

Table of Contents

State/Territory Name: California

State Plan Amendment (SPA) #: 18-006

This file contains the following documents in the order listed:

- 1) Approval Letter
- 2) CMS 179 Form/Summary Form (with 179-like data)
- 3) Approved SPA Pages

DEPARTMENT OF HEALTH & HUMAN SERVICES
Centers for Medicare & Medicaid Services
San Francisco Regional Office
90 Seventh Street, Suite 5-300 (5W)
San Francisco, CA 94103-6706



DIVISION OF MEDICAID & CHILDREN'S HEALTH OPERATIONS

December 3, 2018

Mari Cantwell
Chief Deputy Director, Health Care Programs
California Department of Health Care Services
P.O. Box 997413, MS 0000
Sacramento, CA 95899-7413

Dear Ms. Cantwell:

Enclosed is an approved copy of California State Plan Amendment (SPA) 18-006, which was submitted to the Centers for Medicare & Medicaid Services (CMS) on September 26, 2018. This SPA will allow the Department of Health Care Services (DHCS) to include the cost of paid sick leave in the In-Home Supportive Services (IHSS) provider rate beginning on July 1, 2018.

The effective date of this SPA is July 1, 2018. Enclosed are the following approved SPA pages that should be incorporated into your approved state plan:

- Attachment 4.19-B, pages 26, 26.1 and 66

If you have any questions, please contact Cheryl Young at 415-744-3598 or via email at Cheryl.Young@cms.hhs.gov.

Sincerely,

/s/

Dzung Hoang
Acting Associate Regional Administrator
Division of Medicaid & Children's Health Operations

Enclosures

cc: Sarah Brooks, DHCS
Tyra Taylor, DHCS
Joseph Billingsley, DHCS
Nathaniel Emery, DHCS
Angeli Lee, DHCS

**TRANSMITTAL AND NOTICE OF APPROVAL OF
STATE PLAN MATERIAL
FOR: CENTERS FOR MEDICARE & MEDICAID SERVICES**

1. TRANSMITTAL NUMBER _____	2. STATE
3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL SECURITY ACT (MEDICAID)	
4. PROPOSED EFFECTIVE DATE	

TO: REGIONAL ADMINISTRATOR
CENTERS FOR MEDICARE & MEDICAID SERVICES
DEPARTMENT OF HEALTH AND HUMAN SERVICES

5. TYPE OF PLAN MATERIAL (*Check One*)

- NEW STATE PLAN AMENDMENT TO BE CONSIDERED AS NEW PLAN AMENDMENT


COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (*Separate transmittal for each amendment*)

6. FEDERAL STATUTE/REGULATION CITATION <u>42 CFR 447, Subpart F</u>	7. FEDERAL BUDGET IMPACT a. FFY _____ \$ <u>\$32,187,000</u> b. FFY _____ \$ _____
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT <u>and 26.1</u>	9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (<i>If Applicable</i>)

10. SUBJECT OF AMENDMENT

11. GOVERNOR'S REVIEW (*Check One*)

- GOVERNOR'S OFFICE REPORTED NO COMMENT OTHER, AS SPECIFIED
 COMMENTS OF GOVERNOR'S OFFICE ENCLOSED
 NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL

12. SIGNATURE OF STATE AGENCY OFFICIAL 	16. RETURN TO
13. TYPED NAME <u>Dzung Hoang</u>	
14. TITLE	
15. DATE SUBMITTED	

FOR REGIONAL OFFICE USE ONLY

17. DATE RECEIVED	18. DATE APPROVED
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PLAN APPROVED - ONE COPY ATTACHED

19. EFFECTIVE DATE OF APPROVED MATERIAL	20. SIGNATURE OF REGIONAL OFFICIAL <u>/s/</u>
21. TYPED NAME <u>Dzung Hoang</u>	22. TITLE <u>Acting Associate Regional Administrator, Division of Medicaid & Children's Health Operations</u>

23. REMARKS

Boxes 6, 7 and 8: CMS made pen & ink changes to correct budget impact information, correct regulatory citation & add new plan page, respectively, per CA DHCS approval in email response dated 11/06/18.

State Plan Under Title XIX of the Social Security Act

STATE/TERRITORY: CALIFORNIA

REIMBURSEMENT FOR MEDI-CAL PERSONAL CARE SERVICES

A. GENERAL PROVISIONS

Medi-Cal Personal Care Services (referred to in this document as Personal Care Services) are services provided pursuant to 42 Code of Federal Regulations 440.167 in accordance with the rules and regulations of the California Department of Health Care Services and the California Department of Social Services.

B. REIMBURSEMENT RATE LIMITATIONS FOR PERSONAL CARE SERVICES

- (1) A county may contract with an agency of a city, county, or city and county, a local health district, a voluntary nonprofit agency, a proprietary agency, or an individual for the purpose of providing personal care services. The rate of reimbursement will be negotiated between the county and its contractor or its contractors, consistent with applicable regulations promulgated by the California Department of Social Services or the Department of Health Care Services.
- (2) The rate of reimbursement for individual providers will be negotiated between the provider union and the individual county, or the provider union and the public authorities/non-profit consortiums, as applicable.
- (3) The Individual Provider Rate includes Wages, Payroll Tax, Benefits, Administrative Costs, and Paid Time Off within the negotiated rate.

C. PUBLICATION OF INDIVIDUAL AND CONTRACTED PROVIDER RATES OF PERSONAL CARE SERVICES

State approved county governmental, contracted, and private individual provider rates are documented in a fee schedule and that fee schedule was last updated July 1, 2018, and is effective for services provided after that date. This fee schedule is published on the California Department of Social Services website at:

http://www.cdss.ca.gov/Portals/9/IHSS/IHSS_Sick_Leave_Rate_as_of_July-1-2018.pdf?ver=2018-10-10-165722-833

State Plan Under Title XIX of the Social Security Act
STATE/TERRITORY: CALIFORNIA

D. PAYMENTS AND UNITS OF SERVICE

- (1) Reimbursements for services will be made only to providers authorized by the California Department of Social Services to provide Personal Care Services to beneficiaries. The rates will be based upon a time-based unit of service. The time-based unit of service is per minute based on 60 minutes per hour.

- (2) The methodology for determining the beneficiary's service budget is based on the assessment of needs for the beneficiary and the development of the service plan. The cost of providing the services included in the service plan is calculated based on the expected reimbursement for such services under the state plan and is adjusted to account for the self-directed services delivery model served in the Sec. 1915 [42 U.S.C. 1396n] G) program.

In cases where the beneficiary chooses not to have the assessed Personal Care Services of meal preparation, meal cleanup and/or shopping for food services provided in-home, the beneficiary can choose to have their service budget reduced by the amount calculated based on hours allocated for these services and reimbursement of \$15.50 per week per person or \$31 per week per couple is provided for meal preparation, meal cleanup and/or shopping for food related activities in the Sec. 1915 (42 U.S.C. H96n) (j) program.

TN No. 18-006
Supersedes
TN No. None

Approval Date: December 3, 2018

Effective Date: July 1, 2018

State Plan Under Title XIX of the Social Security Act
STATE/TERRITORY: CALIFORNIA

REIMBURSEMENT FOR MEDI-CAL HOME AND COMMUNITY-BASED ATTENDANT SERVICES AND SUPPORTS (COMMUNITY FIRST CHOICE OPTION SERVICES)

A. GENERAL PROVISIONS

Medi-Cal Community First Choice Option (CFCO) services are the Included Services pursuant to 42 Code of Federal Regulations §441.510 in accordance with the rules and regulations of the California Department of Health Care Services and the California Department of Social Services.

B. REIMBURSEMENT RATE LIMITATIONS

- (1) A county may contract with an agency of a city, county, or city and county, a local health district, a voluntary nonprofit agency, a proprietary agency, or an individual for the purpose of providing personal care services. The rate of reimbursement will be negotiated between the county and its contractor or its contractors, consistent with applicable regulations promulgated by the California Department of Social Services or the California Department of Health Care Services.
- (2) The rate of reimbursement for individual providers will be negotiated between the provider union and the individual county, or the provider union and the public authorities/non-profit consortiums, as applicable.
- (3) The Individual Provider Rate includes Wages, Payroll Tax, Benefits, Administrative Costs, and Paid Time Off within the negotiated rate.

C. PUBLICATION OF INDIVIDUAL AND CONTRACTED PROVIDER RATES

State approved county governmental, contracted, and private individual provider rates are documented in a fee schedule and that fee schedule was last updated July 1, 2018, and is effective for services provided after that date. This fee schedule is published on the California Department of Social Services website at www.cdss.ca.gov/Portals/9/IHSS/IHSS_Sick_Leave_Rate_as_of_July-1-2018.pdf?ver=2018-10-10-165722-833

D. PAYMENTS AND UNITS OF SERVICE

- (1) Reimbursements for services will be made only to providers authorized by the California Department of Social Services to provide CFCO services to beneficiaries. The rates will be based upon a time-based unit of service. The time-based unit of service is per minute based on 60 minutes per hour.
- (2) The methodology for determining the beneficiary's service budget is based on the assessment of needs for the beneficiary and the development of the service plan. The cost of providing the services included in the service plan is calculated based on the expected reimbursement for such services under the state plan and is adjusted to account for the self-directed services delivery model served in the Sec. 1915 [42 U.S.C. 1396n] G) program.

In cases where the beneficiary chooses not to have the assessed CFCO service of meal preparation, meal cleanup and/or shopping for food services provided in-home, the beneficiary can choose to have their service budget reduced by the amount calculated based on hours allocated for these services and reimbursement of \$15.50 per week per person or \$31 per week per couple is provided for meal preparation.