



NOTICE OF GENERAL PUBLIC INTEREST

RELEASE DATE: JUNE 30, 2023

PROPOSED STATE PLAN AMENDMENT TO ADD COORDINATED FAMILY SUPPORTS IN HOME AND COMMUNITY BASED SERVICES FOR DEVELOPMENTALLY DISABLED

DHCS requests input from beneficiaries, providers, and other interested stakeholders concerning proposed SPA # 23-0024 which is attached.

Under the Lanterman Developmental Disabilities Services Act (Lanterman Act), Welfare & Institutions (W&I) Code section 4500 et seq., people with developmental disabilities, as defined in W&I Code section 4512(a), are eligible to receive services and supports that meet their individual needs and choices. The Department of Developmental Services (DDS) administers the Lanterman Act.

DDS also operates the Medi-Cal Home and Community-Based Services 1915(i) State Plan supplemental benefit package, which can be viewed at https://www.dhcs.ca.gov/formsandpubs/laws/Documents/11-041_Attach3.1i_1915i.pdf

This amendment would add Coordinated Family Supports (CFS) to the 1915(i) State Plan. CFS is a service that supports adults to continue living in the family home to maximize their independence by helping them navigate existing services and supports. CFS engages with individuals and providers to facilitate access to services and supports by:

- Coordinating/developing training to ensure consistency across providers specific to the unique needs of the individual.
- Assisting the individual in understanding, scheduling and utilizing services and supports.
- Developing options to meet the identified immediate and long-term needs and access community services and supports specified in the Individual Program Plan.

DHCS estimates that the expenditures for this amendment will be \$4,316,000 in federal funds for federal fiscal year (FFY) 2023-24 and \$4,709,000 in federal funds for FFY 2024-25.



The effective date of the proposed SPA is November 1, 2023. All proposed SPAs are subject to approval by the Centers for Medicare and Medicaid Services (CMS).

Public Review and Comments

The proposed changes included in draft SPA #23-0024 are enclosed in this notice for public comment. DHCS is requesting stakeholder input on the impact, if any, on access to services as a result of the proposed action.

Upon submission to CMS, a copy of proposed SPA #23-0024 will be published at the following internet address:

<https://www.dhcs.ca.gov/formsandpubs/laws/Pages/Pending-2023.aspx>.

If you would like to view the SPA in person once it becomes available, please visit your local county welfare department. You may also request a copy of proposed SPA #23-0024 or a copy of submitted public comments related to SPA #23-0024 by requesting it in writing to the mailing or email address listed below. Please indicate SPA #23-0024 in the subject line or message.

Written comments may be sent to the following address:

Department of Developmental Services

Attn: Jonathan Hill

1215 O Street MS 7-40

Sacramento, CA 95814

Email Federal.Programs@dds.ca.gov

Please indicate SPA #23-0024 in the subject line or message.

To be assured consideration prior to submission of the SPA to CMS, comments must be received no later than July 31, 2023. Please note that comments will continue to be accepted after July 31, 2023, but DHCS may not be able to consider those comments prior to the initial submission of SPA #23-0024 to CMS.

1915(i) State plan Home and Community-Based Services Administration and Operation

The state implements the optional 1915(i) State plan Home and Community-Based Services (HCBS) benefit for elderly and disabled individuals as set forth below.

1. Services. (Specify the state’s service title(s) for the HCBS defined under “Services” and listed in Attachment 4.19-B):

Habilitation- Community Living Arrangement Services; Habilitation- Day Services; Habilitation- Behavioral Intervention Services; Respite Care; Enhanced Habilitation- Supported Employment - Individual; Enhanced Habilitation- Prevocational Services; Homemaker Services; Home Health Aide Services; Community Based Adult Services; Personal Emergency Response Systems; Vehicle Modification and Adaptation; Speech, Hearing and Language Services; Dental Services; Optometric/Optician Services; Prescription Lenses and Frames; Psychology Services; Chore Services; Communication Aides; Environmental Accessibility Adaptations; Non-Medical Transportation; Nutritional Consultation; Skilled Nursing; Specialized Medical Equipment and Supplies; Transition/Set-Up Expenses; Community-Based Training Services; Financial Management Services; Family Support Services; Housing Access Services; Occupational Therapy; Self-Directed Supports Service; Technology Services; Coordinated Family Supports; Physical Therapy; Intensive Transition Services; and Family/Consumer Training

2. Concurrent Operation with Other Programs. (Indicate whether this benefit will operate concurrently with another Medicaid authority):

Select one:

<input checked="" type="radio"/>	Not applicable
<input type="radio"/>	Applicable
Check the applicable authority or authorities:	
<input type="checkbox"/>	<p>Services furnished under the provisions of §1915(a)(1)(a) of the Act. The State contracts with a Managed Care Organization(s) (MCOs) and/or prepaid inpatient health plan(s) (PIHP) or prepaid ambulatory health plan(s) (PAHP) under the provisions of §1915(a)(1) of the Act for the delivery of 1915(i) State plan HCBS. Participants may <i>voluntarily</i> elect to receive <i>waiver</i> and other services through such MCOs or prepaid health plans. Contracts with these health plans are on file at the State Medicaid agency. <i>Specify:</i></p> <p>(a) the MCOs and/or health plans that furnish services under the provisions of §1915(a)(1);</p> <p>(b) the geographic areas served by these plans;</p> <p>(c) the specific 1915(i) State plan HCBS furnished by these plans;</p> <p>(d) how payments are made to the health plans; and</p> <p>(e) whether the 1915(a) contract has been submitted or previously approved.</p>
<input type="checkbox"/>	<p>Waiver(s) authorized under §1915(b) of the Act.</p> <p><i>Specify the §1915(b) waiver program and indicate whether a §1915(b) waiver application has been submitted or previously approved:</i></p>

Service Specifications (Specify a service title for the HCBS listed in Attachment 4.19-B that the state plans to cover):			
Service Title:		Coordinated Family Supports	
Service Definition (Scope): This service assists adults living in the family home to maximize their independence by helping them navigate existing services and supports. Coordinated Family Supports (CFS) engages with the individual and providers to facilitate access to services and supports by:			
<ul style="list-style-type: none"> • Coordinating/developing training to ensure consistency across providers specific to the unique needs of the individual. • Assisting the individual in understanding, scheduling and utilizing services and supports. • Developing options to meet the identified immediate and long-term needs and access community services and supports specified in the IPP. 			
Additional needs-based criteria for receiving the service, if applicable (<i>specify</i>):			
Specify limits (if any) on the amount, duration, or scope of this service. Per 42 CFR Section 440.240, services available to any categorically needy recipient cannot be less in amount, duration and scope than those services available to a medically needy recipient, and services must be equal for any individual within a group. States must also separately address standard state plan service questions related to sufficiency of services. (Choose each that applies):			
Provider Qualifications (For each type of provider. Copy rows as needed):			
Provider Type (<i>Specify</i>):	License (<i>Specify</i>):	Certification (<i>Specify</i>):	Other Standard (<i>Specify</i>):
Agency	An appropriate, a business license as required by the local jurisdiction where the business is located.		<p>CFS Supervisor qualifications require</p> <ul style="list-style-type: none"> • a Bachelors-level degree in a human services field of study or an Associates-level degree in a human services field of study and • at least 3 years of experience in the developmental disabilities service delivery system. <p>Minimum qualifications for CFS staff are</p> <ul style="list-style-type: none"> • Associates-level degree in a human services field of study or 3 years of experience in the developmental disabilities service delivery system, • knowledge of the regional center system. • Services are provided by individuals who have the skills and abilities necessary to meet the unique needs and preferences of the individual as specified in the individual’s IPP.

Verification of Provider Qualifications <i>(For each provider type listed above. Copy rows as needed):</i>			
Provider Type <i>(Specify):</i>	Entity Responsible for Verification <i>(Specify):</i>		Frequency of Verification <i>(Specify):</i>
Business entity/ individual	Regional centers, through the vendorization process, verify providers meet requirements/qualifications outlined in Title 17, CCR, § 54310 including the following, as applicable: any license, credential, registration, certificate, permit, or academic degree required for the performance or operation of the service; the staff qualifications and duty statements; and service design.		Verified upon application for vendorization and biennially thereafter.
Service Delivery Method. <i>(Check each that applies):</i>			
<input type="checkbox"/>	Participant-directed	<input checked="" type="checkbox"/>	Provider managed

competitive integrated employment and is still employed after six consecutive months. 3) An additional one-time payment of \$3,000 made to a provider when an individual has been employed consecutively for one year.

Effective [CMS Approval Date], incentive payments will be paid for internship programs, which are job-readiness programs in integrated settings for the purposes of developing general strengths and skills that contribute to employability in paid employment in integrated community settings.

The incentive payments will be applied as follows:

- 1) A payment of seven hundred fifty dollars (\$750) shall be made to the regional center service provider if the individual remains in the internship after 30 consecutive days.
- 2) An additional payment of one thousand dollars (\$1,000) shall be made to the regional center provider for an individual as described above who remains in the internship for 60 consecutive days.

REIMBURSEMENT METHODOLOGY FOR TECHNOLOGY SERVICES

There are two rate setting methodologies for Technology Services:

1. A usual and customary rate – As described on page 71a of Attachment 4.19-B in the approved SPA. If the provider does not have a usual and customary rate, then rates are set using #2 below.
2. The median rate methodology – As described on pages 71a-73 of Attachment 4.19-B in the approved SPA.

REIMBURSEMENT METHODOLOGY FOR SELF-DIRECTED SUPPORT SERVICES

Except as otherwise noted in the plan, state developed fee schedule rates are the same for both public and private providers of the service. The Self-Directed Support Services fee schedule rates are available at https://www.dds.ca.gov/wp-content/uploads/2022/07/Self_Directed_Support_Services_Rates_082022.pdf and were set as of [date of approval] and are effective for services provided on or after that date.

REIMBURSEMENT METHODOLOGY FOR COORDINATED FAMILY SUPPORTS

Except as otherwise noted in the plan, state developed fee schedule rates are the same for both public and private providers of the service. The Coordinated Family Supports fee schedule rates are available at <https://www.dds.ca.gov/wp-content/uploads/2023/01/CFS-Service-Code-076-rates-1.1.23ac.pdf> and were set as of [date of approval] and are effective for services provided on or after that date.

REIMBURSEMENT METHODOLOGY FOR HOMEMAKER SERVICES

There are two rate methodologies to set hourly rates for Homemaker services provided by either an agency or individual.

- 1) Usual and Customary Rate Methodology - As described on page 71a, above. If the provider does not have a usual and customary rate, then rates are set using #2 below.
- 2) Median Rate Methodology - As described on pages 71a-73, above.

REIMBURSEMENT METHODOLOGY FOR HOME HEALTH AIDE SERVICES

DHCS Fee Schedules - As described on page 71a, above. The fee schedule rates for Home Health Aide Services were set as of October 1, 2021 and are effective for services provided on or after that date. All rates are published at: <https://mcweb.apps.prd.cammis.medi-cal.ca.gov/rates> as well as <https://www.dhcs.ca.gov/services/ltc/Pages/DD.aspx>

REIMBURSEMENT METHODOLOGY FOR COMMUNITY BASED ADULT SERVICES

DHCS Fee Schedules - As described on page 71a, above. The fee schedule rates for Community Based Adult Services were set as of October 1, 2021 and are effective for services provided on or after that date. All rates are published at: <https://mcweb.apps.prd.cammis.medi-cal.ca.gov/rates> as well as <https://www.dhcs.ca.gov/services/ltc/Pages/DD.aspx>

REIMBURSEMENT METHODOLOGY FOR PERSONAL EMERGENCY RESPONSE SYSTEMS

There are two methodologies to determine the monthly rate for this service.

- 1) Usual and Customary Rate methodology - As described on page 71a, above. If the provider does not have a usual and customary rate, then rates are set using #2 below.
- 2) Median Rate Methodology - As described on pages 71a-73, above, with the exception that the SB 81 rate increase and the 2022 Rate Study Implementation increase do not apply for this provider type under this methodology.

REIMBURSEMENT METHODOLOGY FOR VEHICLE MODIFICATION AND ADAPTATION

The per modification rate for vehicle modifications is determined utilizing the usual and customary rate methodology, as described on page 71a, above.

REIMBURSEMENT METHODOLOGY FOR SPEECH, HEARING LANGUAGE SERVICES