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State/Territory Name: California

State Plan Amendment (SPA) #: 23-0024

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
601 E. 12th St., Room 355
Kansas City, Missouri 64106



Medicaid and CHIP Operations Group

November 1, 2023

Michelle Baass
Director and Interim State Medicaid Director
California Department of Health Care Services
P.O. Box 997413, MS 0000
Sacramento, CA 95899-7413

RE: CA 23-0024 §1915(i) Home and Community-Based Services (HCBS) State Plan
Amendment (SPA)

Dear Interim Director Baass:

The Centers for Medicare & Medicaid Services (CMS) is approving the state's request to amend its §1915(i) state plan home and community-based services (HCBS) benefit, transmittal number CA 23-0024. The effective date for this amendment is November 1, 2023. With this amendment, the state is adding the new service Coordinated Family Supports.

Enclosed are the following approved SPA pages that should be incorporated into your approved state plan:

- Attachment 3.1-i pages 1, 111e, 111f
- Attachment 4.19-b pages 78g, 78g-1

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 ARP. Approval of this action does not constitute approval of the state's spending plan.

It is important to note that CMS approval of this change to the state's 1915(i) HCBS state plan benefit 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.

If you have any questions concerning this information, please contact me at (410) 786-7561. You may also contact Alice Hogan at Alice.Hogan@cms.hhs.gov or (404) 562-7432.

Sincerely,



Digitally signed by George
P. Failla Jr -S
Date: 2023.11 01
14 32:39 -04'00'

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

Enclosure

cc: Cheryl Young, CMS
Deanna Clark, CMS
Blake Holt, CMS

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

1. TRANSMITTAL NUMBER <u>2 3 — 0 0 2 4</u>	2. STATE <u>CA</u>
3. PROGRAM IDENTIFICATION: TITLE OF THE SOCIAL SECURITY ACT <input checked="" type="radio"/> XIX <input type="radio"/> XXI	

TO: CENTER DIRECTOR
CENTERS FOR MEDICAID & CHIP SERVICES
DEPARTMENT OF HEALTH AND HUMAN SERVICES

4. PROPOSED EFFECTIVE DATE
November 1, 2023

5. FEDERAL STATUTE/REGULATION CITATION
1915(i) of the Social Security Act

6. FEDERAL BUDGET IMPACT (Amounts in WHOLE dollars)
a. FFY 2023-24 \$ 4,316,000
b. FFY 2024-25 \$ 4,709,000

7. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT
Attachment 3.1-i pages 1, 111e-111f (new)
Attachment 4.19-B pages 78g, 78g-1

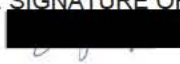
8. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable)
Attachment 3.1-i page 1
Attachment 4.19-B pages 78g, 78g-1

9. SUBJECT OF AMENDMENT
Addition of Coordinated Family Supports as a new service.

10. GOVERNOR'S REVIEW (Check One)

GOVERNOR'S OFFICE REPORTED NO COMMENT
 COMMENTS OF GOVERNOR'S OFFICE ENCLOSED
 NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL

OTHER, AS SPECIFIED:

11. SIGNATURE OF STATE AGENCY OFFICIAL


12. TYPED NAME
Jacey Cooper

13. TITLE
State Medicaid Director

14. DATE SUBMITTED
August 15, 2023

15. RETURN TO
Department of Health Care Services
Attn: Director's Office
P.O. Box 997413, MS 0000
Sacramento, CA 95899-7413


FOR CMS USE ONLY

16. DATE RECEIVED August 15, 2023

17. DATE APPROVED November 1, 2023

PLAN APPROVED - ONE COPY ATTACHED

18. EFFECTIVE DATE OF APPROVED MATERIAL
November 1, 2023

19. SIGNATURE OF APPROVING OFFICIAL

Digitally signed by George P. Failla Jr -S
Date: 2023.11.01 14:31:43 -0400

20. TYPED NAME OF APPROVING OFFICIAL
George P. Failla, Jr.

21. TITLE OF APPROVING OFFICIAL
Director, Division of HCBS Operations and Oversight

22. REMARKS

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 voluntarily elect to receive waiver and other services through such MCOs or prepaid health plans. Contracts with these health plans are on file at the State Medicaid agency. Specify:</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>Specify the §1915(b) waiver program and indicate whether a §1915(b) waiver application has been submitted or previously approved:</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 individuals and providers to facilitate access to services and supports by: <ul style="list-style-type: none"> • Promoting consistency across providers specific to the unique needs of the individual by offering consultation/guidance. • Assisting the individual in understanding, scheduling and utilizing services and supports. • Assisting the individual with accessing community services and supports specified in the IPP (i.e. assisting the individual with the application process or understanding and/or tracking benefits) This service does not duplicate services provided by the individual’s regional center case manager. Providers of this service will not provide any other 1915(i) services to the individual.			
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. (<i>Choose each that applies</i>):			
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	As appropriate, a business license as required by the local jurisdiction where the business is located.		CFS Supervisor qualifications require: <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. Minimum qualifications for CFS staff are: <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, and • 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 November 1, 2023, 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 November 1, 2023 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 November 1, 2023 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://files.medi-cal.ca.gov/rates/rateshome.aspx> 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://files.medi-cal.ca.gov/rates/rateshome.aspx> 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