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

1915(i) HCBS State Plan Services
Administration and Operation

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: Enhanced Habilitation- Prevocational Services: Homemaker Services: Home Health Aide Services: Community Based Adult Services: Personal Emergency Response Systems: Vehicle Modification and Adaptation

2. **State Medicaid Agency (SMA) Line of Authority for Operating the HCBS State Plan Supplemental Benefit Package.** *(Select one)*:

○	The HCBS state plan supplemental benefit package is operated by the SMA. Specify the SMA division/unit that has line authority for the operation of the program *(select one)*:		
	○	The Medical Assistance Unit *(name of unit)*:	
	○	Another division/unit within the SMA that is separate from the Medical Assistance Unit *(name of division/unit)*	
◉	The HCBS state plan supplemental benefit package is operated by *(name of agency)*		
	The Department of Developmental Services (DDS)		
	a separate agency of the State that is not a division/unit of the Medicaid agency. The interagency agreement or memorandum of understanding that sets forth the authority and arrangements for this delegation of authority is available through the Medicaid agency to CMS upon request.		

3. **Distribution of State Plan HCBS Operational and Administrative Functions.**

☑ The State assures that in accordance with 42 CFR §431.10, the Medicaid agency exercises administrative discretion in the administration or supervision of the state plan. When a function is performed by other than the Medicaid agency, the entity performing that function does not substitute its own judgment for that of the Medicaid agency with respect to the application of policies, rules and regulations. Furthermore, the Medicaid Agency assures that it maintains accountability for the performance of any operational, contractual, or local regional entities.

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

(*Check all agencies and/or entities that perform each function*):

Function	Medicaid Agency	Other State Operating Agency	Contracted Entity	Local Non-State Entity
1 Disseminate information concerning the state plan HCBS to potential enrollees	☑	☑	☐	☑
2 Assist individuals in state plan HCBS enrollment	☑	☐	☐	☑
3 Manage state plan HCBS enrollment against approved limits, if any	☑	☑	☐	☑
4 Review participant service plans to ensure that state plan HCBS requirements are met	☑	☑	☐	☑
5 Recommend the prior authorization of state plan HCBS	☑	☐	☐	☑
6 Conduct utilization management functions	☑	☑	☐	☑
7 Recruit providers	☑	☐	☐	☑
8 Execute the Medicaid provider agreement	☑	☑	☐	☑
9 Conduct training and technical assistance concerning state plan HCBS requirements	☑	☑	☐	☑
10 Conduct quality monitoring of individual health and welfare and State plan HCBS program performance.	☑	☑	☐	☑
11 Quality assurance and quality improvement activities	☑	☑	☐	☑

(Specify, as numbered above, the agencies/entities(other than the SMA) that perform each function):

This 1915(i) SPA employs an Organized Health Care Delivery System (OHCDS) arrangement. The Department of Developmental Services (DDS) is the OHCDS.

DDS Meets the Regulatory Definition of an OHCDS. Federal Medicaid regulations define an OHCDS as "a public or private organization for delivering health services. It includes, but is not limited to, a clinic, a group practice prepaid capitation plan, and a health maintenance organization." 42 C.F.R. § 447.10(b). The term OHCDS is "open to interpretations broad enough to apply to systems which are not prepaid organizations." See State Medicaid Directors dated December 23, 1993. An OHCDS "must provide at least one service directly (utilizing its own employees, rather than contractors)." *Id.* "So long as the entity continues to furnish at least one service itself, it may contract with other qualified providers to furnish Medicaid covered services." *Id.*

There are adequate safeguards to ensure that OHCDS subcontractors possess the required qualifications and meet applicable Medicaid requirements e.g. maintenance of necessary documentation for the services furnished. . Under state law, regional centers are responsible for ensuring that providers meet these qualifications.

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

The OHCDS arrangements preserve participant free choice of qualified providers. Free choice of qualified providers is a hallmark of the California system. Recipients of 1915(i) services select their providers through the person centered planning process orchestrated by the regional centers, which culminates in the development of an individual program plan (signed by the beneficiary) delineating the services to be provided and the individual's choice of provider of such service(s). If an individual's choice of provider is not vendorized, they must go through the regional center vendorization process to ensure that they meet all necessary qualifications. The vendorization process is the process for identification, selection, and utilization of service providers based on the qualifications and other requirements necessary in order to provide services. The vendorization process allows regional centers to verify, prior to the provision of services to individuals, that a provider applicant meets all of the requirements and standards specified in regulations. If a provider meets the qualifications, the regional center must accept them as a vendored provider in the OHCDS.

1915(i) providers are not required to contract with an OHCDS in order to furnish services to participants. Although the open nature of the OHCDS means that virtually all providers will be part of the OHCDS, in the event a provider does not want to affiliate with the OHCDS and regional center, they may go directly to the Department of Health Care Services to execute a provider agreement. However, under state law, the process for qualifying a vendor to provide home-and-community based services to an individual with developmental disabilities is through the regional center.

The OHCDS arrangement provides for appropriate financial accountability safeguards.
Qualified providers of 1915(i) SPA services submit claims to the regional center for services delivered to the beneficiary, pursuant to the individual program plan. The regional center reviews the claim (units of service, rate, etc), pays legitimate claims, and submits the claim of payment to DDS as the OHCDS. The OHCDS reimburses the regional center for the actual cost of the service, certifies the expenditures and submits a claim for the federal financial participation to the Department of Health Care Services. DDS does not "add on" to the actual costs of services incurred by and reimbursed to the regional centers.

The costs for administrative activities are not billed as part of the OHCDS payment and are claimed separately at the appropriate administrative rate.

4. ☑ **Conflict of Interest Standards.** The State assures the independence of persons performing evaluations, assessments, and plans of care. Written conflict of interest standards ensure, at a minimum, that persons performing these functions are not:

- related by blood or marriage to the individual, or any paid caregiver of the individual
- financially responsible for the individual
- empowered to make financial or health-related decisions on behalf of the individual
- providers of State plan HCBS for the individual, or those who have interest in or are employed by a provider of State plan HCBS; except, at the option of the State, when providers are given responsibility to perform assessments and plans of care because such individuals are the only willing and qualified provider in a geographic area, and the State devises conflict of interest protections. *(If the State chooses this option, specify the conflict of interest protections the State will implement):*

N/A

5. ☑ **Fair Hearings and Appeals.** The State assures that individuals have opportunities for fair hearings and appeals in accordance with 42 CFR 431 Subpart E.

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

6. ☑ **No FFP for Room and Board.** The State has methodology to prevent claims for Federal financial participation for room and board in HCBS state plan services.

Number Served

1. **Projected Number of Unduplicated Individuals To Be Served Annually.** *(Specify):*

Annual Period	From	To	Projected Number of Participants
Year 1	10/1/2009	9/30/2010	40,000
Year 2	10/1/2010	9/30/2011	42,000
Year 3	10/1/2011	9/30/2012	44,000
Year 4	10/1/2012	9/30/2013	46,000
Year 5	10/1/2013	9/30/2014	48,000

2. ☑ **Annual Reporting.** *(By checking this box the State agrees to):* annually report the actual number of unduplicated individuals served and the estimated number of individuals for the following year.

Financial Eligibility

1. ☑ **Income Limits.** The State assures that individuals receiving state plan HCBS are in an eligibility group covered under the State's Medicaid state plan, and who have income that does not exceed 150% of the Federal Poverty Level (FPL).

2. **Medically Needy.** *(Select one)*

○	The State does not provide HCBS state plan services to the medically needy.	
◉	The State provides HCBS state plan services to the medically needy *(select one):*	
	○	The State elects to waive the requirements at section 1902(a)(10)(C)(i)(III) of the Social Security Act relating to community income and resource rules for the medically needy.
	◉	The State does not elect to waive the requirements at section 1902(a)(10)(C)(i)(III).

Needs Based Evaluation/Reevaluation

1. **Responsibility for Performing Evaluations / Reevaluations.** Independent evaluations/reevaluations to determine whether applicants are eligible for HCBS are performed (*select one*):

○	Directly by the Medicaid agency

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

◉	By Other (*specify*):
	Regional centers

2. **Qualifications of Individuals Performing Evaluation/Reevaluation.** There are qualifications (that are reasonably related to performing evaluations) for persons responsible for evaluation/reevaluation for eligibility. *(Specify qualifications):*

The minimum requirement for conducting evaluations/reevaluations is a degree in social sciences or a related field. Case management experience in the developmental disabilities field or a related field may be substituted for education on a year-for-year basis.

3. **Process for Performing Evaluation/Reevaluation.** Describe the process for evaluating whether individuals meet the needs-based State plan HCBS eligibility criteria and any instrument(s) used to make this determination. If the reevaluation process differs from the evaluation process, describe the differences:

The process for evaluating/reevaluating eligibility for State plan HCBS involves a review of current pertinent information in the individual's record, such as medical, social and psychological evaluations, the individual program plan, progress reports, case management notes and other assessment information. The review verifies the determination the individual meets the needs-based eligibility criteria including the existence of significant functional limitations in three or more areas of major life activity including; receptive/expressive language, learning, self-care, mobility, self-direction, capacity for independent living and economic self-sufficiency.

4. **Needs-based HCBS Eligibility Criteria.** Needs-based criteria are used to evaluate and reevaluate whether an individual is eligible for HCBS state plan services. The criteria take into account the individual's support needs and capabilities and may take into account the individual's ability to perform two or more ADLs, the need for assistance, and other risk factors: *(Specify the needs-based criteria):*

For the period from October 1, 2009 to September 30, 2010, the individual has a need for assistance demonstrated by:

- A need for habilitation services, as defined in Section 1915(c)(5) of the Social Security Act (42 U.S.C. § 1396 et seq.), to teach or train in new skills that have not previously been acquired, such as skills enabling the individual to respond to life changes and environmental demands; and
- A likelihood of retaining new skills acquired through habilitation over time; and
- A condition which results in major impairment of cognitive and/or social functioning, representing sufficient impairment to require interdisciplinary planning and coordination of special or generic services to assist the individual in achieving maximum potential, that continues, or can be expected to continue, indefinitely; and the existence of significant functional limitations in at least three of the following areas of major life activity, as appropriate to the person's age:
    - Receptive and expressive language;
    - Learning;
    - Self-care;
    - Mobility;
    - Self-direction;

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

- Capacity for independent living.

☑ **Target Group(s).** The State elects to target this 1915(i) State plan HCBS benefit to a specific population. With this election, the State will operate this program for a period of 5 years. At least 90 days prior to the end of this 5 year period, the State may request CMS renewal of this benefit for additional 5-year terms in accordance with 1915(i)(7)(C). (*Specify target group(s)*):

Commencing October 1, 2010, in addition to the needs identified above, the individual must also have a diagnosis of a developmental disability, as defined in Section 4512 of the Welfare and Institutions Code and Title 17, California Code of Regulations, §54000 and §54001 as follows:

Welfare and Institutions Code 4512. *As used in this division:*
(a) "Developmental disability" means a disability that originates before an individual attains age 18 years, continues, or can be expected to continue, indefinitely, and constitutes a substantial disability for that individual. As defined by the Director of Developmental Services, in consultation with the Superintendent of Public Instruction, this term shall include mental retardation, cerebral palsy, epilepsy, and autism. This term shall also include disabling conditions found to be closely related to mental retardation or to require treatment similar to that required for individuals with mental retardation, but shall not include other handicapping conditions that are solely physical in nature…
(l) "Substantial disability" means the existence of significant functional limitations in three or more of the following areas of major life activity, as determined by a regional center, and as appropriate to the age of the person:
(1) Self-care.
(2) Receptive and expressive language.
(3) Learning.
(4) Mobility.
(5) Self-direction.
(6) Capacity for independent living.
(7) Economic self-sufficiency.

Title 17, CCR, §54000. Developmental Disability.
(a) "Developmental Disability" means a disability that is attributable to mental retardation, cerebral palsy, epilepsy, autism, or disabling conditions found to be closely related to mental retardation or to require treatment similar to that required for individuals with mental retardation.
(b) The Developmental Disability shall:
(1) Originate before age eighteen;
(2) Be likely to continue indefinitely;
(3) Constitute a substantial disability for the individual as defined in the article.
(c) Developmental Disability shall not include handicapping conditions that are:
(1) Solely psychiatric disorders where there is impaired intellectual or social functioning which originated as a result of the psychiatric disorder or treatment given for such a disorder. Such psychiatric disorders include psycho-social deprivation and/or psychosis, severe neurosis or personality disorders even where social and intellectual functioning have become seriously impaired as an integral manifestation of the disorder.
(2) Solely learning disabilities. A learning disability is a condition which manifests as a significant discrepancy between estimated cognitive potential and actual level of educational performance and which is not a result of generalized mental retardation, educational or psycho-social deprivation,

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

psychiatric disorder, or sensory loss.
(3) Solely physical in nature. These conditions include congenital anomalies or conditions acquired through disease, accident, or faulty development which are not associated with a neurological impairment that results in a need for treatment similar to that required for mental retardation.

Title 17, CCR, §54001. Substantial Disability.
(a)"Substantial disability" means:
(1) A condition which results in major impairment of cognitive and/or social functioning, representing sufficient impairment to require interdisciplinary planning and coordination of special or generic services to assist the individual in achieving maximum potential; and
(2) The existence of significant functional limitations, as determined by the regional center, in three or more of the following areas of major life activity, as appropriate to the person's age:
(A) Receptive and expressive language;
(B) Learning;
(C) Self-care:
(D) Mobility:
(E) Self-direction;
(F) Capacity for independent living;
(G) Economic self-sufficiency.
(b) The assessment of substantial disability shall be made by a group of Regional Center professionals of differing disciplines and shall include consideration of similar qualification appraisals performed by other interdisciplinary bodies of the Department serving the potential client. The group shall include as a minimum a program coordinator, a physician, and a psychologist.
(c) The Regional Center professional group shall consult the potential client, parents, guardians/conservators, educators, advocates, and other client representatives to the extent that they are willing and available to participate in its deliberations and to the extent that the appropriate consent is obtained.

5. ☑ **Needs-based Institutional and Waiver Criteria.** There are needs-based criteria for receipt of institutional services and participation in certain waivers that are more stringent than the criteria above for receipt of HCBS state plan services. Individuals receiving institutional services and participating in certain waivers on the date that more stringent criteria become effective are exempt from the new criteria until such time as they no longer require that level of care. *(Include copies of the State's official documentation of the need-based criteria for each of the following):*

- *Applicable Hospital*
- *NF*
- *ICF/MR*

Differences Among Level of Care Criteria

State Plan HCBS Needs-based eligibility criteria	NF	ICF/MR LOC	Hospitalization LOC
The individual meets the following criteria:	Skilled nursing procedures provided as a part of skilled nursing	The individual must be diagnosed with a developmental disability	The individual requires: Continuous availability of

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

State Plan HCBS Needs-based eligibility criteria	NF	ICF/MR LOC	Hospitalization LOC
A need for habilitation services, as defined in Section 1915(c)(5) of the Social Security Act (42 U.S.C. § 1396 *et seq.*), to teach or train in new skills that have not previously been acquired, such as skills enabling the individual to respond to life changes and environmental demands (as opposed to rehabilitation services to restore functional skills); and A likelihood of retaining new skills acquired through habilitation over time; and A condition which results in major impairment of cognitive and/or social functioning, representing sufficient impairment to require interdisciplinary planning and coordination of special or generic services to assist the individual in achieving maximum potential, that continues, or can be expected to continue, indefinitely; and The existence of significant functional limitations in at least three of the following areas of major life	care are those procedures which must be furnished under the direction of a registered nurse in response to the attending physician's order. The need must be for a level of service which includes the continuous availability of procedures such as, but not limited to, the following: Nursing assessment of the individuals' condition and skilled intervention when indicated; Administration of injections and intravenous of subcutaneous infusions; Gastric tube or gastronomy feedings; Nasopharygeal aspiration; Insertion or replacement of catheters Application of dressings involving prescribed medications; Treatment of extensive decubiti; Administration of medical gases	and a qualifying developmental deficit exists in either the self-help or social-emotional area. For self-help, a qualifying developmental deficit is represented by two moderate or severe skill task impairments in eating, toileting, bladder control or dressing skill. For the social-emotional area, a qualifying developmental deficit is represented by two moderate or severe impairments from a combination of the following; social behavior, aggression, self-injurious behavior, smearing, destruction of property, running or wandering away, or emotional outbursts.	facilities, services, equipment and medical and nursing personnel for prevention, diagnosis or treatment of acute illness or injury.

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

State Plan HCBS Needs-based eligibility criteria	NF	ICF/MR LOC	Hospitalization LOC
activity, as appropriate to the person's age Receptive and expressive language; Learning; Self-care; Mobility; Self-direction; Capacity for independent living;			

6. ☑ **Reevaluation Schedule**. The State assures that needs-based reevaluations are conducted at least annually.

7. ☑ **Adjustment Authority**. The State will notify CMS and the public at least 60 days before exercising the option to modify needs-based eligibility criteria in accord with 1915(i)(1)(D)(ii).

8. **Residence in home or community.** The State plan HCBS benefit will be furnished to individuals who reside in their home or in the community, not an institution. *(Specify any residential settings, other than an individual's home or apartment, in which residents will be furnished State plan HCBS, if applicable. Describe the criteria by which the State determines that these settings are not institutional in character such as privacy and unscheduled access to food, activities, visitors, and community pursuits outside the facility):*

Residential settings can include facilities that may house four or more individuals that are unrelated to the service provider. In these instances, the person-centered planning team must determine that the setting is appropriate to the individual's need for independence, choice and community integration. The person-centered process is always used to choose the services and settings and determine if the setting is appropriate to meet the individual's needs and choices. The determination will take into consideration the provision of the following:

1. Private or semi-private bedrooms shared by no more than two persons with personal décor. The choice of residential settings, including making decisions regarding sharing a bedroom, is made by the individual during the person-centered planning process.

2. Private or semi-private bathrooms. The residence must have enough bathroom space to ensure residents' privacy for personal hygiene, dressing, etc.

3. Common living areas or shared common space for interaction between residents, and residents and their guests.

4. Residents must have access to a kitchen area at all times.

5. Residents' opportunity to make decisions on their day-to-day activities, including visitors and when and what to eat, in their home and in the community.

6. Services which meet the needs of each resident.

7. Assurance of residents rights: a) to be treated with respect; b) choose and wear their own clothes; c) have private space to store personal items; d) have private space to visit with friends and family (if individuals choose to share a residence, visitors are allowed at any time, recognizing the rights of their roommates;) e) use the telephone with privacy; f) choose how and with whom to spend free time; and g) individuals can schedule and take part in community activities of their choice; h) residential units are accessible to the individual and have lockable entrance doors with appropriate staff having keys; i) entering into an admission agreement and taking occupancy affords residents of licensed residential facilities the same protections from eviction that tenants have under landlord tenant law of the State, county, city or other designated entity.

Residents are informed of their rights, including the right of freedom from coercion and restraint, upon moving into a licensed residential setting. Additionally, a statement of these rights is posted in the home, including contact information if the individual believes his or her rights have been violated. Also, periodic monitoring and evaluation conducted by regional centers and licensing entities includes verification that personal rights are protected.

Residential settings that contain multiple independent living units (e.g. apartments) are considered home-like settings for the purposes of this State Plan Amendment.

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

Person Centered Planning & Service Delivery

1. ☑ There is an independent assessment of individuals determined to be eligible for the State plan HCBS benefit. The assessment is based on:

- An objective face-to-face assessment with a person-centered process by an agent that is independent and qualified;
- Consultation with the individual and if applicable, the individual's authorized representative, and includes the opportunity for the individual to identify other persons to be consulted, such as, but not limited to, the individual's spouse, family, guardian, and treating and consulting health and support professionals caring for the individual;
- An examination of the individual's relevant history, including findings from the independent evaluation of eligibility, medical records, an objective evaluation of functional ability, and any other records or information needed to develop the plan of care;
- An examination of the individual's physical and mental health care and support needs, strengths and preferences, available service and housing options, and when unpaid caregivers will be relied upon to implement the plan of care, a caregiver assessment;
- If the State offers individuals the option to self-direct State plan HCBS, an evaluation of the ability of the individual (with and without supports), or the individual's representative, to exercise budget and/or employer authority; and
- A determination of need for (and, if applicable, determination that service-specific additional needs-based criteria are met for), at least one State plan home and community-based service before an individual is enrolled into the State plan HCBS benefit

.

2. ☑ Based on the independent assessment, the individualized plan of care:

- Is developed with a person-centered process in consultation with the individual, and others at the option of the individual such as the individual's spouse, family, guardian, and treating and consulting health care and support professionals. The person-centered planning process must identify the individual's physical and mental health support needs, strengths and preferences, and desired outcomes;
- Takes into account the extent of, and need for, any family or other supports for the individual, and neither duplicates, nor compels, natural supports;
- Prevents the provision of unnecessary or inappropriate care;
- Identifies the State plan HCBS that the individual is assessed to need;
- Includes any State plan HCBS in which the individual has the option to self-direct the purchase or control ;
- Is guided by best practices and research on effective strategies for improved health and quality of life outcomes; and
- Is reviewed at least every 12 months and as needed when there is significant change in the individual's circumstances.

3. Responsibility for Face-to-Face Assessment of an Individual's Support Needs and Capabilities. There are educational/professional qualifications (that are reasonably related to performing assessments) of the individuals who will be responsible for conducting the independent assessment, including specific training in assessment of individuals with physical and mental needs for HCBS. *(Specify qualifications):*

The minimum requirement is a degree in social sciences or a related field. Case management experience in the developmental disabilities field or a related field may be substituted for education

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

on a year-for-year basis.

4. **Responsibility for Service Plan Development**. There are qualifications (that are reasonably related to developing plans of care) for persons responsible for the development of the individualized, person-centered plan of care. *(Specify qualifications):*

The minimum requirement is a degree in social sciences or a related field. Case management experience in the developmental disabilities field or a related field may be substituted for education on a year-for-year basis.

5. **Supporting the Participant in Service Plan Development**. Supports and information are made available to the participant (and/or the additional parties specified, as appropriate) to direct and be actively engaged in the service plan development process. *(Specify: (a) the supports and information made available, and (b) the participant's authority to determine who is included in the process):*

The service plan, commonly referred to as the individual program plan (IPP), is prepared jointly by the planning team, which at minimum includes the individual or, as appropriate their parents, legal guardian or conservator, or authorized representative and a representative (service coordinator) from the regional center. Individuals may choose among qualified service coordinators. When invited by the individual, others may join the planning team.

The IPP is developed through a person-centered process of individualized needs determination with active participation by the individual/representative in the plan development and takes into account the individual's needs and preferences. Person-centered planning is an approach to determining, planning for, and working toward the preferred future of the individual and her or his family. In this approach to planning that is focused on the individual, other members of the planning team adopt the role of consultants or advisors who help the individual achieve their preferred future. Decisions regarding the goals, services and supports included in the IPP are driven by the individual.

a) *the supports and information made available* –Information available for supporting recipients in the IPP process includes but is not limited to the following documents, all of which are available using the links below or through the DDS website at www.dds.ca.gov:

1. "Individual Program Plan Resource Manual" - This resource manual is designed to facilitate the adoption of the values that lead to person-centered individual program planning. It is intended for use by all those who participate in person-centered planning. It was developed with extensive input from service recipients, families, advocates and providers of service and support.

2. "Person Centered Planning" - This publication consists of excerpts taken from the Individual Program Plan Resource Manual to provide recipients and their families information regarding person-centered planning.

3. "From Conversations to Actions Using the IPP" - This booklet shares the real life stories of how recipients can set their goals and objectives and work through the IPP process to achieve them.

4. "From Process to Action: Making Person-Centered Planning Work" - This guide provides a quick look at questions that can help a planning team move the individual program plan from process to action focusing on the person and the person's dreams for a preferred future.

b) *The participant's authority to determine who is included in the process* – As noted above, the IPP planning team, at a minimum, consists of the recipient and, where appropriate, his or her parents, legal guardian or conservator, or authorized representative, and an authorized regional center representative. With the consent of the recipient/parent/representative, other individuals,

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

may receive notice of the meeting and participate.

6. **Informed Choice of Providers.** *(Describe how participants are assisted in obtaining information about and selecting from among qualified providers of the 1915(i) services in the service plan):*

The case manager informs the recipient and/or his or her legal representative of qualified providers of services determined necessary through the IPP planning process. Recipients may meet with qualified providers prior to the final decision regarding providers to be identified in the service plan.

7. **Process for Making Service Plan Subject to the Approval of the Medicaid Agency**. *(Describe the process by which the service plan is made subject to the approval of the Medicaid agency):*

On a biennial basis, DHCS in conjunction with DDS will review a representative sample of recipient IPPs to ensure all service plan requirements have been met.

8. **Maintenance of Service Plan Forms**. Written copies or electronic facsimiles of service plans are maintained for a minimum period of 3 years as required by 45 CFR §74.53. Service plans are maintained by the following *(check each that applies)*:

☐	Medicaid agency	☐	Operating agency	☐	Case manager
☑	Other (*specify):*	Regional centers are required to maintain service plans for a minimum of five years.			

Services

1. **State plan HCBS.** *(Complete the following table for each service. Copy table as needed):*

Service Specifications *(Specify a service title for the HCBS listed in Attachment 4.19-B that the State plans to cover):*	
Service Title:	**Habilitation – Community Living Arrangement Services**
Service Definition (Scope)*:*	
Habilitation—Community Living Arrangement Services (CLAS) includes two components, based on the setting: **A) Licensed/certified settings -** CLAS provided in these settings include assistance with acquisition, retention, or improvement in skills related to living in the community. Services and supports include assistance with activities of daily living, (e.g. personal grooming and cleanliness, bed making and household chores, eating and the preparation of food), community inclusion, social and leisure skill development and the adaptive skills necessary to enable the individual to reside in a non-institutional setting. Services provided in licensed/certified settings will take into consideration the provision of the following: 1. Private or semi-private bedrooms shared by no more than two persons with personal décor. The choice of residential settings, including making decisions regarding sharing a bedroom,	

is made during the person-centered planning process.

2. Private or semi-private bathrooms. The residence must have enough bathroom space to ensure residents' privacy for personal hygiene, dressing, etc.

3. Common living areas or shared common space for interaction between residents, and residents and their guests.

4. Residents must have access to a kitchen area at all times.

5. Residents' opportunity to make decisions on their day-to-day activities, including visitors and when and what to eat, in their home and in the community.

6. Services which meet the needs of each resident.

7. Assurance of residents rights: a) to be treated with respect; b) choose and wear their own clothes; c) have private space to store personal items; d) have private space to visit with friends and family; e) use the telephone with privacy; f) choose how and with whom to spend free time; and g) have opportunities to take part in community activities of their choice; h) residential units are accessible to the individual and have lockable entrance doors with appropriate staff having keys; i) entering into an admission agreement and taking occupancy affords residents of licensed residential facilities the same protections from eviction that tenants have under landlord tenant law of the State, county, city or other designated entity.

Residential settings that contain multiple independent living units (e.g. apartments) are considered home-like settings for the purposes of this State Plan Amendment.

B) Supported living services (provided in residences owned or leased by the recipients.) - CLAS provided in these settings are tailored supports that provide assistance with acquisition, retention, or improvement in skills related to:

- Activities of daily living, such as personal grooming and cleanliness, bed making and household chores, eating and the preparation of meals, including planning, shopping, cooking, and storage activities;
- Social and adaptive skills necessary for participating in community life, such as building and maintaining interpersonal relationships, including a Circle of Support;
- Locating and scheduling appropriate medical services;
- Managing personal financial affairs;
- Selecting and moving into a home;
- Locating and choosing suitable house mates;
- Acquiring household furnishings;
- Recruiting, training, and hiring personal attendants;
- Acquiring, using, and caring for canine and other animal companions specifically trained to provide assistance;
- Acquiring, using and maintaining devices to facilitate immediate assistance when threats to health, safety, and well-being occur.

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

CLAS may include additional activities, as appropriate, to meet the recipients' unique needs. These activities include those that address social, adaptive, behavioral, and health care needs as identified in the individual program plan. CLAS may also include the provision of medical and health care services that are integral to meeting the daily needs of residents (e.g., routine administration of medications or tending to the needs of residents who are ill or require attention to their medical needs on an ongoing basis). Medical and health care services such as physician services that are not routinely provided to meet the daily needs of residents are not included.

The specific services provided to each recipient vary based on the residential setting chosen and needs identified in the individual program plan.

Payments will not be made for the routine care and supervision which would be expected to be provided by a family, or for activities or supervision for which a payment is made by a source other than Medi-Cal. Payments for CLAS in licensed/certified settings do not include the cost for room and board. The method by which the costs of room and board are excluded from payment in these settings is specified in Attachment 4.19-B.

Additional needs-based criteria for receiving the service, if applicable *(specify):*

Specify limits (if any) on the amount, duration, or scope of this service for *(chose each that applies):*

☐ Categorically needy *(specify limits):*

☐ Medically needy *(specify limits):*

Provider Qualifications *(For each type of provider. Copy rows as needed)*:

Provider Type *(Specify)*:	License *(Specify):*	Certification *(Specify):*	Other Standard *(Specify):*
Foster Family Agency (FFA)-Certified Family Homes (Children Only)	FFA licensed pursuant to Health and Safety Code §§1500-1567.8 provides statutory authority for DSS licensing of facilities identified in the CA Community Care Facilities Act.	Certified Family Homes; Title 22, CCR, § 88030 establishes requirements for FFA certification of family homes.	Title 22, CCR §§ 88000-88087. Regulations adopted by DSS to specify requirements for licensure of FFA's, certification and use of homes, FFA administrator qualifications: (1) A Master's Degree in social work or a related field. Three years of experience in the field of child or family services, two years of which have been administrative/ managerial; or, (2) A Bachelor's Degree in a behavioral science from an accredited college or

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

	As appropriate, a business license as required by the local jurisdiction where the business is located.		university. A minimum of five years of experience in child or family services, two years of which have been in an administrative or managerial position. Certified family home providers meet requirements for foster family homes (Refer to Foster Family Homes below).
Foster Family Homes (FFHs) (Children Only) Payment for this service will not be duplicated or supplanted through Medicaid funding.	Health and Safety Code §§1500-1567.8 As appropriate, a business license as required by the local jurisdiction where the business is located.	N/A	Title 22, CCR §§89200-89587.1 Regulations adopted by DSS to specify requirements for licensure of Foster Family Homes. Qualifications/Requirements for FFH providers: 1. Comply with applicable laws and regulations and: 2. Provide care and supervision to meet the child's needs including communicating with the child; 3. Maintain all child records, safeguard cash resources and personal property; 4. Direct the work of others in providing care when applicable, 5. Apply the reasonable and prudent parent standard; 6. Promote a normal, healthy, balanced, and supported childhood experience and treat a child as part of the family; 7. Attend training and professional development; 8. Criminal Records/Child Abuse Registry clearance; 9. Report special incidents; 10. Ensure each child's personal rights; 11. Maintain a clean, safe, health home environment. 12. Maintain standards identified in "Needs-Based Evaluation/Reevaluation" item #8.
Small Family Homes (Children Only)	Health and Safety Code §§1500-1567.8	N/A	Title 22, CCR §§ 83000-83088. Regulations adopted by DSS to specify requirements for licensure of Small

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

	As appropriate, a business license as required by the local jurisdiction where the business is located.		Family Homes. Licensee/Administrator Qualifications ▪ Criminal Records/Child Abuse Index Clearance; ▪ At least 18 years of age; ▪ Documented education, training, or experience in providing family home care and supervision appropriate to the type of children to be served. The amount of units or supervision appropriate to the type of children to be served. The amount of units or training hours is not specified. The following are examples of acceptable education or training topics. Programs which can be shown to be similar are accepted: ○ Child Development; ○ Recognizing and/or dealing with learning disabilities; ○ Infant care and stimulation; ○ Parenting skills; ○ Complexities, demands and special needs of children in placement; ○ Building self esteem, for the licensee or the children; ○ First aid and/or CPR; ○ Bonding and/or safeguarding of children's property; ○ Ability to keep financial and other records; ○ Ability to recruit, employ, train, direct the work of and evaluate qualified staff. Maintain standards identified in "Needs-Based Evaluation/Reevaluation" item #8.
Group Homes (Children Only)	Health and Safety Code §§ 1500-1567.8 As appropriate, a business license as required by the local jurisdiction	N/A	Title 22, CCR, § 84000-84808 Regulations adopted by DSS to specify requirements for licensure of Group Homes. Administrator Qualifications: 1. Master's degree in a behavioral science, plus a minimum of one year of employment as a social worker in an agency serving children or in a group residential program for children;

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

	where the business is located.		2. Bachelor's degree, plus at least one year of administrative or supervisory experience (as above); 3. At least two years of college, plus at least two years administrative or supervisory experience (as above); or 4.Completed high school, or equivalent, plus at least three years administrative or supervisory experience (as above); and, 5. Criminal Records/Child Abuse Registry Clearance Maintain standards identified in "Needs-Based Evaluation/Reevaluation" item #8.
Adult Residential Facilities (ARF)	Health and Safety Code §§ 1500 through 1567.8 As appropriate, a business license as required by the local jurisdiction where the business is located.	N/A	Title 22, CCR, §§85000-85092: Establish licensing requirements for persons 18 years of age through 59 years of age; and persons 60 years of age and older by exception. **Administrator Qualifications** ▪ At least 21 years of age; ▪ High school graduation or a GED; ▪ Complete a program approved by DSS that consists of 35 hours of classroom instruction ○ 8 hrs. in laws, including resident's personal rights, regulations, policies, and procedural standards that impact the operations of adult residential facilities; ○ 3 hrs. in business operations; ○ 3 hrs. in management and supervision of staff; ○ 5 hrs. in the psychosocial needs of the facility residents; ○ 3 hrs. in the use of community and support services to meet the resident's needs; ○ 4 hrs. in the physical needs of the facility residents; ○ 5 hrs. in the use, misuse and interaction of drugs commonly used by facility residents; ○ 4 hrs. on admission, retention, and assessment procedures; ▪ Pass a standardized test, administered by the Department of Social Services

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

			with a minimum score of 70%. ▪ Criminal Record/Child Abuse Registry Clearance. **Additional Administrator Qualifications may also include**: ▪ Has at least one year of administrative and supervisory experience in a licensed residential program for persons ▪ with developmental disabilities, and is one or more of the following: (A) A licensed registered nurse. (B) A licensed nursing home administrator. (C) A licensed psychiatric technician with at least five years of experience serving individuals with developmental disabilities. (D) An individual with a bachelors degree or more advanced degree in the health or human services field and two years' experience working in a licensed residential program for persons with developmental disabilities and special health care needs. Maintain standards identified in "Needs-Based Evaluation/Reevaluation" item #8.
Residential Care Facility for the Elderly (RCFE)	Health and Safety Code §§1569-1569.889 provides statutory authority for licensing of RCFEs. Identified as the CA Residential Care Facilities for the Elderly Act. As appropriate, a business license as required by the	N/A	Title 22, CCR, §§87100-87793: Establish licensing requirements for facilities where 75 percent of the residents are sixty years of age or older. Younger residents must have needs compatible with other residents. **Administrator Qualifications:** 1. Knowledge of the requirements for providing care and supervision appropriate to the residents. 2. Knowledge of and ability to conform to the applicable laws, rules and regulations. 3. Ability to maintain or supervise the maintenance of financial and other records. 4. Ability to direct the work of others. 5. Good character and a continuing

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

	local jurisdiction where the business is located.		reputation of personal integrity. 6. High school diploma or equivalent. 7. At least 21 years of age. 8. Criminal Record Clearance. Maintain standards identified in "Needs-Based Evaluation/Reevaluation" item #8.
Residential Facility (out of state)	Appropriate Facility License, as required by State law. As appropriate, a business license as required by the local jurisdiction where the business is located.	N/A	Department approval is required per the Welfare and Institutions Code, § 4519. Maintain standards identified in "Needs-Based Evaluation/Reevaluation" item #8.
Adult Residential Facility for Persons with Special Health Care Needs	Health and Safety Code §§1500-1569.87 Appropriate license DSS CCLD as to type of facility As appropriate, a business license as required by the local jurisdiction where the business is located.		Welfare and Institutions Code, § 4684.50 et seq. **The administrator must:** 1. Complete the 35-houradministrator certification program pursuant to paragraph (1) of subdivision (c) of Section 1562.3 of the Health and Safety Code without exception, 2. Has at least one year of administrative and supervisory experience in a licensed residential program for persons with developmental disabilities, and is one or more of the following: a. A licensed registered nurse. b. A licensed nursing home administrator. c. A licensed psychiatric technician with at least five years of experience serving individuals with developmental disabilities. d. An individual with a bachelors degree or more advanced degree in the health or human services field and two years experience

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

			working in a licensed residential program for persons with developmental disabilities and special health care needs. Maintain standards identified in "Needs-Based Evaluation/Reevaluation" item #8.
Family Home Agency(FHA): Adult Family Home(AFH)/Family Teaching Home(FTH)	No state licensing category. As appropriate, a business license as required by the local jurisdiction where the business is located.	AFH Title 17, CCR, §56088 Authorizes the FHA to issue a Certificate of Approval to each family home which has: 1. Completed the criminal record review ; 2. Been visited by the FHA and a determination ensuring safe and reasonable and the prospective providers experience, knowledge, cooperation, history and interest to become an approved family home. 3. Completed required orientation and training.	Welfare and Institutions Code 4689.1-4689.6 provides statutory authority for FHA. FHA employs sufficient staff with the combined experience, training and education to perform the following duties: 1. Administration of the FHA; 2. Recruitment of family homes; 3. Training of FHA staff and family homes; 4. Ensuring an appropriate match between the needs and preferences of the consumer and the family home; 5. Monitoring of family homes; 6. Provision of services and supports to consumers and family homes which are consistent with the consumer's preferences and needs and the consumer's IPP; and 7. Coordination with the regional center and others. In order to accomplish these duties, selection criteria for hiring purposes should include but not be limited to: education in the fields of social work, psychology, education of related areas; experience with persons with developmental disabilities; experience in program management, fiscal management and organizational development.
Supported Living Provider	No state licensing category. As appropriate, a business	N/A	SLS requirements: 1. Service design including: ▪ Staff hiring criteria, including any minimum qualifications requirements; and ▪ Procedures and practices the agency

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

	license as required by the local jurisdiction where the business is located.		will use to screen paid staff, consultants, and volunteers who will have direct contact with consumers. 2. Staff appropriate to services rendered with skills to establish and maintain constructive and appropriate personal relationship with recipients, minimize risks of endangerment to health, safety, and well-being of recipients, perform CPR and operate 24-hour emergency response systems, achieve the intended results of services being performed and maintenance of current and valid licensure, certification, or registration as are legally required for the service. 3. Staff orientation and training in theory and practice of supported living services and recipient training in supported living services philosophy, recipient rights, abuse prevention and reporting, grievance procedures and strategies for building and maintaining a circle of support.

Verification of Provider Qualifications (*For each provider type listed above. Copy rows as needed)*:

Provider Type *(Specify)*:	Entity Responsible for Verification *(Specify):*	Frequency of Verification *(Specify):*
All Habilitation - Community Living Arrangement Services providers	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 ongoing thereafter through oversight and monitoring activities.
Licensed Community Care Facilities	Department of Social Services – Community Care Licensing Division (DSS-CCLD) regional centers – including verification of standards identified in “Needs-Based Evaluation/Reevaluation“ item #8.	Annually Annually

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

Family Home Agency	regional centers DDS	Annually Biennially
Adult Family Home and Family Teaching Home	Family Home Agency	Monthly

Service Delivery Method. *(Check each that applies)*:

☐	Participant-directed	☑	Provider managed

Service Specifications *(Specify a service title for the HCBS listed in Attachment 4.19-B that the State plans to cover):*

Service Title: **Habilitation – Day Services**

Service Definition (Scope)*:*

Habilitation – Day Services includes three components:

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 may take place in a residential or 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 individual's 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. Day habilitation services may include paid/volunteer work strategies when the individualized planning process determines that supported employment or prevocational services are not appropriate for the individual.

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

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.

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

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).

Additional needs-based criteria for receiving the service, if applicable *(specify):*

Specify limits (if any) on the amount, duration, or scope of this service for *(chose each that applies):*

☑ Categorically needy *(specify limits):*

A consumer may receive specialized recreation and non-medical therapies (including, but not limited to, art, dance, and music) when the regional center determines that the service is a primary or critical means for ameliorating the physical, cognitive, or psychosocial effects of the consumer's developmental disability, or the service is necessary to enable the consumer to remain in his or her home and no alternative service is available to meet the consumer's need.

☑ Medically needy *(specify limits):*

A consumer may receive specialized recreation and non-medical therapies (including, but not limited to, art, dance, and music) when the regional center determines that the service is a primary or critical means for ameliorating the physical, cognitive, or psychosocial effects of the consumer's developmental disability, or the service is necessary to enable the consumer to remain in his or her home and no alternative service is available to meet the consumer's need.

Provider Qualifications *(For each type of provider. Copy rows as needed)*:

Provider Type *(Specify)*:	License *(Specify):*	Certification *(Specify):*	Other Standard *(Specify):*
Mobility Training Services Agency (MT)	No state licensing category. As appropriate, a business license as required by the local jurisdiction where the business is located.	N/A	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: a) previous experience working with individuals with developmental disabilities and awareness of associated problems, attitudes and behavior patterns; b) a valid California Driver's license and current insurance; c) ability to work independently with minimal supervision according to specific guidelines; and d) flexibility and adaptive skills to facilitate individual recipient needs.

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

Mobility Training Services Specialist (MT)	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; 3. Ability to work independently, flexibility and adaptive skills to facilitate individual recipient needs.
Driver Trainer (MT)	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
Adaptive Skills Trainer (CB)	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.
Personal Assistant (CB)	No state licensing category As appropriate, a business license as	N/A	N/A

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

	required by the local jurisdiction where the business is located.		
Socialization Training Program; Community Integration Training Program: Community Activities Support Service (CB)	Facility license (Health and Safety Code §§ 1500-1567.8) if applicable 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.
Activity Center (CB)	Facility license (Health and Safety Code §§ 1500-1567.8) if applicable 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, staff training, etc. 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.
Adult Development Centers (CB)	Facility license (Health and Safety Code §§ 1500-1567.8) if applicable) As appropriate, a business	N/A	Requires written program design, recipient entrance and exit criteria, staff training, etc. 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

	license as required by the local jurisdiction where the business is located.		experience plus demonstrated supervisory skills.
Behavior Management Program (CB)	Facility license (Health and Safety Code §§ 1500-1567.8) if applicable 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, staff training, etc. 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.
Independent Living Program (CB)	Facility license (Health and Safety Code §§ 1500-1567.8) if applicable 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, staff training, etc. 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.
Independent Living Specialist (CB)	No state licensing category. As appropriate, a business license as required by the local	N/A	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

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

	jurisdiction where the business is located.		least a two-year degree in a subject area related to skills training and development of program plans for eligible individuals.
Social Recreation Program (CB)	Facility license (Health and Safety Code §§ 1500-1567.8) if applicable 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, staff training, etc. 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.
Art Therapist (AT)	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
Dance Therapist (AT)	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

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

Music Therapist (AT)	No state licensing category. As appropriate, a business license as required by the local jurisdiction where the business is located.	Valid registration issued by the National Association for Music Therapy.	N/A
Recreational Therapist (AT)	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 Therapy (AT)	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
Creative Art Program (AT)	Facility license (Health and Safety Code §§ 1500-1567.8) if	N/A	Program Director: Equivalent of a high school diploma and experience with persons with developmental disabilities.

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

	applicable As appropriate, a business license as required by the local jurisdiction where the business is located.		Direct Care Staff: Must have artistic experience as demonstrated through a resume.
Special Olympics Trainer (AT)	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.
In-Home Day Program (CB)	No state licensing category. As appropriate, a business license as required by the local jurisdiction where the business is located.	N/A	Qualifications and training for staff in agency guidelines. Providers may include employees of community-based day, pre-vocation, or vocational programs.
Sports Club: (e.g. YMCA, Community Parks and Recreation Program, Community-based recreation program) (AT)	As appropriate, a business license as required by the local jurisdiction where the business is located.	N/A	All community recreational program providers shall possess the following minimum qualifications: 1. Ability to perform the functions required by the individual plan of care; 2. Demonstrated dependability and personal integrity; 3. Willingness to pursue training as necessary based upon the individual

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

			consumer's needs.

Verification of Provider Qualifications (*For each provider type listed above. Copy rows as needed)*:

Provider Type *(Specify)*:	Entity Responsible for Verification *(Specify):*	Frequency of Verification *(Specify):*
All Habilitation – Day Services providers	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 ongoing thereafter through oversight and monitoring activities.
Licensed Community Care Facilities	Department of Social Services – Community Care Licensing Division (DSS-CCLD) and regional centers	Annually

Service Delivery Method. *(Check each that applies)*:

☑	Participant-directed	☑	Provider managed

Service Specifications *(Specify a service title for the HCBS listed in Attachment 4.19-B that the State plans to cover):*

Service Title:	**Habilitation - Behavioral Intervention Services**

Service Definition (Scope)*:*

Habilitation—Behavioral Intervention Services include two components:
A) Individual/Group Practitioners - which may provide Behavioral Intervention Services in multiple settings, including the individual's home, workplace, etc. depending on the individual's needs.
B) Crisis Support – If relocation becomes necessary, emergency housing in the person's home community is available. Crisis Support provides a safe, stable highly structured environment by combining concentrated, highly skilled staffing (e.g. psychiatric technicians, certified behavior analysts) and intensive behavior modification programs. Conditions that would qualify an individual for crisis support include aggression to others, self-injurious behavior, property destruction, or other pervasive behavior issues that have precluded effective treatment in the current living arrangement.

While the location and intensity of the components of this service vary based on the individual's needs, all components of behavioral intervention services include use and development of intensive behavioral intervention (see #1 below) programs to improve the recipient's development; and behavior tracking and analysis. The intervention programs will be restricted to generally accepted,

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

evidence-based, positive approaches. Behavioral intervention services are designed to assist individuals in acquiring, retaining and improving the self-help, socialization and adaptive skills necessary to reside successfully in home and community-based settings. Services may be provided to family members if they are for the benefit of the recipient. Services for family members may include training and instruction about treatment regimens and risk management strategies to enable the family to support the recipient.

The participation of parent(s) of minor children is critical to the success of a behavioral intervention plan. The person-centered planning team determines the extent of participation necessary to meet the individual's needs. "Participation" includes the following meanings: Completion of group instruction on the basics of behavior intervention; Implementation of intervention strategies, according to the intervention plan; If needed, collection of data on behavioral strategies and submission of that data to the provider for incorporation into progress reports; Participation in any needed clinical meetings; provision of suggested nominal behavior modification materials or community involvement if a reward system is used. If the absence of sufficient participation prevents successful implementation of the behavioral plan, other services will be provided to meet the individual's identified needs.

(1) "Intensive behavioral intervention" means any form of applied behavioral analysis (ABA) based treatment (see #2 below) that is comprehensive, designed to address all domains of functioning, and provided in multiple settings, depending on the individual's needs and progress. Interventions can be delivered in a one-to-one ratio or small group format, as appropriate.
(2) "Applied behavioral analysis based treatment" means the design, implementation, and evaluation of systematic instructional and environmental modifications to promote positive social behaviors and reduce or ameliorate behaviors which interfere with learning and social interaction.

Behavioral Habilitation services do not include services otherwise available to the person under the Individuals with Disabilities Education Act or the Rehabilitation Act of 1973.

Additional needs-based criteria for receiving the service, if applicable *(specify):*

Specify limits (if any) on the amount, duration, or scope of this service for *(chose each that applies):*

☐ Categorically needy *(specify limits):*

☐ Medically needy *(specify limits):*

Provider Qualifications *(For each type of provider. Copy rows as needed)*:

Provider Type *(Specify)*:	License *(Specify):*	Certification *(Specify):*	Other Standard *(Specify):*
Crisis Team-Evaluation and Behavioral Intervention	Licensed in accordance with Business and Professions	Certified as appropriate to the skilled professions staff	Program utilizes licensed and/or certified personnel as appropriate to provide develop and implement individualized crisis behavioral services plans. Specific

	Code as appropriate to the skilled professions staff assigned to the team. As appropriate, a business license as required by the local jurisdiction where the business is located.	assigned to the team.	qualifications and training of personnel per agency guidelines consistent with requirements for Behavior Analyst, Behavior Management Assistant, Behavior Management Consultant: Psychologist, Psychiatric Technician or Psychiatrist established in this section.
Crisis Intervention Facility	Health and Safety Code §§1500-1569.889 As appropriate, a business license as required by the local jurisdiction where the business is located.	Refer to "Other Standard."	Crisis services may be provided in any of the types of 24-hour care services identified in Habilitation – Community Living Arrangement Services (CLAS) section. Refer to the CLAS section for standards.
Psychiatrist	Business and Professions Code, Division 2, Chapter 5, commencing at § 2000 Licensed as a physician and surgeon by the Medical Board of California. As appropriate, a business	Certified by the American Board of Psychiatry and Neurology	N/A

	license as required by the local jurisdiction where the business is located.		
Behavior Management Assistant: (Psychology Assistant; Associate Licensed Clinical Social Worker)	As appropriate, a business license as required by the local jurisdiction where the business is located. Business and Professions Code §2913; §4996-4996.2	Registered as either: 1. A psychological assistant of a psychologist by the Medical Board of California or Psychology Examining Board; or 2. An Associate Licensed Clinical Social Worker pursuant to Business and Professions Code, Section 4996.18.	Possesses a Bachelor of Arts or Science Degree and has either: 1. Twelve semester units in applied behavior analysis and one year of experience in designing and/or implementing behavior modification intervention services; or 2. Two years of experience in designing and/or implementing behavior modification intervention services.
Behavior Management Consultant: (Psychologist)	Business and Professions Code, §2940-2948 As appropriate, a business license as required by the local jurisdiction where the business is located.	N/A	N/A
Behavior Management Consultant:	Business and Professions Code §§4996-	N/A	N/A

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

Licensed Clinical Social Worker	4996.2 As appropriate, a business license as required by the local jurisdiction where the business is located.		
Behavior Management Consultant: Marriage Family Child Counselor	Business and Professions Code §§4980-4981 As appropriate, a business license as required by the local jurisdiction where the business is located.	N/A	N/A
Licensed Psychiatric Technician	Business and Professions Code §4500 et seq. Possesses a valid psychiatric technician's license issued by the California State Board of Vocational Nurse and Psychiatric Technician Examiners As appropriate, a business license as required by the	N/A	N/A

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

	local jurisdiction where the business is located.		
Client/Parent Support Behavior Intervention Training	Licensed in accordance with Business and Professions Code as appropriate to the skilled professions of staff. As appropriate, a business license as required by the local jurisdiction where the business is located.	Refer to "Other Standard."	Client/Parent Support Behavior Intervention Training services may be provided by a Behavior Analyst, Behavior Analyst, Associate Behavior Analyst, Psychologist, Psychiatric Technician or Psychiatrist. Specific qualifications and training of providers are as specified in the requirements established in this section.
Behavior Analyst	Licensed in accordance with Business and Professions Code as appropriate to the skilled professions staff. As appropriate, a business license as required by the local jurisdiction where the business is located.	Certification by the national Behavior Analyst Certification Board.	N/A
Family Counselor	Valid license with the	N/A	N/A

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

(MFCC), Clinical Social Worker (CSW)	California Board of Behavioral Science Examiners As appropriate, a business license as required by the local jurisdiction where the business is located. **MFCC:** Business and Professions Code §§4980-4984.9 **CSW:** Business and Professions Code §§4996-4997		
Parenting Support Services Provider	As appropriate, a business license as required by the local jurisdiction where the business is located.	N/A	Vendor must ensure that trainers are credentialed and/or licensed as required by the State of California to practice in the field of training being offered.
Individual or Family Training Provider	As appropriate, a business license as required by the local jurisdiction where the business is located.	N/A	Vendor must ensure that trainers are credentialed and/or licensed as required by the State of California to practice in the field of training being offered.

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

Associate Behavior Analyst	No state licensing category. As appropriate, a business license as required by the local jurisdiction where the business is located.	Certification by the national Behavior Analyst Certification Board	Works under the direct supervision of a Behavior Analyst or Behavior Management Consultant.
Behavioral Technician /Paraprofessional	No state licensing category As appropriate, a business license as required by the local jurisdiction where the business is located.	N/A	Works under the direct supervision of a Behavior Analyst or Behavior Management Consultant. (1) Has a High School Diploma or the equivalent, has completed 30 hours of competency-based training designed by a certified behavior analyst, and has six months experience working with persons with developmental disabilities; or (2) Possesses an Associate's Degree in either a human, social, or educational services discipline, or a degree or certification related to behavior management, from an accredited community college or educational institution, and has six months experience working with persons with developmental disabilities.

Verification of Provider Qualifications (*For each provider type listed above. Copy rows as needed)*:

Provider Type *(Specify)*:	Entity Responsible for Verification *(Specify):*	Frequency of Verification *(Specify):*
All Habilitation – Behavioral Intervention Services providers	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	Verified upon application for vendorization and ongoing thereafter through oversight and monitoring activities.

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

	service design.	
Crisis Intervention Facilities	Department of Social Services – Community Care Licensing Division (DSS-CCLD) and regional centers	Annually

Service Delivery Method. *(Check each that applies)*:

☐	Participant-directed	☑	Provider managed

Service Specifications *(Specify a service title for the HCBS listed in Attachment 4.19-B that the State plans to cover):*

Service Title: **Respite Care**

Service Definition (Scope)*:*

Intermittent or regularly scheduled temporary non-medical care (with the exception of colostomy, ileostomy, catheter maintenance, and gastrostomy) and supervision provided in the recipient's own home or in an approved out of home location to do all of the following:

1. Assist family members in maintaining the recipient at home;
2. Provide appropriate care and supervision to protect the recipient's safety in the temporary absence of family members;
3. Temporarily relieve family members from the constantly demanding responsibility of caring for a recipient; and
4. Attend to the recipient's basic self-help needs and other activities of daily living, including interaction, socialization, and continuation of usual daily routines which would ordinarily be performed by family members.

Respite may only be provided when the care and supervision needs of a consumer exceed that of a person of the same age without developmental disabilities.

Respite also includes the following subcomponent:

Family Support Respite – Regularly provided care and supervision of children, for periods of less than 24 hours per day, while the parents/primary non-paid caregiver are out of the home.

FFP will not be claimed for the cost of room and board except when provided as part of respite care furnished in a facility approved by the State that is not a private residence.

Respite care may be provided in the following locations:

- Private residence
- Residential facility licensed by the Department of Social Services.
- Respite facility licensed by the Department of Social Services

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

- Other community setting approved by the State that is not a private residence, such as:
  - Adult Family Home/Family Teaching Home
  - Certified Family Homes for Children
  - Adult Day Care Facility
  - Camp
  - Child Day Care Facility
  - Licensed Preschool

Respite services do not duplicate services provided under the Individuals with Disabilities Education (IDEA) Act of 2004.

Additional needs-based criteria for receiving the service, if applicable *(specify):*

Specify limits (if any) on the amount, duration, or scope of this service for *(chose each that applies):*

☑ Categorically needy *(specify limits):*

A consumer may receive up to 21 days of out-of-home respite services in a fiscal year, and up to 90 hours of in-home respite in a quarter unless it is demonstrated that the intensity of the consumer's care and supervision needs are such that additional respite is necessary to maintain the consumer in the family home, or there is an extraordinary event that impacts the family member's ability to meet the care and supervision needs of the consumer. These limits do not apply to family support respite.

☑ Medically needy *(specify limits):*

A consumer may receive up to 21 days of out-of-home respite services in a fiscal year, and up to 90 hours of in-home respite in a quarter unless it is demonstrated that the intensity of the consumer's care and supervision needs are such that additional respite is necessary to maintain the consumer in the family home, or there is an extraordinary event that impacts the family member's ability to meet the care and supervision needs of the consumer. These limits do not apply to family support respite.

Provider Qualifications *(For each type of provider. Copy rows as needed)*:

Provider Type *(Specify)*:	License *(Specify):*	Certification *(Specify):*	Other Standard *(Specify):*
Individual	No state licensing category. As appropriate, a business license as required by the local jurisdiction	N/A	Has received Cardiopulmonary Resuscitation (CPR) and First Aid training from agencies offering such training, including, but not limited to, the American Red Cross; and has the skill, training, or education necessary to perform the required services.

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

	where the business is located.		
Respite Agency	No state licensing category. As appropriate, a business license as required by the local jurisdiction where the business is located.	N/A	The agency director shall posses at a minimum: 1. A bachelor's degree and a minimum of 18 months experience in the management of a human services delivery system, or; 2. Five years experience in a human services delivery system, including at least two years in a management or supervisory position.
Adult Day Care Facility	Health and Safety Code §§ 1500 - 1567.8 As appropriate, a business license as required by the local jurisdiction where the business is located.	N/A	The administrator shall have the following qualifications: 1. Attainment of at least 18 years of age. 2. Knowledge of the requirements for providing the type of care and supervision needed by clients, including ability to communicate with such clients. 3. Knowledge of and ability to comply with applicable law and regulation. 4. Ability to maintain or supervise the maintenance of financial and other records. 5. Ability to direct the work of others, when applicable. 6. Ability to establish the facility's policy, program and budget. 7. Ability to recruit, employ, train, and evaluate qualified staff, and to terminate employment of staff, if applicable to the facility. 8. A baccalaureate degree in psychology, social work or a related human services field and a minimum of one year experience in the management of a human services delivery system; or three years experience in a human services delivery system including at least one year in a management or supervisory position and two years experience or training in one of the

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

			following: A. Care and supervision of recipients in a licensed adult day care facility, adult day support center or an adult day health care facility. B. Care and supervision of one or more of the categories of persons to be served by the center. The licensee must make provision for continuing operation and carrying out of the administrator's responsibilities during any absence of the administrator by a person who meets the qualification of an administrator.
Respite Facility; Residential Facility: Foster Family Agency (FFA)-Certified Family Homes (Children Only)	FFA licensed pursuant to Health and Safety Code §§1500-1567.8 provides statutory authority for DSS licensing of facilities identified in the CA Community Care Facilities Act. As appropriate, a business license as required by the local jurisdiction where the business is located.	Certified Family Homes; Title 22, CCR, § 88030 establishes requirements for FFA certification of family homes.	Title 22, CCR §§ 88000-88087. Regulations adopted by DSS to specify requirements for licensure of FFA's, certification and use of homes, FFA administrator qualifications: (1) A Master's Degree in social work or a related field. Three years of experience in the field of child or family services, two years of which have been administrative/ managerial; or, (2) A Bachelor's Degree in a behavioral science from an accredited college or university. A minimum of five years of experience in child or family services, two years of which have been in an administrative or managerial position. Certified family home providers meet requirements for foster family homes (Refer to Foster Family Homes below).
Respite Facility; Residential Facility: Foster Family Homes (FFHs) (Children Only) Payment for this	Health and Safety Code §§1500-1567.8 As appropriate, a business license as	N/A	Title 22, CCR §§89200-89587.1 Regulations adopted by DSS to specify requirements for licensure of Foster Family Homes. Qualifications/Requirements for FFH providers:

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

service will not be duplicated or supplanted through Medicaid funding.	required by the local jurisdiction where the business is located.		1. Comply with applicable laws and regulations and: 2. Provide care and supervision to meet the child's needs including communicating with the child; 3. Maintain all child records, safeguard cash resources and personal property; 4. Direct the work of others in providing care when applicable, 5. Apply the reasonable and prudent parent standard; 6. Promote a normal, healthy, balanced, and supported childhood experience and treat a child as part of the family; 7. Attend training and professional development; 8. Criminal Records/Child Abuse Registry clearance; 9. Report special incidents; 10. Ensure each child's personal rights; and, 11. Maintain a clean, safe, health home environment.
Respite Facility; Residential Facility: Small Family Homes (Children Only)	Health and Safety Code §§1500-1567.8 As appropriate, a business license as required by the local jurisdiction where the business is located.	N/A	Title 22, CCR §§ 83000-83088. Regulations adopted by DSS to specify requirements for licensure of Small Family Homes. Licensee/Administrator Qualifications ▪ Criminal Records/Child Abuse Index Clearance; ▪ At least 18 years of age; ▪ Documented education, training, or experience in providing family home care and supervision appropriate to the type of children to be served. The amount of units or supervision appropriate to the type of children to be served. The amount of units or training hours is not specified. The following are examples of acceptable education or training topics. Programs which can be shown to be similar are accepted: ○ Child Development; ○ Recognizing and/or dealing with learning disabilities;

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

			○ Infant care and stimulation; ○ Parenting skills; ○ Complexities, demands and special needs of children in placement; ○ Building self esteem, for the licensee or the children; ○ First aid and/or CPR; ○ Bonding and/or safeguarding of children's property; ○ Ability to keep financial and other records; ○ Ability to recruit, employ, train, direct the work of and evaluate qualified staff.
Respite Facility; Residential Facility: Group Homes (Children Only)	Health and Safety Code §§ 1500-1567.8 As appropriate, a business license as required by the local jurisdiction where the business is located.	N/A	Title 22, CCR, § 84000-84808 Regulations adopted by DSS to specify requirements for licensure of Group Homes. Administrator Qualifications: 1. Master's degree in a behavioral science, plus a minimum of one year of employment as a social worker in an agency serving children or in a group residential program for children; 2. Bachelor's degree, plus at least one year of administrative or supervisory experience (as above); 3. At least two years of college, plus at least two years administrative or supervisory experience (as above); or 4.Completed high school, or equivalent, plus at least three years administrative or supervisory experience (as above); and, 5. Criminal Records/Child Abuse Registry Clearance
Respite Facility; Residential Facility: Adult Residential Facilities (ARF)	Health and Safety Code §§ 1500 through 1567.8 As appropriate, a business license as required by the local jurisdiction where the	N/A	Title 22, CCR, §§85000-85092: Establish licensing requirements for persons 18 years of age through 59 years of age; and persons 60 years of age and older by exception. **Administrator Qualifications** ▪ At least 21 years of age; ▪ High school graduation or a GED; ▪ Complete a program approved by DSS that consists of 35 hours of classroom instruction

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

		business is located.		○ 8 hrs. in laws, including resident's personal rights, regulations, policies, and procedural standards that impact the operations of adult residential facilities; ○ 3 hrs. in business operations; ○ 3 hrs. in management and supervision of staff; ○ 5 hrs. in the psychosocial needs of the facility residents; ○ 3 hrs. in the use of community and support services to meet the resident's needs; ○ 4 hrs. in the physical needs of the facility residents; ○ 5 hrs. in the use, misuse and interaction of drugs commonly used by facility residents; ○ 4 hrs. on admission, retention, and assessment procedures; ▪ Pass a standardized test, administered by the Department of Social Services with a minimum score of 70%. ▪ Criminal Record/Child Abuse Registry Clearance. **Additional Administrator Qualifications may also include**: ▪ Has at least one year of administrative and supervisory experience in a licensed residential program for persons ▪ with developmental disabilities, and is one or more of the following: (A) A licensed registered nurse. (B) A licensed nursing home administrator. (C) A licensed psychiatric technician with at least five years of experience serving individuals with developmental disabilities. (D) An individual with a bachelors degree or more advanced degree in the health or human services field and two years' experience working in a licensed residential program for persons with developmental disabilities and special health care needs.

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

Respite Facility; Residential Facility: Residential Care Facility for the Elderly (RCFE)	Health and Safety Code §§1569-1569.889 provides statutory authority for licensing of RCFEs. Identified as the CA Residential Care Facilities for the Elderly Act. As appropriate, a business license as required by the local jurisdiction where the business is located.	N/A	Title 22, CCR, §§87100-87793: Establish licensing requirements for facilities where 75 percent of the residents are sixty years of age or older. Younger residents must have needs compatible with other residents. **Administrator Qualifications:** 1. Knowledge of the requirements for providing care and supervision appropriate to the residents. 2. Knowledge of and ability to conform to the applicable laws, rules and regulations. 3. Ability to maintain or supervise the maintenance of financial and other records. 4. Ability to direct the work of others. 5. Good character and a continuing reputation of personal integrity. 6. High school diploma or equivalent. 7. At least 21 years of age. 8. Criminal Record Clearance.
Respite Facility; Residential Facility: Adult Residential Facility for Persons with Special Health Care Needs	Health and Safety Code §§1500-1569.87 Appropriate license DSS CCLD as to type of facility As appropriate, a business license as required by the local jurisdiction where the business is located.		Welfare and Institutions Code, § 4684.50 et seq. **The administrator must:** 3. Complete the 35-houradministrator certification program pursuant to paragraph (1) of subdivision (c) of Section 1562.3 of the Health and Safety Code without exception, 4. Has at least one year of administrative and supervisory experience in a licensed residential program for persons with developmental disabilities, and is one or more of the following: a. A licensed registered nurse. b. A licensed nursing home administrator. c. A licensed psychiatric technician with at least five years of experience serving individuals with developmental disabilities. d. An individual with a bachelors

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

			degree or more advanced degree in the health or human services field and two years experience working in a licensed residential program for persons with developmental disabilities and special health care needs.
Respite Facility; Residential Facility: Family Home Agency(FHA): Adult Family Home(AFH)/Family Teaching Home(FTH)	No state licensing category. As appropriate, a business license as required by the local jurisdiction where the business is located.	AFH Title 17, CCR, §56088 Authorizes the FHA to issue a Certificate of Approval to each family home which has: 1. Completed the criminal record review ; 2. Been visited by the FHA and a determination ensuring safe and reasonable and the prospective providers experience, knowledge, cooperation, history and interest to become an approved family home. 3. Completed required orientation and training.	Welfare and Institutions Code 4689.1-4689.6 provides statutory authority for FHA. FHA employs sufficient staff with the combined experience, training and education to perform the following duties: 1. Administration of the FHA; 2. Recruitment of family homes; 3. Training of FHA staff and family homes; 4. Ensuring an appropriate match between the needs and preferences of the consumer and the family home; 5. Monitoring of family homes; 6. Provision of services and supports to consumers and family homes which are consistent with the consumer's preferences and needs and the consumer's IPP; and 7. Coordination with the regional center and others. In order to accomplish these duties, selection criteria for hiring purposes should include but not be limited to: education in the fields of social work, psychology, education of related areas; experience with persons with developmental disabilities; experience in program management, fiscal management and organizational development.
Camping Services	As appropriate, a business license as required by the local jurisdiction	The camp submits to the local health officer either 1) Verification that the camp is	Camp Director Qualifications: must be at least 25 years of age, and have at least two seasons of administrative or supervisory experience in camp activities. Health Supervisor (physician, registered

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

	where the business is located.	accredited by the American Camp Association or 2) A description of operating procedures that addresses areas including supervisor qualifications and staff skill verification criteria.	nurse or licensed vocational nurse) employed full time will verify that all counselors have been trained in first aid and CPR.
Child Day Care Facility Child Day Care Center; Family Child Care Home	Health and Safety Code §§ 1596.90 – 1597.621 As appropriate, a business license as required by the local jurisdiction where the business is located.	Child Day Care Center: Title 22 CCR, §§101151-101239.2 Family Child Care Home: Title 22 CCR §§102351.1-102424	The administrator shall have the following qualifications: 1. Attainment of at least 18 years of age. 2. Knowledge of the requirements for providing the type of care and supervision children need and the ability to communicate with such children. 3. Knowledge of and ability to comply with applicable law and regulation. 4. Ability to maintain or supervise the maintenance of financial and other records. 5. Ability to establish the center's policy, program and budget. 6. Ability to recruit, employ, train, direct and evaluate qualified staff.

Verification of Provider Qualifications (*For each provider type listed above. Copy rows as needed)*:

Provider Type *(Specify)*:	Entity Responsible for Verification *(Specify):*	Frequency of Verification *(Specify):*
All respite providers	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 ongoing thereafter through oversight and monitoring activities.

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

Licensed Community Care Facilities	Department of Social Services – Community Care Licensing Division (DSS-CCLD) and regional centers	Annually

Service Delivery Method. *(Check each that applies)*:

☑	Participant-directed	☑	Provider managed

Service Specifications *(Specify a service title for the HCBS listed in Attachment 4.19-B that the State plans to cover):*

Service Title: **Supported Employment**

Service Definition (Scope)*:*

Supported employment services are defined in California Welfare and Institutions Code § 4851(n), (r), and (s). 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.

The supported employment services provided are:

- Group Supported Employment (defined in California Welfare and Institutions Code §4851(r).
- Training and supervision of an individual while engaged in work in an integrated setting in the community.
- Recipients in group-supported employment receive supervision 100% of the time by the program and usually are paid according to productive capacity. A particular individual may be compensated at a minimum wage or at a rate less than minimum wage.
- Individual Supported Employment (defined in California Welfare and Institutions Code §4851(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
  - Job analysis
  - Training in adaptive functional skills
  - Social skill training
  - Ongoing support services (e.g., independent travel, money management)
  - 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

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

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).
Additional needs-based criteria for receiving the service, if applicable *(specify):*
Specify limits (if any) on the amount, duration, or scope of this service for *(chose each that applies):*
☐ Categorically needy *(specify limits):*
☐ Medically needy *(specify limits):*

Provider Qualifications *(For each type of provider. Copy rows as needed)*:

Provider Type *(Specify)*:	License *(Specify):*	Certification *(Specify):*	Other Standard *(Specify):*
Supported Employment	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.	N/A

Verification of Provider Qualifications (*For each provider type listed above. Copy rows as needed*):

Provider Type *(Specify)*:	Entity Responsible for Verification *(Specify):*	Frequency of Verification *(Specify):*
Supported Employment Programs	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	Verified upon application for vendorization and ongoing thereafter through oversight and monitoring activities.

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

	for the performance or operation of the service; the staff qualifications and duty statements; and service design.	
Supported Employment Programs	Commission on Accreditation of Rehabilitation Facilities (CARF)	Within four years at start-up; every one to three years thereafter

Service Delivery Method. *(Check each that applies)*:

☐	Participant-directed	☑	Provider managed

Service Specifications *(Specify a service title for the HCBS listed in Attachment 4.19-B that the State plans to cover):*

Service Title: **Prevocational Services**

Service Definition (Scope)*:*

- Work activity programs are defined in California Welfare and Institutions Code §4851(e). These services are usually provided in a segregated setting and provide a sufficient amount and variety of work to prepare and maintain eligible adult individuals at their highest level of vocational functioning. Individuals receive compensation based upon their performance and upon prevailing wage. Accordingly, the rate of compensation for any individual varies, and may exceed 50% of minimum wage, because of variations in the prevailing wage rate for particular tasks and the individual's performance. Services are limited to:

  - Work services consisting of remunerative employment which occur no less than 50% of the individual's time in program, as defined in Title 17, California Code of Regulations, Section 58820(c)(1).

  - No more than 50% of the individual's time in program can be spent in a combination of work adjustment and supportive habilitation services.

  - Work adjustment services, as defined in Title 17, California Code of Regulations, Section 58820(c)(2)(A)(1-9), consisting of:

    - Physical capacities development
    - Psychomotor skills development
    - Interpersonal and communicative skills
    - Work habits development
    - Development of vocationally appropriate dress and grooming
    - Productive skills development
    - Work practices training
    - Work-related skills development
    - Orientation and preparation for referral to Vocational Rehabilitation.

  - Supportive habilitation services as defined in Title 17, California Code of Regulations,

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

§58820(c)(2)(B)(1-5):

- Personal safety practices training
- Housekeeping maintenance skills development
- Health and hygiene maintenance skills development
- Self-advocacy training, individual counseling, peer vocational counseling, career counseling and peer club participation
- Other regional center approved vocationally related activities

o 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)).

Additional needs-based criteria for receiving the service, if applicable *(specify):*

Specify limits (if any) on the amount, duration, or scope of this service for *(chose each that applies):*

☐ Categorically needy *(specify limits):*

☐ Medically needy *(specify limits):*

Provider Qualifications *(For each type of provider. Copy rows as needed)*:

Provider Type *(Specify)*:	License *(Specify):*	Certification *(Specify):*	Other Standard *(Specify):*
Work Activity Program	Facility license (Health and Safety Code §§ 1500-1567.8) if applicable Federal/State Tax Exempt Letter. As appropriate, a business license as required by the local jurisdiction where the business is	Programs must initially meet the Department of Rehabilitation Program certification standards and be accredited by CARF within four years of providing services.	N/A

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

	located.		

Verification of Provider Qualifications (*For each provider type listed above. Copy rows as needed)*:

Provider Type *(Specify)*:	Entity Responsible for Verification *(Specify):*	Frequency of Verification *(Specify):*
Work Activity Programs	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 ongoing thereafter through oversight and monitoring activities.
Work Activity Programs	Commission on Accreditation of Rehabilitation Facilities (CARF)	Within four years at start-up; every one to three years thereafter

Service Delivery Method. *(Check each that applies)*:

☐	Participant-directed	☑	Provider managed

Service Specifications *(Specify a service title for the HCBS listed in Attachment 4.19-B that the State plans to cover):*

Service Title:	**Homemaker**

Service Definition (Scope)*:*

Services consisting of general household activities (meal preparation and routine household care) provided by a trained homemaker, when the individual regularly responsible for these activities is temporarily absent or unable to manage the home and care for him or herself or others in the home. Homemaker services will supplement and not supplant services available through the approved Medicaid State plan or the EPSDT benefit.

Additional needs-based criteria for receiving the service, if applicable *(specify):*

Specify limits (if any) on the amount, duration, or scope of this service for *(chose each that applies):*

☑	Categorically needy *(specify limits):*
	1915(i) Homemaker services will be a continuation of services beyond the amount, duration and scope of the Personal Care Services Program State Plan benefit.

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

☑	Medically needy *(specify limits):*
	1915(i) Homemaker services will be a continuation of services beyond the amount, duration and scope of the Personal Care Services Program State Plan benefit.

Provider Qualifications *(For each type of provider. Copy rows as needed)*:

Provider Type *(Specify)*:	License *(Specify):*	Certification *(Specify):*	Other Standard *(Specify):*
Individual	No state licensing category. As appropriate, a business license as required by the local jurisdiction where the business is located.	N/A	Individual providers of homemaker services shall have the ability to maintain, strengthen, or safeguard the care of individuals in their homes.
Service Agency	No state licensing category. As appropriate, a business license as required by the local jurisdiction where the business is located.	N/A	Must employ, train and assign personnel who maintain, strengthen, or safeguard the care of individuals in their homes.

Verification of Provider Qualifications (*For each provider type listed above. Copy rows as needed*):

Provider Type *(Specify)*:	Entity Responsible for Verification *(Specify):*	Frequency of Verification *(Specify):*
Individual and Service Agency	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	Verified upon application for vendorization and ongoing thereafter through oversight and monitoring activities.

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

	for the performance or operation of the service; the staff qualifications and duty statements; and service design.	

Service Delivery Method. *(Check each that applies)*:

☐	Participant-directed	☐	Provider managed

Service Specifications *(Specify a service title for the HCBS listed in Attachment 4.19-B that the State plans to cover):*

Service Title:	**Home Health Aide Services**

Service Definition (Scope)*:*

Services defined in 42 CFR §440.70 that are provided when home health aide services furnished under the approved State plan limits are exhausted. Home health aide services will supplement and not supplant services available through the approved Medicaid State plan or the EPSDT benefit. The scope and nature of these services do not differ from home health aide services furnished under the State plan. Services are defined in the same manner as provided in the approved State plan. The provider qualifications specified in the State plan apply.

Additional needs-based criteria for receiving the service, if applicable *(specify):*

Specify limits (if any) on the amount, duration, or scope of this service for *(chose each that applies):*

☑	Categorically needy *(specify limits):*
	1915(i) Home Health Aide services will be a continuation of services beyond the amount, duration and scope of the State Plan benefit.
☑	Medically needy *(specify limits):*
	1915(i) Home Health Aide services will be a continuation of services beyond the amount, duration and scope of the State Plan benefit.

Provider Qualifications *(For each type of provider. Copy rows as needed)*:

Provider Type *(Specify)*:	License *(Specify):*	Certification *(Specify):*	Other Standard *(Specify):*
Home Health Agency	Health and Safety Code §§1725-1742 As appropriate, a business license as	Medi-Cal certification using Medicare standards, Title 22, CCR, §51217.	N/A

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

	required by the local jurisdiction where the business is located.		
Home Health Aide	Health and Safety Code §§1725-1742 As appropriate, a business license as required by the local jurisdiction where the business is located.	Title 22, CCR § 74746 Complete a training program approved by the California Department of Public Health and is certified pursuant to Health and Safety Code § 1736.1.	N/A

Verification of Provider Qualifications (*For each provider type listed above. Copy rows as needed*):

Provider Type *(Specify)*:	Entity Responsible for Verification *(Specify):*	Frequency of Verification *(Specify):*
Home Health Agency, Home Health Aide	California Department of Public Health 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.	No less than every three years Verified upon application for vendorization and ongoing thereafter through oversight and monitoring activities.

Service Delivery Method. *(Check each that applies)*:

☐	Participant-directed	☑	Provider managed

Service Specifications *(Specify a service title from the options for HCBS State plan services in Attachment 4.19-B):*

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

Service Title:	**Adult Day Health Care (New title "Community Based Adult Services" effective 4/1/12)**

Service Definition (Scope)*:*

Services furnished four or more hours per day on a regularly scheduled basis, for one or more days per week, in the community, encompassing both health and social services needed to ensure the optimal functioning of the individual. Meals provided as part of these services shall not constitute a "full nutritional regimen" (3 meals per day). Physical, occupational and speech therapies indicated in the individual's plan of care will be furnished as component parts of this service. Adult Day Health Care services will supplement and not supplant services available through the approved Medicaid State plan or the EPSDT benefit."

Transportation between the individual's place of residence and the adult day health center will be provided as a component part of adult day health services. The cost of this transportation is included in the rate paid to providers of adult day health services. 1915(i) Effective 4/1/12, this service is referred to as "Community Based Adult Services" (CBAS)

Additional needs-based criteria for receiving the service, if applicable *(specify):*

Specify limits (if any) on the amount, duration, or scope of this service for *(chose each that applies):*

☑	Categorically needy *(specify limits):*
	1915(i) Adult Day Health Care services will be a continuation of services beyond the amount, duration and scope of State Plan and/or 1115 demonstration benefit.
☑	Medically needy *(specify limits):*
	1915(i) Adult Day Health Care services will be a continuation of services beyond the amount, duration and scope of State Plan and/or 1115 demonstration benefit.

Specify whether the service may be provided by a *(check each that applies):*	☑	Relative
	☑	Legal Guardian
	☑	Legally Responsible Person

Provider Qualifications *(For each type of provider. Copy rows as needed)*:

Provider Type *(Specify)*:	License *(Specify):*	Certification *(Specify):*	Other Standard *(Specify):*
Adult Day Health Care Center	Health and Safety Code §§1570-1596.5 An appropriate business	Title 22, CCR, §54301	Title 22, CCR, §§ 78201-78233

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

	license as required by the local jurisdiction where the agency is located.		

Verification of Provider Qualifications (*For each provider type listed above. Copy rows as needed*):

Provider Type *(Specify)*:	Entity Responsible for Verification *(Specify):*	Frequency of Verification *(Specify):*
Adult Day Health Care Center	California Department of Public Health (Licensing) California Department of Aging (Certification) 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.	At least every two years At least every two years Verified upon application for vendorization and ongoing thereafter through oversight and monitoring activities.

Service Delivery Method. *(Check each that applies)*:

☐	Participant-directed	☑	Provider managed

Service Specifications *(Specify a service title from the options for HCBS State plan services in Attachment 4.19-B):*

Service Title:	Other - Personal Emergency Response System –Effective 10/1/10

Service Definition (Scope)*:*

PERS is a 24-hour emergency assistance service which enables the recipient to secure immediate assistance in the even of an emotional, physical, or environmental emergency. PERS are individually designed to meet the needs and capabilities of the recipient and includes training, installation, repair, maintenance, and response needs. The following are allowable:
1. 24-hour answering/paging;
2. Beepers;

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

3. Med-alert bracelets;
4. Intercoms;
5. Life-lines;
6. Fire/safety devices, such as fire extinguishers and rope ladders;
7. Monitoring services;
8. Light fixture adaptations (blinking lights, etc.);
9. Telephone adaptive devices not available from the telephone company;
10. Other electronic devices/services designed for emergency assistance.

PERS services are limited to those individuals who have no regular caregiver or companion for periods of time, and who would otherwise require extensive routine supervision. By providing immediate access to assistance, PERS services prevent institutionalization of these individuals. PERS services will only be provided as a waiver service to individuals in a non-licensed environment.

All items shall meet applicable standards of manufacture, design, and installation. Repairs to and maintenance of such equipment shall be performed by the manufacturer's authorized dealers where possible.

Additional needs-based criteria for receiving the service, if applicable *(specify):*

Specify limits (if any) on the amount, duration, or scope of this service for *(chose each that applies):*

☐ Categorically needy *(specify limits):*

☐ Medically needy *(specify limits):*

Specify whether the service may be provided by a *(check each that applies):*		
	☑	Relative
	☑	Legal Guardian
	☑	Legally Responsible Person

Provider Qualifications *(For each type of provider. Copy rows as needed)*:

Provider Type *(Specify)*:	License *(Specify):*	Certification *(Specify):*	Other Standard *(Specify):*
Other - Personal Emergency Response Systems	No state licensing category. An appropriate business license as	Certification / registration as appropriate for the type of system being purchased.	Providers shall be competent to meet applicable standards of installation, repair, and maintenance of emergency response systems. Providers shall also be authorized by the manufacturer to install, repair, and maintain such systems if such a manufacturer's authorization program exists.

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

	required by the local jurisdiction where the agency is located.		Providers of human emergency response services shall possess or have employed persons who possess current licenses, certifications or registrations as necessary and required by the State of California for persons providing personal emergency response services.

Verification of Provider Qualifications (*For each provider type listed above. Copy rows as needed*):

Provider Type *(Specify)*:	Entity Responsible for Verification *(Specify):*	Frequency of Verification *(Specify):*
Personal Emergency Response Systems	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 ongoing thereafter through oversight and monitoring activities.

Service Delivery Method. *(Check each that applies)*:

☐	Participant-directed	☑	Provider managed

Service Specifications *(Specify a service title from the options for HCBS State plan services in Attachment 4.19-B):*

Service Title:	**Other - Vehicle Modification and Adaptation – effective 10/1/2010**

Service Definition (Scope)*:*

Vehicle modification and adaptations are devices, controls, or services which enable recipients to increase their independence or physical safety, and which allow the recipient to live in their home. The repair, maintenance, installation, and training in the care and use, of these items are included. Vehicle adaptations must be performed by the manufacturer's authorized dealer. Repairs to and maintenance of such equipment shall be performed by the manufacturer's authorized dealer where possible.

The following types of modifications or adaptations to the vehicle are allowable:

1. Door handle replacements;
2. Door widening;
3. Lifting devices;
4. Wheelchair securing devices;

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

5. Adapted seat devices;
6. Adapted steering, acceleration, signaling, and braking devices; and
7. Handrails and grab bars

Modifications or adaptations to vehicles shall be included if, on an individual basis, the cost effectiveness of vehicle adaptations, relative to alternative transportation services, is established. Adaptations to vehicles are limited to vehicles owned by the recipient, or the recipient's family and do not include the purchase of the vehicle itself.

The recipient's family includes the recipient's biological parents, adoptive parents, stepparents, siblings, children, spouse, domestic partner (in those jurisdictions in which domestic partners are legally recognized), or a person who is legal representative of the recipient.

Vehicle modifications and adaptations will only be provided when they are documented in the individual plan of care and when there is a written assessment by a licensed Physical Therapist or a registered Occupational Therapist.

Additional needs-based criteria for receiving the service, if applicable *(specify):*

Specify limits (if any) on the amount, duration, or scope of this service for *(chose each that applies):*

☑	Categorically needy *(specify limits):*
☐	Medically needy *(specify limits):*

Specify whether the service may be provided by a *(check each that applies):*	☑	Relative
	☑	Legal Guardian
	☑	Legally Responsible Person

Provider Qualifications *(For each type of provider. Copy rows as needed)*:

Provider Type *(Specify)*:	License *(Specify):*	Certification *(Specify):*	Other Standard *(Specify):*
Vehicle Modification and Adaptation	No state licensing category. An appropriate business license as required by the local jurisdiction for the	Registration with the California Department of Consumer Affairs, Bureau of Automotive Repairs.	Providers shall be competent to meet applicable standards of installation, repair, and maintenance of vehicle adaptations and shall also be authorized by the manufacturer to install, repair, and maintain such systems where possible.

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

	adaptations to be completed.		

Verification of Provider Qualifications (*For each provider type listed above. Copy rows as needed*):

Provider Type *(Specify)*:	Entity Responsible for Verification *(Specify):*	Frequency of Verification *(Specify):*
Vehicle Modification and Adaptation	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 ongoing thereafter through oversight and monitoring activities.

Service Delivery Method. *(Check each that applies)*:

☐	Participant-directed	☑	Provider managed

2. Policies Concerning Payment for State Plan HCBS Furnished by Legally Responsible Individuals, Other Relatives and Legal Guardians. *(Select one):*

○	The State does not make payment to legally responsible individuals, other relatives or legal guardians for furnishing state plan HCBS.	
⦿	The State makes payment to *(check each that applies):*	
	☐	**Legally Responsible Individuals.** The State makes payment to legally responsible individuals under specific circumstances and only when the relative is qualified to furnish services. *(Specify (a) the legally responsible individuals who may be paid to furnish such services and the services they may provide; (b) in cases where legally responsible individuals are permitted to furnish personal care or similar services, the State must assure and describe its policies to determine and ensure that the services are extraordinary (over and above that which would ordinarily be provided by a legally responsible individual); (c) how the State ensures that the provision of services by a legally responsible individual is in the best interest of the participant; (d) the State's strategies for ongoing monitoring of the provision of services by legally responsible individuals; and, (e) the controls that are employed to ensure that payments are made only for services rendered):*
	☑	**Relatives.** The State makes payment to relatives under specific circumstances and only when the relative is qualified to furnish services. *(Specify: (a) the types of relatives who may be paid to furnish such services, and the services they may provide, (b) the specific*

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

		circumstances under which payment is made; (c) the State's strategies for ongoing monitoring of the provision of services by relatives, and; (d) the controls that are employed to ensure that payments are made only for services rendered):
		Any of the services identified in the 1915(i) section of the State Plan may be provided by a recipient's relative if the relative meets all specified provider qualifications. The selection of the relative as a provider will only be done pursuant to applicable law and the assessment and person centered planning process. Regional centers will monitor, with DHCS and DDS oversight and monitoring, service provision and payment.
	☑	**Legal Guardians.** The State makes payment to legal guardians under specific circumstances and only when the guardian is qualified to furnish services. *(Specify: (a) the types of services for which payment may be made, (b) the specific circumstances under which payment is made; (c) the State's strategies for ongoing monitoring of the provision of services by legal guardians, and; (d) the controls that are employed to ensure that payments are made only for services rendered):*
		Any of the services identified in the 1915(i) section of the State Plan may be provided by a recipient's legal guardian if the legal guardian meets all specified provider qualifications. The selection of the legal guardian as a provider will only be done pursuant to applicable law and the assessment and person centered planning process. Regional centers will monitor, with DHCS and DDS oversight and monitoring, service provision and payment.
	☐	**Other policy.** *(Specify)*:

Participant Direction of Services

Definition: Participant-direction means self-direction of services per §1915(i)(1)(G)(iii).

1. Election of Participant-Direction. (S*elect one):*

◉	The State does not offer opportunity for participant-direction of state plan HCBS.
○	Every participant in HCBS state plan services (or the participant's representative) is afforded the opportunity to elect to direct services. Alternate service delivery methods are available for participants who decide not to direct their services.
○	Participants in HCBS state plan services (or the participant's representative) are afforded the opportunity to direct some or all of their services, subject to criteria specified by the State. *(Specify criteria):*

2. Description of Participant-Direction. *(Provide an overview of the opportunities for participant-direction under the HCBS State Plan option, including: (a) the nature of the opportunities afforded; (b) how participants may take advantage of these opportunities; (c) the entities that support individuals who direct their services and the supports that they provide; and, (d) other relevant information about the approach to participant-direction):*

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

3. **Participant-Directed Services**. *(Indicate the HCBS that may be participant-directed and the authority offered for each. Add lines as required):*

Participant-Directed Service	Employer Authority	Budget Authority
	☐	☐
	☐	☐

4. **Financial Management.** (*Select one):*

○	Financial Management is not furnished. Standard Medicaid payment mechanisms are used.
○	Financial Management is furnished as an administrative function.

5. ☐ **Participant–Directed Service Plan.** The State assures that, based on the independent assessment, a person-centered process produces an individualized plan of care for participant-directed services that:
   - Is directed by the individual or authorized representative and builds upon the individual's preferences and capacity to engage in activities that promote community life;
   - Specifies the services to be participant-directed, and the role of family members or others whose participation is sought by the individual or representative;
   - For employer authority, specifies the methods to be used to select, manage, and dismiss providers;
   - For budget authority, specifies the method for determining and adjusting the budget amount, and a procedure to evaluate expenditures; and
   - Includes appropriate risk management techniques.

6. **Voluntary and Involuntary Termination of Participant-Direction.** ***(****Describe how the State facilitates an individual's transition from participant-direction, and specify any circumstances when transition is involuntary):*

7. **Opportunities for Participant-Direction**

   a. **Participant–Employer Authority** (individual can hire and supervise staff). (*Select one):*

○	The State does not offer opportunity for participant-employer authority.	
○	Participants may elect participant-employer Authority *(Check each that applies):*	
	☐	**Participant/Co-Employer**. The participant (or the participant's representative) functions as the co-employer (managing employer) of workers who provide waiver services. An agency is the common law employer of participant-selected/recruited staff and performs necessary payroll and human resources functions. Supports are available to assist the participant in conducting employer-related functions.
	☐	**Participant/Common Law Employer**. The participant (or the participant's representative) is the common law employer of workers who provide waiver services. An IRS-approved Fiscal/Employer Agent functions as the participant's agent in performing payroll and other employer responsibilities that are required by federal and state law. Supports are available to assist the participant in conducting employer-related functions.

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

b. Participant–Budget Authority (individual directs a budget). (*Select one):*

○	The State does not offer opportunity for participants to direct a budget.
○	Participants may elect Participant–Budget Authority.
	Participant-Directed Budget. *(Describe in detail the method(s) that are used to establish the amount of the budget over which the participant has authority, including how the method makes use of reliable cost estimating information, is applied consistently to each participant, and is adjusted to reflect changes in individual assessments and service plans. Information about these method(s) must be made publicly available and included in the plan of care):*
	Expenditure Safeguards. *(Describe the safeguards that have been established for the timely prevention of the premature depletion of the participant-directed budget or to address potential service delivery problems that may be associated with budget underutilization and the entity (or entities) responsible for implementing these safeguards):*

Quality Management Strategy

(Describe the State's quality management strategy in the table below):

Requirement	**Monitoring Activity** *(What)*	**Monitoring Responsibilities** *(Who)*	**Evidence** *(Data Elements)*	**Management Reports** *(Yes/No)*	**Frequency** *(Mos/Yrs)*
Service plans address assessed needs of enrolled participants, are updated annually, and document choice of services and providers.	A stratified random sample of IPPs will be reviewed to ensure all requirements are met. Sample size will represent a 95% confidence level with no more than a 5% margin of error.	DDS and DHCS	Number and percent of reviewed individual program plans (IPPs) that adequately addressed the consumers' assessed needs. Numerator = number of consumer IPPs reviewed that addressed all assessed needs. Denominator = total number of consumer IPPs reviewed.	Yes	Biennially
			Number and percent of consumer IPPs that addressed the consumer's identified health needs and safety risks. Numerator = number of consumer IPPs reviewed that addressed the consumers' identified health needs and safety risks. Denominator = total number of consumer IPPs reviewed.		
			Number and percent of consumer IPPs that addressed the consumer's goals. Numerator = number of consumer IPPs reviewed that addressed the consumers' goals. Denominator = total number of		

Requirement	**Monitoring Activity** *(What)*	**Monitoring Responsibilities** *(Who)*	**Evidence** *(Data Elements)*	**Management Reports** *(Yes/No)*	**Frequency** *(Mos/Yrs)*
			consumer IPPs reviewed.		
			Number and percent of consumer IPPs developed in accordance with State policies and procedures. Numerator = number of consumer IPPs developed in accordance with State policies and procedures. Denominator = total number of consumer IPPs reviewed.		
			Number and percent of consumer IPPs that were reviewed or revised at required intervals. Numerator = number of consumer IPPs that were reviewed or revised at required intervals. Denominator = total number of IPPs reviewed.		
			Number and percent of consumer IPPs that were revised, when needed, to address changing needs. Numerator = number of consumer IPPs that were revised to address change in consumer needs. Denominator = number of consumer records reviewed that indicated a revision to the IPP was necessary to address changing need.		
			Number and percent of participants who received services, including the type, scope, amount, duration and		

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

Requirement	**Monitoring Activity** *(What)*	**Monitoring Responsibilities** *(Who)*	**Evidence** *(Data Elements)*	**Management Reports** *(Yes/No)*	**Frequency** *(Mos/Yrs)*
			frequency, specifically identified in the IPP. Numerator = number of consumers who received services that matched the services identified in the IPP. Denominator = total number of consumer IPPs reviewed.		
			Number and percent of IPPs that that are signed by the consumer/parent/legal representative indicating agreement with the services and providers identified in the IPP. Numerator = number of IPPs that are signed by the consumer/parent/legal representative. Denominator = total number of IPPs reviewed.		
Providers meet required qualifications	Review of Vendor Master File records that indicate regional center verification of provider qualifications.	DDS	Number and percent of licensed providers that initially meet all required standards prior to furnishing Medicaid services. Numerator = number of providers that initially meet all required standards prior to furnishing Medicaid services. Denominator = number of all providers.	No	Monthly Continuously and Ongoing
Qualified providers (cont.)	Review of Vendor Master File records that indicate regional center verification	DDS	Number and percent of non-licensed/non-certified providers that initially meet all required standards	No	Monthly Continuously

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

Requirement	**Monitoring Activity** *(What)*	**Monitoring Responsibilities** *(Who)*	**Evidence** *(Data Elements)*	**Management Reports** *(Yes/No)*	**Frequency** *(Mos/Yrs)*
	of provider qualifications.		prior to furnishing state plan services. Numerator = number of providers that initially meet all required standards prior to furnishing state plan services. Denominator = number of all providers.		and Ongoing
Qualified providers (cont.)	Review of facilities licensed by the Department of Social Services (DSS) to determine compliance with regulations regarding provision of services, health and safety and provider qualifications.	DSS	Number and percent of providers licensed by the Department of Social Services (DSS) reviewed annually. Numerator = number of DSS licensed providers reviewed annually. Denominator = total number of providers licensed by DSS that require annual review.	Yes	Annually
Qualified providers (cont.)	Review of Direct Service Professional (DSP) Training Program report to ensure completion of required training.	DDS	Number and percent of direct support professionals (DSPs) that successfully complete 70 hours of competency based training within two years of hire. Numerator = number of DSPs who successfully complete the training. Denominator = number of DSPs who are required to take the training.	Yes	Annually
Qualified providers (cont.)	Review of a minimum of 126 randomly selected licensed/certified residential settings to ensure the home and community characteristics required in this state plan are	DHCS, DDS	Number and percent of licensed/certified settings that maintain the home and community characteristics required in this state plan. Numerator = number of licensed/certified settings that	Yes	Biennially

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

Requirement	**Monitoring Activity** *(What)*	**Monitoring Responsibilities** *(Who)*	**Evidence** *(Data Elements)*	**Management Reports** *(Yes/No)*	**Frequency** *(Mos/Yrs)*
	maintained.		maintain the home and community characteristics required in this state plan. Denominator = number of settings reviewed.		
The SMA retains authority and responsibility for program operations and oversight.	Review of policies and procedures to ensure compliance with federal commitments/ requirements.	DHCS	Number and percent of policies and procedures reviewed by the Medicaid Agency found to be in compliance. Numerator = number of policies and procedures reviewed by the Medicaid Agency that were found to be in compliance. Denominator = total number of policies and procedures reviewed by the Medicaid Agency.	Yes.	Continuously and ongoing
SMA retains authority (cont.)	Review of a stratified random sample of IPPs to ensure all requirements are met. Sample size will represent a 95% confidence level with no more than a 5% margin of error.	DHCS	Number and percent of consumer IPPs developed in accordance with State policies and procedures. Numerator = number of consumer IPPs developed in accordance with State policies and procedures. Denominator = total number of IPPs reviewed.	Yes	Biennially
SMA retains authority (cont.)	Meetings conducted between the Medicaid Agency, DDS and DSS (As required).	DHCS, DDS, DSS	Number and percent of required coordination meetings conducted between the Medicaid Agency, DDS and DSS (As required). Numerator = number of coordination meetings conducted. Denominator = total number of	Yes	At least quarterly.

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

Requirement	**Monitoring Activity** *(What)*	**Monitoring Responsibilities** *(Who)*	**Evidence** *(Data Elements)*	**Management Reports** *(Yes/No)*	**Frequency** *(Mos/Yrs)*
			planned coordination meetings.		
SMA retains authority (cont.)	Oversight/monitoring meetings conducted between the Medicaid Agency and DDS.	DHCS, DDS	Number and percent of required oversight/monitoring meetings conducted between DDS and the Medicaid agency. Numerator = number of oversight meetings conducted. Denominator = number of planned oversight meetings.	Yes	At least quarterly.
SMA retains authority (cont.)	DDS Quality Management Executive Committee Meetings	DHCS, DDS	Number and percent of DDS Quality Management Executive Committee Meetings conducted. Numerator = number of Quality Management Executive Committee Meetings Conducted. Denominator = total number of planned Quality Management Executive Committee Meetings.	Yes	At least semi-annually.
SMA retains authority (cont.)	DDS fiscal audit repayments	State Medicaid Agency Operating Agency	Number and percent of funds identified in DDS fiscal audits for repayment that were recovered. Numerator = dollar amount of funds identified for repayment by DDS audits that were recovered. Denominator = total dollar amount identified for recovery.	Yes	Continuously and ongoing
The SMA maintains financial accountability through payment of claims for services that are	Audits of Regional Center	DDS	Number and percent of claims paid in accordance with the reimbursement methodology in the approved state plan.	Yes	Biennially

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

Requirement	**Monitoring Activity** *(What)*	**Monitoring Responsibilities** *(Who)*	**Evidence** *(Data Elements)*	**Management Reports** *(Yes/No)*	**Frequency** *(Mos/Yrs)*
authorized and furnished to enrolled participants by qualified providers.			Numerator = number of claims paid in accordance with the reimbursement methodology in the approved state plan. Denominator = total number of claims reviewed.		
Financial accountability (cont.)	Audits of vendors	DDS	Number and percent of claims paid in accordance with the reimbursement methodology in the approved state plan. Numerator = number of claims paid in accordance with the reimbursement methodology in the approved state plan. Denominator = total number of claims reviewed.	Yes	Continuously and Ongoing with randomly selected vendors with expenditures over $100,000 or upon referral.
Financial accountability (cont.)	Audits of vendors	Regional Centers	Number and percent of claims paid in accordance with the reimbursement methodology in the approved state plan. Numerator = number of claims paid in accordance with the reimbursement methodology in the approved state plan. Denominator = total number of claims reviewed.	Yes	Continuously and Ongoing of no less than 4% of the total number of vendors in specified service categories for which payments in the prior year were $100,000 or

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

Requirement	**Monitoring Activity** *(What)*	**Monitoring Responsibilities** *(Who)*	**Evidence** *(Data Elements)*	**Management Reports** *(Yes/No)*	**Frequency** *(Mos/Yrs)*
					less.
Financial accountability (cont.)	Review of a stratified random sample of consumer records. Sample size will represent a 95% confidence level with no more than a 5% margin of error.	DHCS, DDS	Number and percent of claims paid in accordance with the consumer's authorized services. Numerator = number of claims paid in accordance with the consumer's authorized services. Denominator = total number of claims for participants reviewed.	Yes	Biennially
The State identifies, addresses and seeks to prevent incidents of abuse, neglect, and exploitation, including the use of restraints.	Review of Special Incident Report (SIR) database	DDS, Regional Centers	Number and percent of special incidents reported within required timeframes. Numerator = number of special incidents reported within required timeframes. Denominator = number of special incidents reported.	Yes	Monthly
The State identifies, addresses and seeks to prevent incidents of abuse, neglect, and exploitation, including the use of restraints (cont.)	Review of Special Incident Report (SIR) database	DDS Regional Centers Independent Risk Management Contractor	Number and percent of special incidents for which appropriate actions were taken. Numerator = number of incident reports that documented appropriate actions were taken. Denominator = number of incidents reported.	Yes	Daily Monthly Continuously and Ongoing
The State identifies, addresses and seeks to prevent incidents of abuse, neglect, and exploitation, including the use of	Review of a stratified random sample of consumer records. Sample size will represent a 95% confidence level with no more than a	DHCS, DDS	Number and percent of consumers whose special health care requirements or safety needs are met. Numerator = number of consumers whose special health care	Yes	Monthly Annually

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

Requirement	**Monitoring Activity** *(What)*	**Monitoring Responsibilities** *(Who)*	**Evidence** *(Data Elements)*	**Management Reports** *(Yes/No)*	**Frequency** *(Mos/Yrs)*
restraints (cont.)	5% margin of error.		requirements or safety needs are met. Denominator = total number of consumers reviewed with special health care requirements or safety needs.		

Describe the process(es) for remediation and systems improvement.	The following describes State's quality management framework which starts with establishing clear expectations for performance (design), collecting and analyzing data to determine if the expectations are met (discovery), and finally, taking steps to correct deficiencies or improve processes and services (remediation and improvement). **Service Plans or individual program plans (IPPs)** Performance expectations (design) in this area include: • Service plans must address all participants' assessed needs (including health and safety risk factors) and personal goals. • Service plans are reviewed at least annually and updated/revised when warranted by changes in the participant's needs. • Services are delivered in the type, scope, amount, duration, and frequency in accordance with the service plan. • Participants are afforded choice of qualified providers. Data collected (discovery) to determine if expectations are met includes: • DDS and DHCS conduct biennial monitoring reviews of a stratified random sample of service recipient records to ensure service plans meet the expectations identified above. Monitoring will be completed over a two year period with reports produced after reviewing each geographical region (regional center). The statewide sample size will produce results with a 95% confidence level and no more than 5% margin of error. For example, with an estimated 40,000 recipients, the sample size would be 381. • The recipient survey portion of the recently revised Client Development and Evaluation Report (CDER) includes questions regarding the recipient's satisfaction with services. • Annually, all recipients receive a statement of services and supports purchased by the regional center for the purpose of determining if services were delivered. Steps to correct deficiencies or improve processes and services (remediation and improvement) include: • Regional centers are required to submit plans to correct all issues identified in the biennial monitoring conducted by DDS and DHCS. These plans are reviewed and approved by the State. • The data from the monitoring reviews allows for identification of trends in a particular area (e.g. specific requirement or geographical area). • If any of the monitoring reviews result in a significant level of compliance issues, a follow-up review will be scheduled to evaluate the progress of the corrective actions taken in response to the previous monitoring review. • Extra training and/or monitoring is provided if issues are not remediated or improvement is not shown. • DDS' Quality Management Executive Committee (QMEC), also attended by DHCS management, meets quarterly to

review data regarding service recipients, explore issues or concerns that may require intervention, and develop strategies and/or interventions for improved outcomes.

Qualified Providers
Performance expectations (design) in this area include:

- DDS sets qualifications for providers through the regulatory process.
- Regional centers, through the vendorization process, verify that each provider meets the required qualifications (e.g. license, program design, staff qualifications) prior to services being rendered.
- DDS developed and funds the Direct Support Professional (DSP) Training program. This is a 70 hour, competency-based program mandatory for all direct service staff working in licensed residential facilities. The program is based upon minimum core competencies staff must have to ensure the health and safety of individuals being served.
- DSS-CCLD is responsible for licensing community care facilities and establishes qualifications for providers. Administrators and applicants/licensees (sometimes one and the same) are required to take a 35-hour course from an approved trainer and pass a written test with a score of 70 percent or above to be a qualified administrator/licensee. There is a two-year re-certification requirement where they need to take an additional 35 hours of training. For each application, they must have a training plan in their facility operational plan for each of the new and continuing staff working in a community care facility.

Data collected (discovery) to determine if expectations are met includes:

- As part of the established biennial DDS/DHCS oversight activities, on-site monitoring of service providers is conducted. Included in this review, service providers and direct support professionals are interviewed to determine that they are: knowledgeable regarding the care needs on the individual's plan of care for which they are responsible and that these services are being delivered; knowledgeable of and responsive to the health and safety/well-being needs of the consumer(s); and aware of their responsibilities for risk mitigation and reporting.
- An additional component of the established biennial DHCS/DDS on-site monitoring is a review of facilities in which four or more individuals reside to ensure the facilities maintain home and community characteristics.
- DSS-CCLD monitors all licensed community care facilities to identify compliance issues. Facilities are reviewed to determine compliance with regulations regarding provision of services, health and safety and provider qualifications.
- DSP training data is used to not only identify the success rate of staff taking the course, but also in what form (e.g. through classroom setting or challenge test) the course was taken and what areas (written test or skills check) caused failure for those who did not pass the course.
- Regional centers also monitor each licensed residential community care facility annually to verify or identify any

issues with program implementation.

- Special incident report data allows for identification of trends with individual providers or types of providers.

Steps to correct deficiencies or improve processes and services (remediation and improvement) include:

- Regional centers are required to submit plans to correct all issues identified in the biennial monitoring conducted by DDS and DHCS. These plans are reviewed and approved by the State.
- Any DSS-CCLD monitoring visit that results in a finding of non-compliance results in the development of a plan of correction. This requires follow-up by DSS-CCLD staff to verify that corrections were made.
- Issues identified during monitoring visits by regional centers may result in the need to develop a corrective action plan which details the issues identified and the steps needed to resolve the issues. The results of these reviews, as well as data from the special incident report system, are used to identify trends with individual or types of providers which may then result in focused or widespread training or other remediation measures.
- DDS' Quality Management Executive Committee (QMEC), also attended by DHCS management, meets quarterly to review data regarding service recipients, explore issues or concerns that may require intervention, and develop strategies and/or interventions for improved outcomes. As an example, data from the special incident report system and analysis by the State's independent risk management contractor indicated that the second largest cause of unplanned hospitalizations was due to psychiatric admissions. In response, the QMEC approved the implementation of skill checks within challenge tests. The skill checks now require staff to demonstrate proficiency in the proper method of assisting individuals in the self-administration of medications.

SMA Programmatic Authority
Performance expectations (design) in this area include:

- DHCS and DDS conduct biennial monitoring reviews of a stratified random sample of service recipient records to ensure service plans meet expectations.
- DHCS reviews and approves reports developed as a result of these monitoring visits.
- DHCS negotiates approval and amendment requests for the interagency agreement with DDS to ensure consistency with federal requirements.
- DHCS approves Section 1915(i) related policies and procedures that are developed by DDS to ensure consistency with federal requirements.
- DHCS participates, as necessary, in training to regional centers and providers regarding Section 1915(i) policies and procedures.
- DHCS, in conjunction with DDS and DSS-CCLD, holds quarterly meetings. The purpose of these meetings is to

discuss issues applicable to licensed providers (community care facilities, day programs.)

- DHCS participates in the quarterly DDS Quality Management Executive Committee. The purpose of these meetings is to review data regarding service recipients, explore issues or concerns that may require intervention, and develop strategies and/or interventions for improved outcomes.

Data collected (discovery) to determine if expectations are met includes:

- Results from the biennial monitoring reviews, conducted by DHCS and DDS, of a stratified random sample of service recipient records to ensure service plans meet the expectations identified previously.
- Documentation of DHCS approval of monitoring or other required reports. Monitoring reports will also include approved plans submitted in response to findings by DHCS and DDS.
- Evidence of training provided as a result of findings from DHCS and DDS monitoring reviews.
- Minutes from meetings DHCS participates in documenting issues discussed and resolution activities planned.

Steps to correct deficiencies or improve processes and services (remediation and improvement) include:

- Regional centers are required to submit plans to correct all issues identified in the biennial monitoring conducted by DHCS and DDS. These plans are reviewed and approved by the State.
- If any of the monitoring reviews result in a significant level of compliance issues, a follow-up review will be scheduled to evaluate the progress of the corrective actions taken in response to the previous monitoring review.
- Extra training and/or monitoring is provided if issues are not remediated or improvement is not shown.

SMA Maintains Financial Accountability
Performance expectations (design) in this area include:

- DHCS reviews a sample of working papers prepared by DDS audit staff of the biennial fiscal audits. These fiscal audits are designed to wrap around the required annual independent CPA audit of each regional center.
- DHCS also annually reviews a sample of audits conducted of service providers.
- DHCS ensures recipients are eligible for Medi-Cal prior to claims being made.
- DHCS maintains invoice tracking, payment and reconciliation processes.

Data collected (discovery) to determine if expectations are met includes:

- Results of the audit reviews identify fiscal compliance issues.

- Electronic records and hard copy reports (as needed) are generated identifying recipients eligible for claiming.
- Tracking logs verify consistency between invoices, payments and funding authority.

Steps to correct deficiencies or improve processes and services (remediation and improvement) include:

- DHCS monitors and provides consultation as necessary regarding corrective actions and follow-up activities resulting from regional center and vendor audits. All issues identified in the audits include corrective action plans which may include policy revisions or repayments if necessary.
- DHCS works with DDS to resolve issues, if any, with identifying Medi-Cal eligibility of recipients.

Risk Mitigation
Performance expectations (design) in this area include:

- Service plans must address all participants' assessed needs (including health and safety risk factors) and personal goals.
- DDS, through the regulatory process, has identified requirements for service providers and regional centers regarding reporting of special incidents. Providers must report all special incidents to the regional center within 24 hours. Subsequently, regional centers must report special incidents to DDS within two working days.
- DDS has implemented an automated special incident report (SIR) system and database which allows complex analysis of multiple factors to identify trends and provide feedback to regional centers.
- DDS provides data from the SIR system to the State's independent risk management contractor for further analysis.
- Regional centers must transmit SIRs, including the outcomes and preventative actions taken, to DDS as well as local licensing offices and investigative agencies as appropriate.
- Regional centers must develop and implement a risk management and prevention plan.
- Regional centers are responsible for using data from the SIR system for identifying trends that require follow-up.
- The State's independent risk management contractor is responsible for reviewing and analyzing DDS SIR data to identify statewide, regional and local trends requiring action. This includes defining indicators of problems requiring further inquiry. Additionally, the contractor performs ongoing review and analysis of the research and current literature with respect to preventing accidents, injuries and other adverse incidents.

Data collected (discovery) to determine if expectations are met includes:

- DDS and DHCS conduct biennial monitoring reviews of a stratified random sample of service recipient records to ensure service plans address health and safety risk factors.
- The recipient survey portion of the CDER includes questions regarding the recipient's feelings of safety, availability of

assistance if needed, and access to medical care.

- Data from the SIR system includes recipient characteristics, risk factors, residence, responsible service provider and other relevant information. This data is updated daily and is available not only to DDS but also to regional centers for reviewing data of incidents in their area.
- As part of the established biennial DDS/DHCS monitoring activities, information is gathered regarding the regional center's risk management system. Additionally, information is obtained reflecting how the regional center is organized to provide clinical expertise and monitoring of individuals with health issues, as well as any improvement in access to preventative health care resources.

Steps to correct deficiencies or improve processes and services (remediation and improvement) include:

- Regional centers are required to submit plans to correct all issues identified in the biennial monitoring conducted by DDS and DHCS. These plans are reviewed and approved by the State.
- If any of the monitoring reviews result in a significant level of compliance issues, a follow-up review will be scheduled to evaluate the progress of the corrective actions taken in response to the previous monitoring review.
- DDS uses data from the SIR system to identify compliance issues such as reporting timelines and notifications of other agencies if required. Contact is made with regional centers for correction. Training or technical assistance is provided if necessary.
- Utilizing results of data analysis from the SIR system, the State's risk management contractor conducts a variety of activities, including: develop and disseminate periodic reports and materials on best practices related to protecting and promoting the health, safety, and well-being of service recipients; provide on-site technical assistance to regional centers related to local risk management plans and activities; define indicators requiring further inquiry.
- The risk management contractor also develops and maintains a website, (www.ddssafety.net) for recipients and their families, providers, professionals, and regional center staff. This web site is dedicated to the dissemination of information on the prevention and mitigation of risk factors for persons with developmental disabilities. The site includes information from across the nation on current research and best practices and practical information directed towards improving health and safety.

Methods and Standards for Establishing Payment Rates

1. **Services Provided Under Section 1915(i) of the Social Security Act.** For each optional service, describe the methods and standards used to set the associated payment rate. *(Check each that applies, and describe methods and standards to set rates*):

See attachment 4.19-B for descriptions of the rate setting methodologies for the services identified below.

☑	Habilitation – Community Living Arrangement Services	
☑	Habilitation - Day Services	
☑	Habilitation – Behavioral Intervention Services	
☑	Respite Care	
☑	Enhanced Habilitation - Supported Employment	
☑	Enhanced Habilitation – Prevocational Services	
☐	Personal Care Services	
☑	Homemaker	
☑	Home Health Aide	
☑	Adult Day Health Care	
☑	Other Services	
	☑	HCBS Personal Emergency Response Systems – Effective 10-1-2010
	☑	HCBS Vehicle Modification and Adaptation – Effective 10-1-2010

2. **Presumptive Eligibility for Assessment and Initial HCBS.** Period of presumptive payment for HCBS assessment and initial services, as defined by 1915(i)(1)(J) *(Select one):*

◉	The State does not elect to provide for a period of presumptive payment for individuals that the State has reason to believe may be eligible for HCBS.
○	The State elects to provide for a period of presumptive payment for independent evaluation, assessment, and initial HCBS. Presumptive payment is available only for individuals covered by Medicaid that the State has reason to believe may be eligible for HCBS, and only during the period while eligibility for HCBS is being determined. The presumptive period will be ☐ days (not to exceed 60 days).

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

DESCRIPTION OF RATE METHODOLOGIES:

The following rate methodologies are utilized by multiple providers of the services contained in this SPA. The methodologies are described in this section and are referenced under the applicable individual services.

Rates Set pursuant to a Cost Statement Methodology – Prior to July 1, 2004, providers were reimbursed based on the permanent cost based rate which was developed using twelve consecutive months of actual allowable costs divided by the actual total consumer utilization (days or hours) for the same period. The permanent cost based rate must be within the applicable upper and lower limit rates established by the Department of Developmental Services.

Effective July1, 2004, pursuant to State Law, under the cost statement methodology, all new providers of services are reimbursed the fixed new vendor rate. The rates are developed based on the service category, staff ratio, and are calculated as the mean of permanent cost based rates for like providers established using the permanent costs based rate methodology described above.

If a regional center demonstrates an increase to the fixed new vendor rate is necessary for a provider to provide the service in order to protect a beneficiary's health and safety need, the Department of Development Services can grant prior written authorization to the regional center to reimburse the provider for the service based on the permanent cost based methodology described above using the most current cost data.

The following allowable costs used to calculate the permanent cost based rate:

- Direct costs for covered services: Includes unallocated payroll costs and other unallocated cost that can be directly charged to covered medical services. Direct payroll costs include total compensation (i.e., salaries and benefits and contract compensation) of direct care staff. Other direct costs include costs directly related to the delivery of covered services, such as supervision, materials and supplies, professional and contracted services, capital outlay, and travel. For providers/facilities that are used for multiple purposes, the allowable costs are only those that are directly attributable to the provision of the medical services.

- Indirect costs: Determined by applying the cognizant agency specific approved indirect cost rate to its net direct costs or derived from provider's approved cost allocation plan. If a facility does not have a cognizant agency approved indirect cost rate or approved cost allocation plan, the costs and related basis used to determine the allocated indirect costs must be in accordance with OMB Circular A-87 (if applicable), Medicare Cost Principle (42 CFR 413 and Medicare Provider Reimbursement Manual Part 1 and Part 2) and in compliance with Medicaid non-institutional reimbursement policy. For providers/facilities that are used for multiple purposes,

the allowable costs are only those that are "directly attributable" to the professional component of providing the medical services. For those costs incurred that "benefit" multiple purposes but would be incurred at the same level if the medical services did not occur are not allowed.

The applicable rate schedules are included in the descriptions of services below.

Usual and Customary Rate Methodology – Per California Code of Regulations (CCR), Title 17, Section 57210(19), a usual and customary rate "means the rate which is regularly charged by a vendor for a service that is used by both regional center consumers and/or their families and where at least 30% of the recipients of the given service are not regional center consumers or their families. If more than one rate is charged for a given service, the rate determined to be the usual and customary rate for a regional center consumer and/or family shall not exceed whichever rate is regularly charged to members of the general public who are seeking the service for an individual with a developmental disability who is not a regional center consumer, and any difference between the two rates must be for extra services provided and not imposed as a surcharge to cover the cost of measures necessary for the vendor to achieve compliance with the Americans With Disabilities Act."

Department of Health Care Services (DHCS) Fee Schedules - Rates established by the single-state Medicaid agency for services reimbursable under the Medi-Cal program. Fee schedule rates are the maximum amount that can be paid for the service. For providers who have a usual and customary rate that is less than the fee schedule rates, the regional center shall pay the provider's usual and customary rate.

Median Rate Methodology - This methodology requires that rates negotiated with new providers may not exceed the regional center's current median rate for the same service, or the statewide current median rate, whichever is lower. This methodology is defined in California Welfare and Institutions Code section 4691.9(b) which stipulates that "no regional center may negotiate a rate with a new service provider, for services where rates are determined through a negotiation between the regional center and the provider, that is higher than the regional center's median rate for the same service code and unit of service, or the statewide median rate for the same service code and unit of service, whichever is lower. The unit of service designation must conform with an existing regional center designation or, if none exists, a designation used to calculate the statewide median rate for the same service." While the law sets a cap on negotiated rates, the rate setting methodology for applicable services is one of negotiation between the regional center and prospective provider. Pursuant to law and the regional center's contracts with the Department of Developmental Services regional centers must maintain documentation on the process to determine, and the rationale for granting any negotiated rate (e.g. cost-statements), including consideration of the type of service and any education, experience and/or professional qualifications required to provide the service.

If the regional center demonstrates an increase to the median rate is necessary to protect a beneficiary's health and safety, the Department of Developmental Services can grant prior written authorization to the regional center to negotiate the reimbursement rate up to the actual cost of providing the service.

REIMBURSEMENT METHODOLOGY FOR HABILITATION – COMMUNITY LIVING ARRANGEMENT SERVICES

This service contains the following two subcomponents:

A. Licensed/Certified Residential Services – Providers in this subcategory are Foster Family Agency/Certified Family Home, Foster Family Home, Small Family Home, Group Home, Adult Residential Facility, Residential Facility for the Elderly, Out-of-State Residential Facility, Adult Residential Facility for Persons with Special Health Care Needs and Family Home Agency. There are two rate setting methodologies for all providers in this subcategory.

1) Alternative Residential Model (ARM) Methodology – The ARM methodology and monthly rates resulted from an analysis of actual costs of operating residential care facilities. The applicable cost components (see below) were analyzed to determine the statistical significance of the variation in costs among facilities by service type, facility size, and operation type. Based upon the results of this statistical analysis, the initial ARM rates were determined and became effective in 1987. Within this methodology 13 different service levels were established based upon the results of this cost analysis. Individual providers apply to be vendored at one of these service levels based upon the staffing ratios, service design, personnel qualifications and use of consultant services as described in their program design.

The following allowable costs were used in setting the ARM rates:

- Direct costs for covered services: Includes unallocated payroll costs and other unallocated cost that can be directly charged to covered medical services. Direct payroll costs include total compensation (i.e., salaries and benefits and contract compensation) of direct care staff. Other direct costs include costs directly related to the delivery of covered services, such as supervision, materials and supplies, professional and contracted services, capital outlay, and travel. For providers/facilities that are used for multiple purposes, the allowable costs are only those that are directly attributable to the provision of the medical services.

- Indirect costs: Determined by applying the cognizant agency specific approved indirect cost rate to its net direct costs or derived from provider's approved cost allocation plan. If a facility does not have a cognizant agency approved indirect cost rate or approved cost allocation plan, the costs and related basis used to determine the allocated indirect costs must be in accordance with OMB Circular

A-87 (if applicable), Medicare Cost Principle (42 CFR 413 and Medicare Provider Reimbursement Manual Part 1 and Part 2) and in compliance with Medicaid non-institutional reimbursement policy. For facilities that are used for multiple purposes, the allowable costs are only those that are "directly attributable" to the professional component of providing the medical services. For those costs incurred that "benefit" multiple purposes but would be incurred at the same level if the medical services did not occur are not allowed.

Rates may be updated by the legislature in various ways, including, but not limited to, the California Consumer Price Index, changes in staffing requirements (e.g. implementation of Direct Support Professional Training,) changes in minimum wage, and cost of living increases.
The rate schedule, effective January 1, 2012 can be found at the following link:
http://www.dds.ca.gov/Rates/docs/ccf_rate_2012.pdf

The State will review rates for residential facilities set using the ARM methodology every three years to ensure that it complies with the statutory and regulatory requirements as specified under Section 1902(a)(30)(A). This will involve an analysis of the factors that have occurred since the ARM rates were initially developed, including changes in minimum wage and the general economy as measured through various indices such as Medicare Economic Index (MEI). The analysis will determine if the rates are consistent with the current economic conditions in the State while maintaining access to services. If this analysis reveals that the current rates may be excessive or insufficient when compared to the current economic conditions, the State will take steps to determine the appropriate reimbursement levels and update the fee schedule and State Plan. If the State determines that no rebasing is necessary, the State must submit documentation to CMS to support its decision.

2) Out-of-State Rate Methodology - This methodology is applicable for out-of-state residential providers. The rate paid is the established usual and customary rate for that service, paid by that State in the provision of that service to their own service population.

B. Supported Living Services provided in a Consumer's own Home (Non-Licensed/Certified)
Supported Living Services providers are in this subcategory. Maximum hourly rates for these providers are determined using the median rate methodology, as described on page 70 above.

REIMBURSEMENT METHODOLOGY FOR HABILITATION – DAY SERVICES

This service is comprised of the following three subcomponents:

A. Community-Based Day Services – There are two rate setting methodologies for providers in this subcategory.

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

1) Rates Set pursuant to a Cost Statement Methodology – As described on page 69, above. This methodology is applicable to the following providers (unit of service in parentheses): Activity Center (daily), Adult Development Center (daily), Behavior Management Program (daily), Independent Living Program (hourly), and Social Recreation Program (hourly). The rate schedule, effective January 1, 2008, for these services is located at the following link:
http://www.dds.ca.gov/Rates/docs/Comm_Based_Respite.pdf

2) Median Rate Methodology – As described on page 70, above. This methodology is used to determine the applicable daily rate for In-Home Day Program, Creative Art Program, Community Integration Training Program and Community Activities Support Services providers. This methodology is also used to determine the applicable hourly rate for Adaptive Skills Trainer, Socialization Training Program, Personal Assistance and Independent Living Specialist providers.

B. Therapeutic/Activity-Based Day Services – The providers in this subcategory are Specialized Recreation Therapy, Special Olympics, Sports Club, Art Therapist, Dance Therapist, Music Therapist and Recreational Therapist. The units of service for all providers are daily, with the exception of Sports Club providers, who have a monthly rate. There are two rate setting methodologies for providers in this subcategory.

1) Usual and Customary Rate Methodology – As described on page 70, 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 page 70, above.

C. Mobility Related Day Services – The providers in this subcategory are Driver Trainer, Mobility Training Services Agency and Mobility Training Services Specialist. There are two rate setting methodologies for providers in this subcategory. There are two rate setting methodologies to determine the hourly rates for providers in this subcategory.

1) Usual and Customary Rate Methodology - As described on page 70, 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 page 70, above.

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

REIMBURSEMENT METHODOLOGY FOR HABILITATION – BEHAVIORAL INTERVENTION SERVICES

This service is comprised of the following two subcomponents:

A. Non-Facility-Based Behavior Intervention Services– Providers in this subcategory are Behavior Analyst, Associate Behavior Analyst, Behavior Management Assistant, Behavior Management Consultant, Psychiatrist, Psychiatric Technician, Crisis Team, Client/Parent Support Behavior Intervention Training, Parent Support Services, Individual/Family Training Providers, Family Counselor, and Behavioral Technician. There are two rate setting methodologies to determine the hourly rates for all providers in this subcategory (except psychiatrists – see DHCS Fee Schedule below).

1) **Usual and Customary Rate Methodology** - As described on page 70, 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 page 70, above.

3) **DHCS Fee Schedules** - As described on page 70, above. The fee schedule, effective January 15, 2013 can be found at the following link: http://files.medi-cal.ca.gov/pubsdoco/Rates/rates_download.asp

B. Crisis Intervention Facility – The following two methodologies apply to determine the daily rates for these providers;

1) **Usual and Customary Rate Methodology** - As described on page 70, 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 page 70, above.

REIMBURSEMENT METHODOLOGY FOR RESPITE CARE

There are five rate setting methodologies for Respite Services. The applicable methodology is based on whether the service is provided by an agency, individual provider or facility, type of facility, and service design.

1) **Rates Set pursuant to a Cost Statement Methodology** – As described on page 69, above. This methodology is used to determine the hourly rate for In-home Respite Agencies. The rate schedule,

effective January 1, 2008, for this service is located at the following link: http://www.dds.ca.gov/Rates/docs/Comm_Based_Respite.pdf

2) **Rates set in State Regulation** – This rate applies to individual respite providers. Per Title 17 CCR, Section 57332(c)(3), the rate for this service is $10.71 per hour. This rate is based on the current California minimum wage of $8.00 per hour plus $1.17 differential (retention incentive) plus Mandated Employer Costs (MEC) of 16.76%. The MEC is comprised of Social Security (6.20%), Medicare (1.45%), Federal Unemployment (0.80%), State Unemployment (4.40%) and Worker's Compensation (3.91%).

3) **ARM Methodology** - As described on page 71, above. This methodology is applicable to respite facilities that also have rates established with this methodology for "Habilitation-Community Living Assistance Services." The daily respite rate is 1/21 of the established monthly ARM rate. This includes Foster Family Agency/Certified Family Home, Foster Family Home, Small Family Home, Group Home, Adult Residential Facility, Residential Care Facility for the Elderly, Adult Residential Facility for Persons with Special Health Care Needs and Family Home Agency. If the facility does not have rate for "Habilitation-Community Living Assistance Services" using the ARM methodology, then rates are set using #5 below.

4) **Usual and Customary Rate Methodology** - As described on page 70, above. This methodology is applicable for the following providers (unit of service in parentheses); Adult Day Care Facility (daily), Camping Services (daily) and Child Day Care (hourly) providers. If the provider does not have a usual and customary rate, then rates are set using #5 below.

5) **Median Rate Methodology** - As described on page 70, above.

REIMBURSEMENT METHODOLOGY FOR ENHANCED HABILITATION – SUPPORTED EMPLOYMENT

Supported employment rates for all providers are set in State statute [Welfare and Institutions Code Section 4860(a)(1)] at $30.82 per job coach hour.

REIMBURSEMENT METHODOLOGY FOR ENHANCED HABILITATION – PREVOCATIONAL SERVICES

Daily rates for Work Activity Program providers are set using the cost statement methodology, as described on page 69.

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

The rate schedule, effective July 1, 2006, can be found at the following link: http://www.dds.ca.gov/Rates/docs/WAP_SEP_Rates.pdf

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 70, 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 page 70, above.

REIMBURSEMENT METHODOLOGY FOR HOME HEALTH AIDE SERVICES

DHCS Fee Schedules - As described on page 70, above. Specific hourly rates can be found on the following link: http://files.medi-cal.ca.gov/pubsdoco/Rates/rates_download.asp

REIMBURSEMENT METHODOLOGY FOR ADULT DAY HEALTH CARE SERVICES EFFECTIVE 4/1/12 COMMUNITY BASED ADULT SERVICES

The daily rate for Adult Day Health Care (effective 4/1/12 this service is titled Community Based Adult Services)

- **DHCS Fee Schedules** - As described on page 70, above. Specific daily rates can be found at the following link: http://files.medi-cal.ca.gov/pubsdoco/publications/masters-mtp/part2/communitycd_o01.doc

REIMBURSEMENT METHODOLOGY FOR PERSONAL EMERGENCY RESPONSE SYSTEMS Effective 10-1-2010

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

1) **Usual and Customary Rate methodology** - As described on page 70, 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 page 70, above.

REIMBURSEMENT METHODOLOGY FOR VEHICLE MODIFICATION AND ADAPTATION Effective 10-1-2010

The per modification rate for vehicle modifications is determined utilizing the usual and customary rate methodology, as described on page 70, above.