. When that number is received the provider is instructed to return the completed provider application to DHCS. DHCS reviews the application to determine if the provider meets the waiver's SOP and Medi-Cal provider requirements. Upon approval, DHCS provides a category of service code that allows them to render and be reimbursed for HCBA Waiver services.

Under the contract with DHCS, Waiver Agencies must establish and implement policies and procedures for assuring that all willing and qualified providers have the opportunity to contract as waiver service providers. Waiver Agencies must subcontract with a sufficient number of service providers to allow participant choice of providers for each service, when possible, and with other qualified providers desired by the participant. In compliance with §1902(a)(23) of the Social Security Act, waiver participants are given the choice of any qualified provider who agrees to furnish the services.

DHCS monitors this requirement during the Waiver Agency QARs and Waiver Agency submission of subcontract information in quarterly progress reports.

Under the contract with DHCS, Waiver Agencies must recruit service providers on an ongoing basis. DHCS staff reviews and discusses provider recruitment efforts with Waiver Agencies during their annual QAR.

Annually, Waiver Agencies verify the subcontracted provider of waiver services continues to meet waiver provider requirements through onsite provider visits. DHCS verifies non-licensed providers continue to meet waiver provider requirements at the point of provider enrollment and as necessary through the Case Management Information Payrolling System (CMIPS).

In areas where a Waiver Agency is not present, annually, DHCS verifies that the provider of waiver services continues to meet the waiver program requirements through onsite provider visits and/or electronic records review. DHCS verifies non-licensed providers continue to meet waiver provider requirements at the point of provider enrollment and as necessary through MedCompass.

In areas where there is a Waiver Agency, providers are not required to contract with the Waiver Agency. They may provide authorized services as long as they are determined to be enrolled in Medi-Cal and a qualified waiver provider based on the provider qualifications outlined in the waiver application. Waiver Agencies are responsible for prior authorization of all HCBA Waiver services and verification that the requested services are in accordance with the participant's current POT and are medically necessary.

In areas where there is no Waiver Agency, DHCS is responsible for prior authorization of all HCBA Waiver services and verification that the requested services are in accordance with the participant's current POT and are medically necessary. HCBA Waiver providers are responsible for direct submission of claims to the FI.

Appendix C: Participant Services

Quality Improvement: Qualified Providers

As a distinct component of the States quality improvement strategy, provide information in the following fields to detail the States methods for discovery and remediation.

a. Methods for Discovery: Qualified Providers

The state demonstrates that it has designed and implemented an adequate system for assuring that all waiver services are provided by qualified providers.

i. Sub-Assurances:

a. ***Sub-Assurance: The State verifies that providers initially and continually meet required licensure and/or certification standards and adhere to other standards prior to their furnishing waiver services.***

Performance Measures

For each performance measure the State will use to assess compliance with the statutory assurance, complete the following. Where possible, include numerator/denominator.

For each performance measure, provide information on the aggregated data that will enable the State to analyze and assess progress toward the performance measure. In this section provide information on the method by which each source of data is analyzed statistically/deductively or inductively, how themes are identified or conclusions drawn, and how recommendations are formulated, where appropriate.

Performance Measure:
 # and % of authorized HCBA Waiver treatment authorization requests (TAR) for which the required licensure and/or certifications were obtained, as required for each provider type in Appendix C-3 of the Waiver, prior to services being furnished by the provider. Numerator: Number of authorized TAR with required licensure and/or certifications / Denominator: Total number of authorized TAR reviewed

Data Source (Select one):
Record reviews, on-site
If 'Other' is selected, specify:

Responsible Party for data collection/generation *(check each that applies):*	**Frequency of data collection/generation** *(check each that applies):*	**Sampling Approach** *(check each that applies):*
☒ **State Medicaid Agency**	☐ **Weekly**	☐ **100% Review**
☐ **Operating Agency**	☐ **Monthly**	☒ **Less than 100% Review**
☐ **Sub-State Entity**	☐ **Quarterly**	☒ **Representative Sample** Confidence Interval =

		95%
☒ **Other** Specify: Waiver Agency	☒ **Annually**	☐ **Stratified** Describe Group:
	☐ **Continuously and Ongoing**	☐ **Other** Specify:
	☐ **Other** Specify:	

Data Aggregation and Analysis:

Responsible Party for data aggregation and analysis *(check each that applies):*	**Frequency of data aggregation and analysis***(check each that applies):*
☒ **State Medicaid Agency**	☐ **Weekly**
☐ **Operating Agency**	☐ **Monthly**
☐ **Sub-State Entity**	☐ **Quarterly**
☐ **Other** Specify:	☒ **Annually**
	☐ **Continuously and Ongoing**
	☐ **Other** Specify:

b. ***Sub-Assurance: The State monitors non-licensed/non-certified providers to assure adherence to waiver requirements.***

For each performance measure the State will use to assess compliance with the statutory assurance, complete the following. Where possible, include numerator/denominator.

For each performance measure, provide information on the aggregated data that will enable the State to analyze and assess progress toward the performance measure. In this section provide information on the method by which each source of data is analyzed statistically/deductively or inductively, how themes are identified or conclusions drawn, and how recommendations are formulated, where appropriate.

Performance Measure:
 # and % of non-licensed/non-certified individuals with current signed provider agreements within 24 months, indicating an understanding of the need to provide care in accordance with waiver requirements and the participant's current POT. Numerator: Number of participants with non-licensed/non-certified providers with current signed provider agreements / Denominator: Number of files reviewed

Data Source (Select one):
Record reviews, on-site
If 'Other' is selected, specify:

Responsible Party for data collection/generation *(check each that applies):*	**Frequency of data collection/generation** *(check each that applies):*	**Sampling Approach** *(check each that applies):*
☒ **State Medicaid Agency**	☐ **Weekly**	☐ **100% Review**
☐ **Operating Agency**	☐ **Monthly**	☒ **Less than 100% Review**
☐ **Sub-State Entity**	☐ **Quarterly**	☒ **Representative Sample** Confidence Interval = 95% +/-5%
☒ **Other** Specify: Waiver Agency	☐ **Annually**	☐ **Stratified** Describe Group:
	☒ **Continuously and Ongoing**	☐ **Other** Specify:
	☐ **Other** Specify:	

Data Aggregation and Analysis:

Responsible Party for data aggregation and analysis *(check each that applies):*	**Frequency of data aggregation and analysis***(check each that applies):*
☒ **State Medicaid Agency**	☐ **Weekly**
☐ **Operating Agency**	☐ **Monthly**
☐ **Sub-State Entity**	☐ **Quarterly**
☐ **Other** Specify:	☒ **Annually**
	☐ **Continuously and Ongoing**
	☐ **Other** Specify:

c. ***Sub-Assurance: The State implements its policies and procedures for verifying that provider training is conducted in accordance with state requirements and the approved waiver.***

For each performance measure the State will use to assess compliance with the statutory assurance, complete the following. Where possible, include numerator/denominator.

For each performance measure, provide information on the aggregated data that will enable the State to analyze and assess progress toward the performance measure. In this section provide information on the method by which each source of data is analyzed statistically/deductively or inductively, how themes are identified or conclusions drawn, and how recommendations are formulated, where appropriate.

Performance Measure:
 # and % of HCBA Waiver Agencies with documentation of training that was conducted in accordance with state requirements and the approved waiver, within the last 12 months. Numerator: Number of HCBA Waiver Agencies with documentation of training that was conducted in accordance with state requirements and the approved waiver, within the last 12 months / Denominator: Number of HCBA Waiver Agencies

Data Source (Select one):
Record reviews, on-site
If 'Other' is selected, specify:

Responsible Party for data collection/generation *(check each that applies):*	**Frequency of data collection/generation** *(check each that applies):*	**Sampling Approach** *(check each that applies):*
☒ **State Medicaid Agency**	☐ **Weekly**	☐ **100% Review**
☐ **Operating Agency**	☐ **Monthly**	☒ **Less than 100% Review**
☐ **Sub-State Entity**	☐ **Quarterly**	☒ **Representative Sample** Confidence Interval = 95% +/-5%
☒ **Other** Specify: Waiver Agency	☒ **Annually**	☐ **Stratified** Describe Group:
	☐ **Continuously and Ongoing**	☐ **Other** Specify:
	☐ **Other** Specify:	

Data Aggregation and Analysis:

Responsible Party for data aggregation and analysis *(check each that applies):*	**Frequency of data aggregation and analysis***(check each that applies):*
☒ **State Medicaid Agency**	☐ **Weekly**
☐ **Operating Agency**	☐ **Monthly**
☐ **Sub-State Entity**	☐ **Quarterly**
☐ **Other** Specify:	☒ **Annually**

Responsible Party for data aggregation and analysis *(check each that applies):*	**Frequency of data aggregation and analysis***(check each that applies):*
	☐ **Continuously and Ongoing**
	☐ **Other** Specify:

ii. If applicable, in the textbox below provide any necessary additional information on the strategies employed by the State to discover/identify problems/issues within the waiver program, including frequency and parties responsible.

b. Methods for Remediation/Fixing Individual Problems

i. Describe the States method for addressing individual problems as they are discovered. Include information regarding responsible parties and GENERAL methods for problem correction. In addition, provide information on the methods used by the state to document these items.

DHCS assures that the waiver services delivered to HCBA Waiver participants are provided by qualified waiver providers. DHCS requires that all providers meet HCBA Waiver Standards of Participation for each provider type, sign a Waiver Provider Agreement, and meet any California licensing and certification requirements prior to providing services to waiver participants. Documentation of current licenses and training are maintained at the Waiver Agency offices.

Provider performance is monitored by the Waiver Agency on an annual basis. Should deficiencies be reported to DHCS or discovered during the annual provider visit and/or review of electronic case files, the Waiver Agency must create an Event/Issue Report with a plan of corrective action. The Event/Issue Report would include a description of the deficiencies/issues found, the plan to address/resolve the deficiency/issues and the resolution of the deficiency/issues. All Event/Issue Reports are monitored and reviewed by DHCS until a resolution has been documented. In the event serious issues are found that would have a negative impact on the health or wellbeing of a waiver participant the issue would require the Waiver Agency to report the issue to the appropriate local or State agencies such as Adult Protective Services (APS), Child Protective Services (CPS), local law enforcement, or the CDPH Licensing and Certification, as well as DHCS.

DHCS uses the QAR to aggregate data gathered during the annual Provider Record Review to analyze statewide trends and provide problem resolution with technical assistance and training to the Waiver Agency, when necessary.

Within 30 days of the Provider Record Review, DHCS will present an analysis of the findings to the Waiver Agency. Based upon the findings and level of compliance, remediation actions will be developed and implemented within 30 days by the Waiver Agency. DHCS will follow up on the effectiveness of any remedial action within 30 days. Remedial actions will be re-evaluated at the next QAR.

ii. Remediation Data Aggregation

Remediation-related Data Aggregation and Analysis (including trend identification)

Responsible Party*(check each that applies):*	**Frequency of data aggregation and analysis** *(check each that applies):*
☒ **State Medicaid Agency**	☐ **Weekly**
☐ **Operating Agency**	☐ **Monthly**
☐ **Sub-State Entity**	☒ **Quarterly**
☐ **Other** Specify:	☒ **Annually**
	☐ **Continuously and Ongoing**
	☐ **Other** Specify:

c. Timelines

When the State does not have all elements of the Quality Improvement Strategy in place, provide timelines to design methods for discovery and remediation related to the assurance of Qualified Providers that are currently non-operational.

◉ **No**

○ **Yes**

Please provide a detailed strategy for assuring Qualified Providers, the specific timeline for implementing identified strategies, and the parties responsible for its operation.

Appendix C: Participant Services

C-3: Waiver Services Specifications

Section C-3 'Service Specifications' is incorporated into Section C-1 'Waiver Services.'

Appendix C: Participant Services

C-4: Additional Limits on Amount of Waiver Services

a. Additional Limits on Amount of Waiver Services. Indicate whether the waiver employs any of the following additional limits on the amount of waiver services (*select one*).

◉ **Not applicable**- The state does not impose a limit on the amount of waiver services except as provided in Appendix C-3.

○ **Applicable** - The state imposes additional limits on the amount of waiver services.

When a limit is employed, specify: (a) the waiver services to which the limit applies; (b) the basis of the limit, including its basis in historical expenditure/utilization patterns and, as applicable, the processes and methodologies that are used to determine the amount of the limit to which a participant's services are subject; (c) how the limit will be adjusted over the course of the waiver period; (d) provisions for adjusting or making exceptions to the limit based on participant health and welfare needs or other factors specified by the state; (e) the safeguards that are in effect when the amount of the limit is insufficient to meet a participant's needs; (f) how participants are notified of the

amount of the limit. (*check each that applies*)

☐ **Limit(s) on Set(s) of Services.** There is a limit on the maximum dollar amount of waiver services that is authorized for one or more sets of services offered under the waiver.
Furnish the information specified above.

☐ **Prospective Individual Budget Amount.** There is a limit on the maximum dollar amount of waiver services authorized for each specific participant.
Furnish the information specified above.

☐ **Budget Limits by Level of Support.** Based on an assessment process and/or other factors, participants are assigned to funding levels that are limits on the maximum dollar amount of waiver services.
Furnish the information specified above.

☐ **Other Type of Limit.** The state employs another type of limit.
Describe the limit and furnish the information specified above.

Appendix C: Participant Services

C-5: Home and Community-Based Settings

Explain how residential and non-residential settings in this waiver comply with federal HCB Settings requirements at 42 CFR 441.301(c)(4)-(5) and associated CMS guidance. Include:

1. Description of the settings and how they meet federal HCB Settings requirements, at the time of submission and in the future.

2. Description of the means by which the state Medicaid agency ascertains that all waiver settings meet federal HCB Setting requirements, at the time of this submission and ongoing.

Note instructions at Module 1, Attachment #2, HCB Settings Waiver Transition Plan for description of settings that do not meet requirements at the time of submission. Do not duplicate that information here.

For information regarding the HCBS Settings Statewide Transition Plan applicable to the HCBA Waiver, please refer to Attachment #2 in this application.