



**Medicaid and CHIP Operations Group**

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September 26, 2024

Tyler Sadwith, Medicaid Director  
Department of Health Care Services  
1501 Capitol Avenue  
P.O. Box No. 997413, MS 0000  
Sacramento, CA 95899-7413

RE: Multipurpose Senior Services Program (MSSP) CA-0141.R07.00 renewal

Dear Director Sadwith:

The Centers for Medicare & Medicaid Services (CMS) is approving the state's request to renew Multipurpose Senior Services Program for persons aged 65 or older. The CMS Control Number for the renewal is CA-0141.R07.00 and should be referenced on all future correspondence relating to this waiver renewal. The waiver has been approved for a five-year period with an effective date of July 1, 2024.

This waiver will offer the following supports for waiver participants: Case Management, Respite Care, Supplemental Homemaker Services, Supplemental Personal Care, Adult Day Care, Assistive Technology, Communication: Device, Communication: Translation/Interpretation, Community Transition Services, Consultative Clinical Services, Minor Home Repairs and Maintenance, Money Management, Nutritional Services, Social Support, Specialized Non-Medical Home Equipment, Supplemental Protective Supervision, Therapeutic Counseling, Therapeutic Services and Transportation. 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	13373	\$4782.07	\$34624.69	\$68015.58	\$6693.67
Year 2	13373	\$4782.07	\$37712.85	\$72254.11	\$7162.19
Year 3	13373	\$4782.07	\$41076.44	\$76756.77	\$7663.49
Year 4	13373	\$4782.07	\$44740.02	\$81540.03	\$8199.89
Year 5	13373	\$4782.07	\$48730.36	\$86621.36	\$8773.82

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](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](mailto:Lisa.Amaro-Rife@cms.hhs.gov) or (214) 767-2506.

Sincerely,

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

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