



Medicaid and CHIP Operations Group

February 16, 2024

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

RE: California Assisted Living Waiver (CA-0431.R04.00) renewal

Dear Director Baass:

The Centers for Medicare & Medicaid Services (CMS) is approving the state's request to renew California Assisted Living Waiver for persons who are aged and/or disabled age 21 and over. The CMS Control Number for the renewal is CA-0431.R04.00 and should be referenced on all future correspondence relating to this waiver renewal.

For this HCBS waiver, you have requested a waiver of 1902(a)(10)(B) of the Social Security Act to waive comparability of services and a waiver of statewideness at 1902(a)(1) of the Act, in order to offer services to eligible individuals in Alameda, Contra Costa, Fresno, Kern, Los Angeles, Orange, Riverside, Sacramento, San Bernardino, San Diego, San Joaquin, San Mateo, Santa Clara, Sonoma and San Francisco counties. The waiver has been approved for a five-year period with an effective date of March 1, 2024.

This waiver will offer the following supports for waiver participants: care coordination; residential habilitation; assisted living services (homemaker; home health aide; and personal care); augmented plan of care development and follow-up; and NF transition care coordination.

The following number of unduplicated recipients and estimates of average per capita cost of waiver services have been approved:

Waiver Year	C Factor Estimates	D Factor Estimates	D' Factor Estimates	G Factor Estimates	G' Factor Estimates
Year 1	18762	\$43172.74	\$5500.00	\$46415.00	\$5600.00
Year 2	18762	\$43172.74	\$5665.00	\$47807.00	\$5768.00
Year 3	18762	\$43172.74	\$5835.00	\$49242.00	\$5941.00
Year 4	18762	\$43172.74	\$6010.00	\$50719.00	\$6119.00
Year 5	18762	\$43172.74	\$6190.00	\$52240.00	\$6303.00

This approval is subject to your agreement to serve no more individuals than those indicated in “C Factor Estimates” shown in the table above. If the state wishes to serve more individuals or make any other alterations to this waiver, an amendment must be submitted for approval. The state may renew the waiver at the end of the five-year period by providing evidence and documentation of satisfactory performance and oversight.

It is important to note that CMS approval of this waiver solely addresses the state’s compliance with the applicable Medicaid authorities. CMS approval does not address the state’s independent and separate obligations under federal laws including, but not limited to, the Americans with Disabilities Act, Section 504 of the Rehabilitation Act, or the Supreme Court’s Olmstead decision. Guidance from the Department of Justice concerning compliance with the Americans with Disabilities Act and the Olmstead decision is available at http://www.ada.gov/olmstead/q&a_olmstead.htm.

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

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

Sincerely,

George P.
Failla Jr -S

Digitally signed by George
P. Failla Jr -S
Date: 2024.02.16
12:21:01 -05'00'

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

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