

# APPENDIX K: Emergency Preparedness and Response

## Background:

This standalone appendix may be utilized by the state during emergency situations to request amendment to its approved waiver. It includes actions that states can take under the existing Section 1915(c) home and community-based waiver authority in order to respond to an emergency. Other activities may require the use of various other authorities such as the Section 1115 demonstrations or the Section 1135 authorities.<sup>1</sup> This appendix may be completed retroactively as needed by the state.

## Appendix K-1: General Information

### General Information:

A. State: \_\_\_\_\_ CA \_\_\_\_\_

B. Waiver Title: 

HCBS Waiver for Californians with Developmental Disabilities
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C. Control Number:

CA.0336.R04.20
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D. Type of Emergency (The state may check more than one box):

<input checked="" type="radio"/>	Pandemic or Epidemic
<input type="radio"/>	Natural Disaster
<input type="radio"/>	National Security Emergency
<input type="radio"/>	Environmental
<input type="radio"/>	Other (specify):

E. **Brief Description of Emergency.** *In no more than one paragraph each*, briefly describe the: 1) nature of emergency; 2) number of individuals affected and the state's mechanism to identify individuals at risk; 3) roles of state, local and other entities involved in approved waiver operations; and 4) expected changes needed to service delivery methods, if applicable. The state should provide this information for each emergency checked if those emergencies affect different geographic areas and require different changes to the waiver.

COVID-19 pandemic. This amendment will apply waiver-wide to all individuals impacted by the virus or in response to the virus.
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This Appendix K is additive to the Appendix K approved April 2, 2020 and approved on March 10, 2021 to extend the end date. The amendment is effective September 1, 2020 and its purpose is to temporarily implement modification of the service scope and change billing processes for selected services to address the changing needs of waiver participants during the PHE, maintain a stable workforce and provider pool, and preserve significantly impacted HCBS provider networks for non-residential services.
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**F. Proposed Effective Date: Start Date: February 4, 2020 Anticipated End Date: Six months after the end of the Public Health Emergency**

**G. Description of Transition Plan.**

All activities will take place in response to the impact of COVID-19 as efficiently and effectively as possible based upon the complexity of the change.

**H. Geographic Areas Affected:**

These actions will apply to all individuals, across the State of California, for the HCBS Waiver for Californians with Developmental Disabilities waiver impacted by the COVID-19 virus pandemic.

**I. Description of State Disaster Plan (if available) *Reference to external documents is acceptable:***

[State of California Emergency Plan October 2017](#) (p. 116)

14.4.4 DEPARTMENT OF DEVELOPMENTAL SERVICES (DDS)

## **Appendix K-2: Temporary or Emergency-Specific Amendment to Approved Waiver**

### **Temporary or Emergency-Specific Amendment to Approved Waiver:**

*These are changes that, while directly related to the state's response to an emergency situation, require amendment to the approved waiver document. These changes are time limited and tied specifically to individuals impacted by the emergency. Permanent or long-ranging changes will need to be incorporated into the main appendices of the waiver, via an amendment request in the waiver management system (WMS) upon advice from CMS.*

**a.      Access and Eligibility:**

**i.      Temporarily increase the cost limits for entry into the waiver.**

[Provide explanation of changes and specify the temporary cost limit.]

**ii.      Temporarily modify additional targeting criteria.**

[Explanation of changes]

**b. X Services**

**i. X Temporarily modify service scope or coverage.**

[Complete Section A- Services to be Added/Modified During an Emergency.]

Effective September 1, 2020, to address changing needs of waiver participants during the PHE and to maintain a stable workforce and provider pool, and preserve significantly impacted HCBS provider networks affected by the continued shortage of provider staff, the State will temporarily modify the service scope for selected services. The temporary modification will allow for service delivery flexibilities to respond to the extenuating circumstances created by the COVID-19 pandemic, to prevent spread of illness, and to best manage the health, safety, and well-being of waiver participants. The modifications of service scope are:

- Delivery of protective supplies and equipment related to COVID-19
- Training in the use of equipment and/or supplies that are needed to access services remotely.
- Delivery and set-up of equipment and/or supplies needed to access services remotely

The temporary modification will apply to the following services categories:

- Day Services
- Non-Medical Transportation
- Prevocational Services
- Supported Employment Services

When the temporary service scope modifications are in effect, the billing process will be as follows:

Payments to qualified providers for the above listed service modifications will only be made for services delivered to individuals enrolled on the Medicaid waiver at the monthly rate established for providers. Providers will keep records of each individual's frequency of participation in the modified service and will submit billing only for individuals who have elected to receive these services. These modifications to these services and rates have been established to assure access to needed home and community based services in support of the individual's health and safety during the COVID-19 pandemic.

**ii. \_\_\_ Temporarily exceed service limitations (including limits on sets of services as described in Appendix C-4) or requirements for amount, duration, and prior authorization to address health and welfare issues presented by the emergency.**

[Explanation of changes]

**iii. \_\_\_ Temporarily add services to the waiver to address the emergency situation (for example, emergency counseling; heightened case management to address emergency needs; emergency medical supplies and equipment; individually directed goods and services; ancillary services to establish temporary residences for dislocated waiver enrollees; necessary technology; emergency evacuation transportation outside of the**

**scope of non-emergency transportation or transportation already provided through the waiver).**

[Complete Section A-Services to be Added/Modified During an Emergency]

- iv. \_\_\_ Temporarily expand setting(s) where services may be provided (e.g. hotels, shelters, schools, churches) Note for respite services only, the state should indicate any facility-based settings and indicate whether room and board is included:**

[Explanation of modification, and advisement if room and board is included in the respite rate]:

- v. \_\_\_ Temporarily provide services in out of state settings (if not already permitted in the state's approved waiver). [Explanation of changes]**

- c. \_\_\_ Temporarily permit payment for services rendered by family caregivers or legally responsible individuals if not already permitted under the waiver.** Indicate the services to which this will apply and the safeguards to ensure that individuals receive necessary services as authorized in the plan of care, and the procedures that are used to ensure that payments are made for services rendered.

- d. \_\_\_ Temporarily modify provider qualifications (for example, expand provider pool, temporarily modify or suspend licensure and certification requirements).**

**i. \_\_\_ Temporarily modify provider qualifications.**

[Provide explanation of changes, list each service affected, list the provider type, and the changes in provider qualifications.]

**ii. \_\_\_ Temporarily modify provider types.**

[Provide explanation of changes, list each service affected, and the changes in the provider type for each service].

**iii. \_\_\_ Temporarily modify licensure or other requirements for settings where waiver services are furnished.**

[Provide explanation of changes, description of facilities to be utilized and list each service provided in each facility utilized.]

**e. \_\_\_ Temporarily modify processes for level of care evaluations or re-evaluations (within regulatory requirements). [Describe]**

**f. \_\_\_ Temporarily increase payment rates**

[Provide an explanation for the increase. List the provider types, rates by service, and specify whether this change is based on a rate development method that is different from the current approved waiver (and if different, specify and explain the rate development method). If the rate varies by provider, list the rate by service and by provider].

**g. \_\_\_ Temporarily modify person-centered service plan development process and individual(s) responsible for person-centered service plan development, including qualifications.**

[Describe any modifications including qualifications of individuals responsible for service plan development, and address Participant Safeguards. Also include strategies to ensure that services are received as authorized.]

**h. \_\_\_ Temporarily modify incident reporting requirements, medication management or other participant safeguards to ensure individual health and welfare, and to account for emergency circumstances. [Explanation of changes]**

**i. \_\_\_ Temporarily allow for payment for services for the purpose of supporting waiver participants in an acute care hospital or short-term institutional stay when necessary supports (including communication and intensive personal care) are not available in that setting, or when the individual requires those services for communication and behavioral stabilization, and such services are not covered in such settings.**

[Specify the services.]

**j. \_\_\_ Temporarily include retainer payments to address emergency related issues.**

[Describe the circumstances under which such payments are authorized and applicable limits on their duration. Retainer payments are available for habilitation and personal care only.]

**k. \_\_\_ Temporarily institute or expand opportunities for self-direction.**

[Provide an overview and any expansion of self-direction opportunities including a list of services that may be self-directed and an overview of participant safeguards]

**l. \_\_\_ Increase Factor C.**

[Explain the reason for the increase and list the current approved Factor C as well as the proposed revised Factor C]

**m. X Other Changes Necessary [For example, any changes to billing processes, use of contracted entities or any other changes needed by the State to address imminent needs of individuals in the waiver program]. [Explanation of changes]**

When the temporary service scope modifications are in effect, the billing process will be as follows:

Payments to qualified providers for the above listed service modifications will be based on each provider's traditional rate (e.g. daily or hourly rate) for the respective service converted to a monthly rate. The conversion to the monthly rate is done by multiplying the daily or hourly rate by the average number of units of service per month provided to individuals during the 12 month period ending February 2020. Providers will keep records of each individual's frequency of participation in the modified service and will submit billing only for individuals who have elected to receive these services. The monthly rate will be billed only for individuals who elect the modified service and who receive at least 50 percent of the average amount of service per month provided to individuals during the 12-month period ending February 2020.

## Contact Person(s)

**A. The Medicaid agency representative with whom CMS should communicate regarding the request:**

**First Name:** Joseph  
**Last Name** Billingsley  
**Title:** Assistant Deputy Director  
**Agency:** Department of Health Care Services  
**Address 1:** 1501 Capitol Avenue, MS 4502  
**Address 2:** P.O. Box 997437  
**City** Sacramento  
**State** CA  
**Zip Code** 95899-7437  
**Telephone:** 916-713-8389  
**E-mail** Joseph.Billingsley@dhcs.ca.gov  
**Fax Number** n/a

**B. If applicable, the State operating agency representative with whom CMS should communicate regarding the waiver is:**

**First Name:** Jonathan  
**Last Name** Hill  
**Title:** Chief, Federal Programs Operations Section  
**Agency:** Department of Developmental Services  
**Address 1:** 1215 O Street, MS 7-40  
**Address 2:** Click or tap here to enter text.  
**City** Sacramento  
**State** CA  
**Zip Code** 95814  
**Telephone:** 916-653-4541  
**E-mail** Jonathan.Hill@dds.ca.gov

## 8. Authorizing Signature

**Signature:** /S/

**Date:** 4/22/2022

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State Medicaid Director or Designee

**First Name:** Jacey  
**Last Name** Cooper  
**Title:** State Medicaid Director  
**Agency:** California Department of Health Care Services  
**Address 1:** 1501 Capitol Avenue  
**Address 2:** P. O. Box 997413, MS 0000  
**City** Sacramento  
**State** CA  
**Zip Code** 95899-7413  
**Telephone:** (916) 449-7400  
**E-mail** Jacey.Cooper@dhcs.ca.gov  
**Fax Number** (916) 449-7404



## Section A---Services to be Added/Modified During an Emergency

Complete for each service added during a time of emergency. For services in the approved waiver which the state is temporarily modifying, enter the entire service definition and highlight the change. State laws, regulations and policies referenced in the specification are readily available to CMS upon request through the Medicaid agency or the operating agency (if applicable).

Service Specification	
Service Title:	Day Service
<i>Complete this part for a renewal application or a new waiver that replaces an existing waiver. Select one:</i>	
Service Definition (Scope):	
<p>Habilitation Day Services includes three components:</p> <p>A) Community-Based Day Services (Providers identified with CB below) These services provide assistance with acquisition, retention, or improvement in self-help, socialization and adaptive skills which take place in a non-residential setting. Services may be furnished four or more hours per day on a regularly scheduled basis, for one or more days per week unless provided as an adjunct to other day activities included in an individuals plan of care. These services enable the individual to attain or maintain his or her maximum functional level and shall be coordinated with any physical, occupational, or speech therapies listed in the plan of care. In addition, day habilitation service may serve to reinforce skills or lessons taught in school, therapy, or other settings. Transportation services are not included in this service.</p> <p>B) Activity-Based/Therapeutic Day Services (Providers identified with AT below) These services provide assistance with acquisition, retention, or improvement in self-help, socialization and adaptive skills through therapeutic and/or physical activities and are designed to: Gain insight into problematic behavior Provide opportunities for expression of needs and feelings Enhance gross and fine motor development Promote language development and communication skills Increase socialization and community awareness Improve communication skills Provide visual, auditory and tactile awareness and perception experiences Assist in developing appropriate peer interactions</p> <p>C) Mobility Related Day Services - (Providers identified with MT below) These services foster the acquisition of greater independence and personal choice by teaching individuals how to use public transportation or other modes of transportation which will enable them to move about the community independently.</p> <p>The above described services are not available under a program funded under section 110 of the Rehabilitation Act of 1973 (29 USC Section 730) or section 602(16) and (17) of the Individuals with Disabilities Education Act (20 USC 1401(16 and 17).</p> <p>Effective September 1, 2020, to address changing needs of waiver participants during the PHE and to maintain a stable workforce and provider pool, and preserve significantly impacted HCBS provider networks affected by the continued shortage of provider staff, the State will temporarily modify the service scope for this service. The temporary modification will allow for service delivery flexibilities to respond to the extenuating circumstances created by the COVID-19 pandemic, to prevent spread of illness, and to best manage the health, safety, and well-being of waiver participants. The modifications of service scope are:</p> <ul style="list-style-type: none"> <li>Delivery of protective supplies and equipment related to COVID-19</li> <li>Training in the use of equipment and/or supplies that are needed to access services remotely.</li> <li>Delivery and set-up of equipment and/or supplies needed to access services remotely</li> </ul> <p>The modification to this services and the rate have been established to assure access to needed home and community based services in support of the individual's health and safety during the COVID-19 pandemic.</p>	
Specify applicable (if any) limits on the amount, frequency, or duration of this service:	
<p>A consumer may receive specialized recreation and non-medical therapies when the regional center determines that the service is a primary or critical means for ameliorating the physical, cognitive, or psychosocial effects of the consumers developmental disability, or the service is necessary to enable the consumer to remain in his or her</p>	

home and no alternative service is available to meet the consumers need.

### Provider Specifications

Provider Category(s) (check one or both):	<input checked="" type="checkbox"/>	Individual. List types:	<input checked="" type="checkbox"/>	Agency. List the types of agencies:
		Independent Living Specialist (CB)		Mobility Training Services Agency (MT)
		Mobility Training Services Specialist (MT)		Independent Living Program (CB)
		Music Therapist (AT)		Social Recreation Program (CB)
		Adaptive Skills Trainer (CB)		Behavior Management Program (CB)
		Specialized Recreational Therapist		Creative Arts Program (AT)
		Socialization Training Program; Community Integration Training Program: Community Activities Support Service (CB)		Activity Center (CB)
		Recreational Therapist (AT)		Socialization Training Program; Community Integration Training Program: Community Activities Support Service (CB)
		Personal Assistant (CB)		Specialized Recreational Therapist (AT)
		Special Olympics (AT)		Adult Development Centers (CB)
		Dance Therapist (AT)		Dance Therapist (AT)
		Art Therapist (AT)		Sports Club(AT)
		Creative Arts Program (AT)		Art Therapist (AT)
		Driver Trainer (MT)		Music Therapist (AT)
				Driver Trainer (MT)
				Special Olympics (AT)
				Personal Assistant (CB)
				Recreational Therapist (AT)
			Adaptive Skills Trainer (CB)	

Specify whether the service may be provided by (check each that applies):

<input checked="" type="checkbox"/>	Legally Responsible Person	<input checked="" type="checkbox"/>	Relative/Legal Guardian
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### Provider Qualifications (provide the following information for each type of provider):

Provider Type:	License (specify)	Certificate (specify)	Other Standard (specify)
Special Olympics Trainer (AT) (Individual/Agency)	No state licensing category.  As appropriate, a business license as required by the local jurisdiction where the business is located.	N/A	Knowledge and training sufficient to ensure consumer participation in Special Olympics.
Behavior Management Program (CB) (Agency)	Licensed Facility by the by Department of Social Services pursuant to Health and Safety Code §§ 1500-1567.87  As appropriate, a	N/A	Requires written program design, recipient entrance and exit criteria, and staff training.  Director must have BA/BS with 18 months experience in human services delivery, or five years experience in human services delivery field. Supervisory staff must have three years experience plus demonstrated supervisory skills.

	business license as required by the local jurisdiction where the business is located.		
Adaptive Skills Trainer (CB) (Individual/Agency)	No state licensing category.  As appropriate, a business license as required by the local jurisdiction where the business is located.	N/A	Individual providing this service shall possess: 1. Master's degree in education, psychology, counseling, nursing, social work, applied behavior analysis, behavioral medicine, speech and language or rehabilitation; and 2. At least one year of experience in the designing and implementation of adaptive skills training plans.
Socialization Training Program; Community Integration Training Program; Community Activities Support Service (CB) (Individual/Agency)	Licensed Facility by the Department of Social Services pursuant to Health and Safety Code §§ 1500-1567.87  As appropriate, a business license as required by the local jurisdiction where the business is located.	N/A	Qualifications and training of staff per agency guidelines.  For Community Integration Training Program: Program directors must have at least a bachelor's degree. Direct service workers may be qualified by experience.
Recreational Therapist (AT) (Individual/Agency)	No state licensing category.  As appropriate, a business license as required by the local jurisdiction where the business is located.	Certification issued by either the National Council for Therapeutic Recreation Certification or the California Board of Recreation and Park Certification.	N/A
Specialized Recreational Therapist (Individual/Agency)	Credentialed and/or licensed as required by the State in the field of therapy being offered.  As appropriate, a business license as required by the local jurisdiction where the business is located.	Equestrian therapists shall possess a current accreditation and instructor certification with the North American Riding for the Handicapped Association	N/A
Driver Trainer (MT) (Individual/Agency)	Valid California driver's license  As appropriate, a business license as required by the local jurisdiction where the business is located.	Current certification by the California Department of Motor Vehicles as a driver instructor.	N/A
Personal Assistant (CB) (Individual/Agency)	No state licensing category.  As appropriate, a business license as required by the local jurisdiction where the business is located.	N/A	Ability to provide assistance and support to meet Habilitation-Day Services needs as outlined in an individual program plan.
Creative Art Program (AT)	Licensed creative art program by the	N/A	Program Director: Equivalent of a high school diploma and experience with persons with

(Individual/Agency)	<p>Department of Social Services pursuant to Health and Safety Code §§ 1500-1567.87</p> <p>As appropriate, a business license as required by the local jurisdiction where the business is located.</p>		<p>developmental disabilities.</p> <p>Direct Care Staff: Must have artistic experience as demonstrated through a resume.</p>
Independent Living Specialist (CB) (Individual)	<p>No state licensing category.</p> <p>As appropriate, a business license as required by the local jurisdiction where the business is located.</p>	N/A	<p>Possesses the skill, training, or education necessary to teach recipients to live independently and/or to provide the supports necessary for the recipient to maintain a self-sustaining, independent living situation in the community, such as one year experience providing services to individuals in a residential or non-residential setting and possession of at least a two-year degree in a subject area related to skills training and development of program plans for eligible individuals.</p>
Sports Club: (AT) (Agency)	<p>No state licensing category.</p> <p>As appropriate, a business license as required by the local jurisdiction where the business is located.</p>	N/A	<p>All community recreational program providers shall possess the following minimum qualifications:</p> <ol style="list-style-type: none"> <li>1. Ability to perform the functions required by the individual plan of care;</li> <li>2. Demonstrated dependability and personal integrity;</li> </ol> <p>Willingness to pursue training as necessary based upon the individual consumer's needs.</p>
Mobility Training Services Agency (MT) (Agency)	<p>No state licensing category.</p> <p>As appropriate, a business license as required by the local jurisdiction where the business is located.</p>	N/A	<p>Personnel providing this service possess the skill, training or education necessary to teach individuals how to use public transportation or other modes of transportation which enable them to move about the community independently including:</p> <ol style="list-style-type: none"> <li>a) previous experience working with individuals with developmental disabilities and awareness of associated problems, attitudes and behavior patterns;</li> <li>b) a valid California Driver's license and current insurance;</li> <li>c) ability to work independently with minimal supervision according to specific guidelines; and</li> <li>d) flexibility and adaptive skills to facilitate individual recipient needs.</li> </ol>
Music Therapist (AT) (Individual/Agency)	<p>No state licensing category.</p> <p>As appropriate, a business license as required by the local jurisdiction where the business is located.</p>	Valid registration issued by the National Association for Music Therapy.	N/A
Adult Development Centers (CB) (Agency)	<p>Licensed facility by the Department of Social Services pursuant to Health and Safety Code §§ 1500-1567.87</p> <p>As appropriate, a business license as required by the local</p>	N/A	<p>Requires written program design, recipient entrance and exit criteria, and staff training.</p> <p>Director must have BA/BS with 18 months experience in human services delivery, or five years experience in human services delivery field.</p> <p>Supervisory staff must have three years experience plus demonstrated supervisory skills.</p>

	jurisdiction where the business is located.		
Social Recreation Program (CB) (Agency)	Licensed Facility by the Department of Social Services pursuant to Health and Safety Code §§ 1500-1567.87  As appropriate, a business license as required by the local jurisdiction where the business is located.	N/A	Requires written program design, recipient entrance and exit criteria, and staff training. Director must have BA/BS with 18 months experience in human services delivery, or five years experience in human services delivery field. Supervisory staff must have three years experience plus demonstrated supervisory skills.
Dance Therapist (AT) (Individual/Agency)	No state licensing category.  As appropriate, a business license as required by the local jurisdiction where the business is located.	Validly registered as a dance therapist by the American Dance Therapy Association	N/A
Art Therapist (AT) (Individual/Agency)	No state licensing category.  As appropriate, a business license as required by the local jurisdiction where the business is located.	Current registration issued by the American Art Therapy Association.	N/A
Mobility Training Services Specialist (MT) (Individual)	No state licensing category.  As appropriate, a business license as required by the local jurisdiction where the business is located.	N/A	Individuals providing this service possess the following minimum requirements: 1. Previous experience working with individuals with developmental disabilities and awareness of associated problems, attitudes and behavior patterns; 2. A valid California Driver's license and current insurance;  Ability to work independently, flexibility and adaptive skills to facilitate individual recipient needs.
Independent Living Program (CB) (Agency)	Licensed facility by the Department of Social Services pursuant to Health and Safety Code §§ 1500-1567.87  As appropriate, a business license as required by the local jurisdiction where the business is located.	N/A	Requires written program design, recipient entrance and exit criteria, and staff training.  Director must have BA/BS with 18 months experience in human services delivery, or five years experience in human services delivery field. Supervisory staff must have three years experience plus demonstrated supervisory skills.
Activity Center (CB) (Agency)	Licensed facility by the Department of Social Services pursuant to Health and Safety Code §§ 1500-1567.87 if applicable  As appropriate, a	N/A	Requires written program design, recipient entrance and exit criteria, and staff training.  Director must have BA/BS with 18 months experience in human services delivery, or five years experience in human services delivery field. Supervisory staff must have three years experience plus demonstrated supervisory skills.

	business license as required by the local jurisdiction where the business is located.		
<b>Verification of Provider Qualifications</b>			
<b>Provider Type:</b>	<b>Entity Responsible for Verification:</b>	<b>Frequency of Verification</b>	
Business entity	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.  Department of Social Services – Community Care Licensing Division (DSS-CCLD) and regional centers.	Verified upon application for vendorization and at least biennially thereafter.  Annually	
<b>Service Delivery Method</b>			
<b>Service Delivery Method</b> (check each that applies):	<input type="checkbox"/>	Participant-directed as specified in Appendix E	<input checked="" type="checkbox"/> Provider managed

<b>Service Specification</b>	
<b>Service Title:</b>	Non-Medical Transportation
<i>Complete this part for a renewal application or a new waiver that replaces an existing waiver. Select one:</i>	
<b>Service Definition (Scope):</b>	
<p>Service offered in order to enable individuals served on the waiver to gain access to waiver and other community services, activities and resources, specified by the plan of care. This service is offered in addition to medical transportation required under 42 CFR 431.53 and transportation services under the State plan, defined in 42 CFR 440.170(a) (if applicable), and shall not replace them. Non-medical transportation services under the waiver shall be offered in accordance with the individual's plan of care and shall include transportation aides and such other assistance as is necessary to assure the safe transport of the recipient. Private, specialized transportation will be provided to those individuals who cannot safely access and utilize public transportation services (when available.) Whenever possible, family, neighbors, friends, or community agencies which can provide this service without charge will be utilized. A regional center may offer family members or adult consumers the option to self-direct their own non-medical transportation services.</p> <p>Effective September 1, 2020, to address changing needs of waiver participants during the PHE and to maintain a stable workforce and provider pool, and preserve significantly impacted HCBS provider networks affected by the continued shortage of provider staff, the State will temporarily modify the service scope for this service. The temporary modification will allow for service delivery flexibilities to respond to the extenuating circumstances created by the COVID-19 pandemic, to prevent spread of illness, and to best manage the health, safety, and well-being of waiver participants. The modifications of service scope are:</p> <ul style="list-style-type: none"> <li>• Delivery of protective supplies and equipment related to COVID-19</li> <li>• Training in the use of equipment and/or supplies that are needed to access services remotely.</li> <li>• Delivery and set-up of equipment and/or supplies needed to access services remotely</li> </ul> <p>The modification to this services and the rate have been established to assure access to needed home and community based services in support of the individual's health and safety during the COVID-19 pandemic.</p>	
Specify applicable (if any) limits on the amount, frequency, or duration of this service:	

Provider Specifications					
Provider Category(s) (check one or both):	<input checked="" type="checkbox"/>	Individual. List types:	<input checked="" type="checkbox"/>	Agency. List the types of agencies:	
		Individual Transportation Provider		Public Transit Authority	
				Transportation Company: Transportation Broker; Transportation Provider—Additional component	
Specify whether the service may be provided by (check each that applies):	<input type="checkbox"/>	Legally Responsible Person	<input checked="" type="checkbox"/>	Relative/Legal Guardian	
<b>Provider Qualifications</b> (provide the following information for each type of provider):					
Provider Type:	License (specify)		Certificate (specify)		Other Standard (specify)
Public Transit Authority (Agency)	As appropriate, a business license as required by the local jurisdiction where the business is located.		N/A		Welfare and Institutions Code Section 4648.3
Transportation Company: Transportation Broker; Transportation Provider—Additional Component (Agency)	As appropriate, a business license as required by the local jurisdiction where the business is located.		N/A		Welfare and Institutions Code Section 4648.3
Individual Transportation Provider (Individual)	Valid California driver's license As appropriate, a business license as required by the local jurisdiction where the business is located.		N/A		Welfare and Institutions Code Section 4648.3
<b>Verification of Provider Qualifications</b>					
Provider Type:	Entity Responsible for Verification:			Frequency of Verification	
Individual					
Business entity	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.	
<b>Service Delivery Method</b>					
Service Delivery Method (check each that applies):	<input checked="" type="checkbox"/>	Participant-directed as specified in Appendix E	<input checked="" type="checkbox"/>	Provider managed	

Service Specification	
Service Title:	Prevocational Services
Complete this part for a renewal application or a new waiver that replaces an existing waiver. Select one:	
Service Definition (Scope):	

Prevocational services are services that are delivered for the purpose of furthering habilitation goals of learning and work experience through a habilitation service plan required by 17 CCR § 58812 to outline a specific path to competitive, integrated employment in the community. The service plan is to be reviewed not less than annually or more frequently if requested by the individual.

Services are intended to develop and teach general skills that lead to competitive and integrated employment including, but not limited to: ability to communicate effectively with supervisors, co-workers and customers; generally accepted community work place conduct and dress; ability to follow directions; ability to attend to tasks; work place problem solving skills and strategies; general work place safety and mobility training. Additionally, both work adjustment and supportive habilitation services as defined in Title 17 CCR § 58820 (c)(2), should allow for the development of productive skills, physical and psychomotor skills, interpersonal and communicative skills, health and hygiene maintenance, personal safety practices, self-advocacy training, and other skills aimed at maintaining a job and as outlined in the individual's person-centered services and supports plan. Individuals may be compensated based upon their performance and upon prevailing wage. However, compensation is not the sole purpose of participation in this service.

Prevocational services are designed to prepare individuals in non-job-task-specific strengths and skills that contribute towards obtaining a competitive and integrated employment, as opposed to vocational services whose sole purpose is to provide employment without habilitation goals geared towards skill building.

Transportation services are not included under Prevocational Services.

Federal financial participation is not claimed for incentive payments, subsidies, or unrelated vocational training expenses such as incentive payments made to an employer to encourage or subsidize the employer's participation in supported employment; or payments that are passed through to users of supported employment services.

The above-described services are not available under a program funded under section 110 of the Rehabilitation Act of 1973 (29 USC Section 730) or section 602(16) and (17) of the Individuals with Disabilities Education Act (20 U.S.C. 1401 (16 and 17)).

Effective September 1, 2020, to address changing needs of waiver participants during the PHE and to maintain a stable workforce and provider pool, and preserve significantly impacted HCBS provider networks affected by the continued shortage of provider staff, the State will temporarily modify the service scope for this service. The temporary modification will allow for service delivery flexibilities to respond to the extenuating circumstances created by the COVID-19 pandemic, to prevent spread of illness, and to best manage the health, safety, and well-being of waiver participants. The modifications of service scope are:

- Delivery of protective supplies and equipment related to COVID-19
- Training in the use of equipment and/or supplies that are needed to access services remotely.
- Delivery and set-up of equipment and/or supplies needed to access services remotely

The modification to this services and the rate have been established to assure access to needed home and community based services in support of the individual's health and safety during the COVID-19 pandemic.

Specify applicable (if any) limits on the amount, frequency, or duration of this service:

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#### Provider Specifications

Provider Category(s) (check one or both):	<input type="checkbox"/>	Individual. List types:	<input checked="" type="checkbox"/>	Agency. List the types of agencies:
			Work Activity Program	
Specify whether the service may be provided by (check each that applies):	<input type="checkbox"/>	Legally Responsible Person	<input checked="" type="checkbox"/>	Relative/Legal Guardian
<b>Provider Qualifications</b> (provide the following information for each type of provider):				
Provider Type:	License (specify)	Certificate (specify)	Other Standard (specify)	



Work Activity Program (Agency)	Licensed Facility by the Department of Social Services pursuant to the Health and Safety Code §§ 1500-1567. 87 if applicable  Federal/State Tax Exempt Letter. As appropriate, a business license as required by the local jurisdiction where the business is located.	Programs must initially meet the Department of Rehabilitation Program certification standards and be accredited by CARF within four years of providing services per welfare and Institutions Code §4851.	N/A
Supported Employment Programs (Agency)	No state licensing category.  Federal/State Tax Exempt Letter. As appropriate, a business license as required by the local jurisdiction where the business is located.	Programs must initially meet the Department of Rehabilitation Program certification standards and be accredited by CARF within four years of providing services pursuant to Title 17 § 58810(f)(1)(2).	

#### Verification of Provider Qualifications

Provider Type:	Entity Responsible for Verification:	Frequency of Verification
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.  Commission on Accreditation of Rehabilitation Facilities (CARF). CARF communicates with DDS on all CARF accreditation renewals in process. The information is shared with regional centers as needed.	Verified upon application for vendorization and biennially thereafter.  Within four years at start-up; every one to three years thereafter.
Business entity		

#### Service Delivery Method

<b>Service Delivery Method</b> (check each that applies):	<input type="checkbox"/>	Participant-directed as specified in Appendix E	<input checked="" type="checkbox"/>	Provider managed
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#### Service Specification

Service Title:	Supported Employment
Complete this part for a renewal application or a new waiver that replaces an existing waiver. Select one:	
Service Definition (Scope):	

Supported employment services are defined in California Welfare and Institutions Code § 4851(n)(s) as; paid work that is integrated in the community for individuals with developmental disabilities. Individual services means job coaching and other supported employment services for regional center-funded consumers in a supported employment placement at a job coach-to-consumer ratio of one-to-one, and that decrease over time until stabilization is achieved. Individualized services may be provided on or off the jobsite. These services are received by eligible adults who are employed in integrated settings in the community. These individuals are unable to maintain this employment without an appropriate level of ongoing employment support services. Transportation services are not included under supported employment individual services.

Supported Employment- Individual Services (defined in California Welfare and Institutions Code §4851(n)(s).

- Training and supervision in addition to the training and supervision the employer normally provides to employees.
- Support services to ensure job adjustment and retention, provided on an individual basis in the community, as defined in California Welfare and Institutions Code §4851(q):
  - Job development – The process of working with a consumer, based on the individual's interests and abilities to identify potential jobs, meet with the hiring business, and assist the consumer to apply for and compete for the job.
  - Job analysis Classifying each of the required duties of a job to identify the support needed by the consumer.
  - Training in adaptive functional skills
  - Social skill training
  - Ongoing support services -Services that are provided, typically off the job, to assist a consumer with concerns or issues that could affect his or her ability to maintain employment.
  - Family counseling necessary to support the individual's employment
  - Advocacy related to the employment, such as assisting individuals in understanding their benefits
  - Advocacy or intervention to resolve problems affecting the consumer's work adjustment or retention.

Recipients receiving individual services normally earn minimum wage or above and are on the employer's payroll. Individuals receiving these services usually receive supervision 5-20% of the time by the program. The remainder of the time, the employer provides all supervision and training. The above described services are not available under a program funded under section 110 of the Rehabilitation Act of 1973 (29 USC Section 730) or section 602(16) and (17) of the Individuals with Disabilities Education Act (20 USC 1401(16 and 17).

The reimbursement for Supported Employment (Individual Services) includes incentive payments for measurable milestones identified below:

1. A one-time payment made to a provider when an individual obtains competitive integrated employment and is still employed after 30 consecutive days.
2. An additional one-time payment made to a provider when an individual obtains competitive integrated employment and is still employed after six consecutive months.
3. An additional one-time payment made to a provider when an individual has been employed consecutively for one year.

Federal financial participation is not claimed for incentive payments, subsidies, or unrelated vocational training expenses such as the following:

1. Incentive payments made to an employer to encourage or subsidize the employer's participation in supported employment; or
2. Payments that are passed through to users of supported employment services.

Effective September 1, 2020, to address changing needs of waiver participants during the PHE and to maintain a stable workforce and provider pool, and preserve significantly impacted HCBS provider networks affected by the

continued shortage of provider staff, the State will temporarily modify the service scope for this service. The temporary modification will allow for service delivery flexibilities to respond to the extenuating circumstances created by the COVID-19 pandemic, to prevent spread of illness, and to best manage the health, safety, and well-being of waiver participants. The modifications of service scope are:

- Delivery of protective supplies and equipment related to COVID-19
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- Delivery and set-up of equipment and/or supplies needed to access services remotely

The modification to this services and the rate have been established to assure access to needed home and community based services in support of the individual's health and safety during the COVID-19 pandemic.

Specify applicable (if any) limits on the amount, frequency, or duration of this service:

### Provider Specifications

Provider Category(s) (check one or both):	<input checked="" type="checkbox"/>	Individual. List types:	<input type="checkbox"/>	Agency. List the types of agencies:
	Supported Employment Program			
Specify whether the service may be provided by (check each that applies):	<input type="checkbox"/>	Legally Responsible Person	<input checked="" type="checkbox"/>	Relative/Legal Guardian

### Provider Qualifications (provide the following information for each type of provider):

Provider Type:	License (specify)	Certificate (specify)	Other Standard (specify)
Supported Employment Programs (Individual)	No state licensing category. Federal/State Tax Exempt Letter. As appropriate, a business license as required by the local jurisdiction where the business is located.	Programs must initially meet the Department of Rehabilitation Program certification standards and be accredited by CARF within four years of providing services pursuant to Title 17 § 58810(f)(1)(2).	N/A

### Verification of Provider Qualifications

Provider Type:	Entity Responsible for Verification:	Frequency of Verification
Supported Employment Programs (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. Commission on Accreditation of Rehabilitation Facilities (CARF). CARF communicates with DDS on all CARF accreditation renewals in process. The information is shared with regional centers as needed.	Verified upon application for vendorization and biennially thereafter. Within four years at start-up; every one to three years thereafter.

### Service Delivery Method

<b>Service Delivery Method</b> <i>(check each that applies):</i>	<input type="checkbox"/>	Participant-directed as specified in Appendix E	<input checked="" type="checkbox"/>	Provider managed
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<sup>i</sup> Numerous changes that the state may want to make necessitate authority outside of the scope of section 1915(c) authority. States interested in changes to administrative claiming or changes that require section 1115 or section 1135 authority should engage CMS in a discussion as soon as possible. Some examples may include: (a) changes to administrative activities, such as the establishment of a hotline; (b) suspension of general Medicaid rules that are not addressed under section 1915(c) such as payment rules or eligibility rules or suspension of provisions of section 1902(a) to which 1915(c) is typically bound.