



State of California—Health and Human Services Agency
Department of Health Care Services



GAVIN NEWSOM
GOVERNOR

June 23, 2021

Mr. James G. Scott, Director
Division of Program Operations
Medicaid and CHIP Operations Group
Centers for Medicare & Medicaid Services
601 East 12th Street, Suite 0300
Kansas City, MO 64106-2898

STATE PLAN AMENDMENT 21-0050: 1915(i) STATE PLAN TIME-LIMITED RATE INCREASES, NEW SERVICE, AND NEW PROVIDER TYPES

Dear Mr. Scott:

In response to the Centers for Medicare & Medicaid Services' (CMS) guidance, the California Department of Health Care Services (DHCS) is submitting Disaster Relief State Plan Amendment (DR SPA) 21-0050. CMS advised the state to withdraw and resubmit its previous 1915(i) SPAs as Disaster Relief SPAs. The purpose being to be able to make some of the current outstanding SPAs substantive nature be retroactively approvable.

DR SPA 21-0050 proposes to implement:

- A time-limited rate increase as authorized under [W&I Code section 4691.12](#). The specified service providers receiving this time-limited increase include non-facility-based Behavior Intervention Services, Licensed/Certified Residential Services, Supported Living Services provided in a consumer's own home (nonlicensed/certified), Community-Based Day Services, Mobility-Related Day Services, Homemaker, Supported Employment Group, In-Home Respite Care, Supported Employment Individual, Community-Based Training Services, Non-Medical Transportation. These rate increases shall expire after December 31, 2021, unless the conditions set forth in W&I Code section 4691.12(b)(2) occur. This was previously proposed as SPA 20-0008.
- A new service (Intensive Transition Services) and a new provider type (Speech-Language Pathology Assistant). This was previously proposed as 20-0032.

Mr. James G. Scott
Page 2
June 23, 2021

- A time-limited rate increase pursuant to [Assembly Bill 79 \(2020\)](#) for Independent Living Program Providers; an 8.2 percent time-limited rate increase for Independent Living Program providers effective January 1, 2021, through December 31, 2021. This was previously proposed as SPA 21-0011.

Your consideration of this request is sincerely appreciated. If you have any questions, please contact Ms. Susan Philip, Deputy Director, Health Care Delivery Systems, at (916) 324-5870, or by email Susan.Philip@dhcs.ca.gov.

Sincerely,



Jacey Cooper
State Medicaid Director
Chief Deputy Director
Health Care Programs

Enclosures

cc: Will Lightbourne
Director
Department of Health Care Services
Will.Lightbourne@dhcs.ca.gov

Erika Sperbeck
Chief Deputy Director
Policy and Program Support
Department of Health Care Services
Erika.Sperbeck@dhcs.ca.gov

Susan Philip
Deputy Director
Health Care Delivery Systems
Department of Health Care Services
Susan.Philip@dhcs.ca.gov

Autumn Boylan
Assistant Deputy Director
Health Care Delivery Systems
Department of Health Care Services
Autumn.Boylan@dhcs.ca.gov

Richard Nelson, Chief
Integrated Systems of Care Division
Department of Health Care Services
Richard.Nelson@dhcs.ca.gov

Saralyn Ang-Olson
Chief Compliance Officer
Office of Compliance
Department of Health Care Services
Saralyn.Ang-Olson@dhcs.ca.gov

Maricris Acon
Deputy Director
Federal Programs Division
Department of Developmental Services
Maricris.Acon@dds.ca.gov

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

1. TRANSMITTAL NUMBER

2. STATE

3. PROGRAM IDENTIFICATION:

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

4. PROPOSED EFFECTIVE DATE

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

NEW STATE PLAN

AMENDMENT TO BE CONSIDERED AS NEW PLAN

AMENDMENT

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

6. FEDERAL STATUTE/REGULATION CITATION

7. FEDERAL BUDGET IMPACT

a. FFY _____ \$ _____
b. FFY _____ \$ _____

8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT

9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION
OR ATTACHMENT (*If Applicable*)

10. SUBJECT OF AMENDMENT

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

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

OTHER, AS SPECIFIED

12. SIGNATURE OF STATE AGENCY OFFICIAL



16. RETURN TO

13. TYPED NAME

14. TITLE

15. DATE SUBMITTED

FOR REGIONAL OFFICE USE ONLY

17. DATE RECEIVED

18. DATE APPROVED

PLAN APPROVED - ONE COPY ATTACHED

19. EFFECTIVE DATE OF APPROVED MATERIAL

20. SIGNATURE OF REGIONAL OFFICIAL

21. TYPED NAME

22. TITLE

23. REMARKS

Section 7 – General Provisions

7.4. Medicaid Disaster Relief for the COVID-19 National Emergency

On March 13, 2020, the President of the United States issued a proclamation that the COVID-19 outbreak in the United States constitutes a national emergency by the authorities vested in him by the Constitution and the laws of the United States, including sections 201 and 301 of the National Emergencies Act (50 U.S.C. 1601 et seq.), and consistent with section 1135 of the Social Security Act (Act). On March 13, 2020, pursuant to section 1135(b) of the Act, the Secretary of the United States Department of Health and Human Services invoked his authority to waive or modify certain requirements of titles XVIII, XIX, and XXI of the Act as a result of the consequences COVID-19 pandemic, to the extent necessary, as determined by the Centers for Medicare & Medicaid Services (CMS), to ensure that sufficient health care items and services are available to meet the needs of individuals enrolled in the respective programs and to ensure that health care providers that furnish such items and services in good faith, but are unable to comply with one or more of such requirements as a result of the COVID-19 pandemic, may be reimbursed for such items and services and exempted from sanctions for such noncompliance, absent any determination of fraud or abuse. This authority took effect as of 6PM Eastern Standard Time on March 15, 2020, with a retroactive effective date of March 1, 2020. The emergency period will terminate, and waivers will no longer be available, upon termination of the public health emergency, including any extensions.

The State Medicaid agency (agency) seeks to implement the policies and procedures described below, which are different than the policies and procedures otherwise applied under the Medicaid state plan, during the period of the Presidential and Secretarial emergency declarations related to the COVID-19 outbreak (or any renewals thereof), or for any shorter period described below:

Describe shorter period here.

The state seeks to implement the changes to the state plan below effective March 1, 2020 through September 30, 2021 or upon termination of the COVID-19 federal public health emergency declaration, whichever is sooner.

NOTE: States may not elect a period longer than the Presidential or Secretarial emergency declaration (or any renewal thereof). States may not propose changes on this template that restrict or limit payment, services, or eligibility, or otherwise burden beneficiaries and providers.

Request for Waivers under Section 1135

X The agency seeks the following under section 1135(b)(1)(C) and/or section 1135(b)(5) of the Act:

- a. X SPA submission requirements – the agency requests modification of the requirement to submit the SPA by March 31, 2020, to obtain a SPA effective date during the first calendar quarter of 2020, pursuant to 42 CFR 430.20.

TN: 21-0050
Supersedes TN: NEW

Approval Date: _____
Effective Date: 03/01/2020

This SPA is in addition to the California Disaster Relief SPAs approved on 5/13/20, 8/20/20, 3/16/21, 3/26/21, and 6/4/21, and it does not supersede anything approved in those SPAs.

- b. X Public notice requirements – the agency requests waiver of public notice requirements that would otherwise be applicable to this SPA submission. These requirements may include those specified in 42 CFR 440.386 (Alternative Benefit Plans), 42 CFR 447.57(c) (premiums and cost sharing), and 42 CFR 447.205 (public notice of changes in statewide methods and standards for setting payment rates).
- c. Tribal consultation requirements – the agency requests modification of tribal consultation timelines specified in [insert name of state] Medicaid state plan, as described below:

Please describe the modifications to the timeline.

Section A – Eligibility

- 1. The agency furnishes medical assistance to the following optional groups of individuals described in section 1902(a)(10)(A)(ii) or 1902(a)(10)(c) of the Act. This may include the new optional group described at section 1902(a)(10)(A)(ii)(XXIII) and 1902(ss) of the Act providing coverage for uninsured individuals.

Include name of the optional eligibility group and applicable income and resource standard.

- 2. The agency furnishes medical assistance to the following populations of individuals described in section 1902(a)(10)(A)(ii)(XX) of the Act and 42 CFR 435.218:

- a. All individuals who are described in section 1905(a)(10)(A)(ii)(XX)

Income standard: _____

-or-

- b. Individuals described in the following categorical populations in section 1905(a) of the Act:

Income standard: _____

- 3. The agency applies less restrictive financial methodologies to individuals excepted from financial methodologies based on modified adjusted gross income (MAGI) as follows.

TN: 21-0050
Supersedes TN: NEW

Approval Date: _____
Effective Date: 03/01/2020

Less restrictive income methodologies:

Less restrictive resource methodologies:

4. ____ The agency considers individuals who are evacuated from the state, who leave the state for medical reasons related to the disaster or public health emergency, or who are otherwise absent from the state due to the disaster or public health emergency and who intend to return to the state, to continue to be residents of the state under 42 CFR 435.403(j)(3).

5. ____ The agency provides Medicaid coverage to the following individuals living in the state, who are non-residents:

6. ____ The agency provides for an extension of the reasonable opportunity period for non-citizens declaring to be in a satisfactory immigration status, if the non-citizen is making a good faith effort to resolve any inconsistencies or obtain any necessary documentation, or the agency is unable to complete the verification process within the 90-day reasonable opportunity period due to the disaster or public health emergency.

Section B – Enrollment

1. ____ The agency elects to allow hospitals to make presumptive eligibility determinations for the following additional state plan populations, or for populations in an approved section 1115 demonstration, in accordance with section 1902(a)(47)(B) of the Act and 42 CFR 435.1110, provided that the agency has determined that the hospital is capable of making such determinations.

Please describe the applicable eligibility groups/populations and any changes to reasonable limitations, performance standards or other factors.

TN: 21-0050
Supersedes TN: NEW

Approval Date: _____
Effective Date: 03/01/2020

2. _____ The agency designates itself as a qualified entity for purposes of making presumptive eligibility determinations described below in accordance with sections 1920, 1920A, 1920B, and 1920C of the Act and 42 CFR Part 435 Subpart L.

Please describe any limitations related to the populations included or the number of allowable PE periods.

3. _____ The agency designates the following entities as qualified entities for purposes of making presumptive eligibility determinations or adds additional populations as described below in accordance with sections 1920, 1920A, 1920B, and 1920C of the Act and 42 CFR Part 435 Subpart L. Indicate if any designated entities are permitted to make presumptive eligibility determinations only for specified populations.

Please describe the designated entities or additional populations and any limitations related to the specified populations or number of allowable PE periods.

4. _____ The agency adopts a total of _____ months (not to exceed 12 months) continuous eligibility for children under age enter age _____ (not to exceed age 19) regardless of changes in circumstances in accordance with section 1902(e)(12) of the Act and 42 CFR 435.926.
5. _____ The agency conducts redeterminations of eligibility for individuals excepted from MAGI-based financial methodologies under 42 CFR 435.603(j) once every _____ months (not to exceed 12 months) in accordance with 42 CFR 435.916(b).
6. _____ The agency uses the following simplified application(s) to support enrollment in affected areas or for affected individuals (a copy of the simplified application(s) has been submitted to CMS).
- a. _____ The agency uses a simplified paper application.
 - b. _____ The agency uses a simplified online application.
 - c. _____ The simplified paper or online application is made available for use in call-centers or other telephone applications in affected areas.

Section C – Premiums and Cost Sharing

1. _____ The agency suspends deductibles, copayments, coinsurance, and other cost sharing charges as follows:

TN: 21-0050
Supersedes TN: NEW

Approval Date: _____
Effective Date: 03/01/2020

Please describe whether the state suspends all cost sharing or suspends only specified deductibles, copayments, coinsurance, or other cost sharing charges for specified items and services or for specified eligibility groups consistent with 42 CFR 447.52(d) or for specified income levels consistent with 42 CFR 447.52(g).

2. The agency suspends enrollment fees, premiums and similar charges for:

a. All beneficiaries

b. The following eligibility groups or categorical populations:

Please list the applicable eligibility groups or populations.

3. The agency allows waiver of payment of the enrollment fee, premiums and similar charges for undue hardship.

Please specify the standard(s) and/or criteria that the state will use to determine undue hardship.

Section D – Benefits

Benefits:

1. The agency adds the following optional benefits in its state plan (include service descriptions, provider qualifications, and limitations on amount, duration or scope of the benefit):

Add **Speech Language Pathologist Assistant** as a provider type under Speech, Hearing and Language Service

Provider qualifications - Registered as a Speech-Language Pathology Assistant by the Speech-Language Pathology and Audiology and Hearing Aid Dispensers Board of the California Department of Consumer Affairs, pursuant to Business and Professions Code §2538-2538.7 and Title 16 CCR § 1399.170.11.

As appropriate, a business license as required by the local jurisdiction where the business is located. Minimum continuing professional development requirements for the speech-language pathology assistant, of 12 hours in a two-year period.

TN: 21-0050

Supersedes TN: NEW

Approval Date: _____

Effective Date: 03/01/2020

This SPA is in addition to the California Disaster Relief SPAs approved on 5/13/20, 8/20/20, 3/16/21, 3/26/21, and 6/4/21, and it does not supersede anything approved in those SPAs.

Add **Intensive Transition Services** as a new service.

Intensive Transition Services (ITS) is a service providing support to those individuals who have been assessed to have complex behavioral health needs and who have transitioned into a community living option. Provision of Intensive Transition Services will begin once the individual has transitioned into the community setting. The IPP team determines if ITS would be of benefit to the consumer based on an individualized need of a more intensive service that would make the transition possible.

ITS provides a team that will work in a person-centered approach to create a network of resources that will eventually allow the individual to live independently in the community. Services are directly provided by the team members consisting of the following:

- Assessment – Initial and ongoing assessment to provide the below services in an individualized approach and continuously pivot based on the ongoing needs;
- Substance use recovery treatment;
- Anger management;
- Self-advocacy;
- Medication management;
- Health and dietary education;
- Sex education/fostering healthy relationships;
- Behavioral support and modification training for the individual - ITS engages with service providers and circle of support to provide consultative information on managing the consumers behavior if deemed appropriate and necessary to support the consumers transition;
- Outpatient therapy – counseling by professionals who specialize with intellectual/developmental disabilities crisis work;
- Co-occurring disorders integrated treatment – a treatment organizational approach that allows all counseling, trainings, and treatments to work cohesively together in order to address every impacting disorder to successfully transition;
- Transition Planning – Ongoing planning throughout the services that adjusts based on progression of the individual.

ITS team members operate 24 hours a day, 7 days a week, including holidays, and are available in the event of a crisis.

Services shall not exceed 24 total months (may be non-consecutive), unless IPP team agreement coinciding with Department of Developmental Services director approval for additional time is granted to ensure a successful transition into the community.

Provider types (agency only):

Intensive Transition Services Agency

ITS agency staff include a Board Certified Behavior Specialist, Transition/Care Coordinator, Program Director, Mental Health Professional, and Registered Nurse

The agency shall employ staff who possess the skill, training and education necessary to support individuals with complex service needs during the transition.

Program Director

TN: 21-0050

Supersedes TN: NEW

Approval Date: _____

Effective Date: 03/01/2020

This SPA is in addition to the California Disaster Relief SPAs approved on 5/13/20, 8/20/20, 3/16/21, 3/26/21, and 6/4/21, and it does not supersede anything approved in those SPAs.

Doctoral PhD or master's level Psychologist licensed in the state of practice or a licensed master's level therapist who holds a license in the state of practice. This may include: LPC, LSW, LICSW, or Licensed Behavioral Specialist where accepted with no less than 6 years' experience in the behavioral health field.

These 6 years should be composed of a minimum of two years of experience in a mental health setting: two years working with individuals with intellectual disabilities; and at least two years of program management experience.

An unlicensed masters level staff can be considered with 10 or more years' experience outlined above with approval from the vendoring Regional Center.

Transition/Care Coordinator

Must have bachelor's degree in social work, Psychology, or another human service-related field. No less than three years of experience in the behavioral health field with at least one year of experience in a mental health setting and one year working in a developmental disability setting.

Behavioral Specialist

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 Behavior Analyst Certification Board and accredited by the National Commission for Certifying Agencies.

Must demonstrate through the interview process, knowledge and experience working with both individuals who have an intellectual disability as well as a serious mental illness; have knowledge and be certified, in one of the established behavior modification techniques, such as Applied Behavioral Analysis (ABA), Functional Behavioral Analysis (FBA) as well as have experience with EBP such as CBT and Trauma Informed Care; and have prior experience providing clinical supervision to non-clinical staff.

Must possess valid CA driver's license and appropriate state and federal clearances.

Registered Nurse

Licensed Registered Nurse by the Department of Consumer Affairs Board of Registered Nursing pursuant to Business and Professions Code §§ 2725-2742. As appropriate, a business license as required by the local jurisdiction where the business is located.

Work experience in either the intellectual disability or mental health system. Must possess a valid CA Driver's License and ability to pass appropriate state and federal clearances.

Mental Health Professional

Licensed Psychologist by the Board of Psychology pursuant to Business and Professions Code §§2940-2948

TN: 21-0050
Supersedes TN: NEW

Approval Date: _____
Effective Date: 03/01/2020

Or
Licensed Clinical Social Worker by the California Board of Behavioral Science Examiners pursuant to Business and Professions Code §§4996-4996.2 Or
Licensed Marriage Family Therapist by the Board of Behavioral Sciences pursuant to Business and Professions Code §4980 (b)
As appropriate, a business license as required by the local jurisdiction where the business is located.

Must possess two years' experience designing and implementing behavior modification intervention services.

Verification of Provider Qualifications

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

Verified upon application for vendorization and at least biennially thereafter.

Agency Providers:

ITS Agency, Regional Center, through the annual quality assurance review and contract reviews when a new professional is hired. Verified Annually.

Rate Methodology for ITS

Effective July 1, 2020, the rate for Intensive Transition service and supports will be established using the average cost of services rendered to Medi-Cal beneficiaries in state fiscal year 2019-20. The costs used to calculate the rate are salaries, wages, payroll taxes, and benefits of direct care staff providing Intensive Transition services and supports, in addition to direct care staff travel and operating costs (other indirect costs such as communications, equipment, and program supplies) needed to support a consumer during a transition. The costs will be drawn from actual expenditures as reported by providers of ITS services. Upon regional center approval, the providers of this service will be informed of the rate in writing and the rate will be available at the following link: <https://www.dds.ca.gov/rc/vendor-provider/vendorization-process/vendor-rates/>. This final rate will be used for all ITS vendors including any new vendors that get vendored after 2019-20. The costs in state fiscal year 2019-20, comprised of a 12-month period of time, will be used to inform the permanent, single statewide rate of all ITS vendors in the following state fiscal year.

Components of this service are assessments; substance use and recovery treatment, anger management, self-advocacy, medication management, health and dietary education, sex education, fostering healthy relationships, behavioral support and modification training for the individual, outpatient therapy, co-occurring disorders integrated treatment, and transition planning. This service is paid as a monthly unit. Any provider delivering services through ITS will be billed and paid through the ITS agency and not individually. If a provider delivers services

TN: 21-0050
Supersedes TN: NEW

Approval Date: _____
Effective Date: 03/01/2020

outside of the ITS services agency purview, that provider should bill such services separately. At least one of the services included in ITS must be provided per month for the ITS agency to bill for payment. The state conducts yearly monitoring of the IPP to ensure services are needed and that also includes a verification of rates paid in accordance with state approved payment methodology. The IPP process includes initial and ongoing review on no later than an annual basis to ensure that services are provided efficiently and continue to meet the individual need of the consumer. Additionally, service-specific plans from the provider that demonstrate the frequency and manner in which services are actually provided are reviewed on no less than a quarterly basis.

Computation of allowable costs and their allocation methodology for both the interim and final reconciliated rates must be determined in accordance with the Centers for Medicare and Medicaid Services (CMS) Provider Reimbursement Manual (CMS Pub. 15-1), CMS non-institutional reimbursement policies, and 2 C.F.R. Part 200 as implemented by HHS at 45 C.F.R., part 75, which establish principles and standards for determining allowable costs and the methodology for allocation and apportioning those expenses to the Medicaid program, except as expressly modified below.

The state assures that it will only begin seeking Federal Financial Participation for ITS once an individual is eligible to receive the service.

2. ____ The agency makes the following adjustments to benefits currently covered in the state plan:

3. ____ The agency assures that newly added benefits or adjustments to benefits comply with all applicable statutory requirements, including the statewideness requirements found at 1902(a)(1), comparability requirements found at 1902(a)(10)(B), and free choice of provider requirements found at 1902(a)(23).

4. ____ Application to Alternative Benefit Plans (ABP). The state adheres to all ABP provisions in 42 CFR Part 440, Subpart C. This section only applies to states that have an approved ABP(s).

- a. ____ The agency assures that these newly added and/or adjusted benefits will be made available to individuals receiving services under ABPs.
- b. ____ Individuals receiving services under ABPs will not receive these newly added and/or adjusted benefits, or will only receive the following subset:

Please describe.

TN: 21-0050
Supersedes TN: NEW

Approval Date: _____
Effective Date: 03/01/2020

Telehealth:

5. ____ The agency utilizes telehealth in the following manner, which may be different than outlined in the state's approved state plan:

Please describe.

Drug Benefit:

6. ____ The agency makes the following adjustments to the day supply or quantity limit for covered outpatient drugs. The agency should only make this modification if its current state plan pages have limits on the amount of medication dispensed.

Please describe the change in days or quantities that are allowed for the emergency period and for which drugs.

7. ____ Prior authorization for medications is expanded by automatic renewal without clinical review, or time/quantity extensions.

8. ____ The agency makes the following payment adjustment to the professional dispensing fee when additional costs are incurred by the providers for delivery. States will need to supply documentation to justify the additional fees.

Please describe the manner in which professional dispensing fees are adjusted.

9. ____ The agency makes exceptions to their published Preferred Drug List if drug shortages occur. This would include options for covering a brand name drug product that is a multi-source drug if a generic drug option is not available.

Section E – Payments

Optional benefits described in Section D:

1. ____ Newly added benefits described in Section D are paid using the following methodology:

- a. ____ Published fee schedules –

Effective date (enter date of change): _____

TN: 21-0050

Supersedes TN: NEW

Approval Date: _____

Effective Date: 03/01/2020

This SPA is in addition to the California Disaster Relief SPAs approved on 5/13/20, 8/20/20, 3/16/21, 3/26/21, and 6/4/21, and it does not supersede anything approved in those SPAs.

Location (list published location): _____

b. Other:

Describe methodology here.

Increases to state plan payment methodologies:

2. The agency increases payment rates for the following services:

Please list all that apply.

The following 1915i Services are subject to the increase of 8.2%

Community Living Arrangement Services
Day Services (Community Based)
Day Services (Mobility Related)
Behavior Intervention Services (non-facility Based)
Respite Services
Supported Employment Individual
Prevocational Employment Services
Homemaker Services
Non-Medical Transportation
Community-Based Training Services

a. Payment increases are targeted based on the following criteria:

Please describe criteria.

The methodologies for the following 1915i services are subject to the increase.

Community Living Arrangement Services – ARM rate, Median Rate
Day Services (Community Based) – All methodologies used
Day Services (Mobility Related) – Median Rate
Behavior Intervention Services (non-facility Based) Median Rate
Respite Services (Cost Statement, State Regs., ARM, Median Rate)
Supported Employment Individual – State Statute
Prevocational Employment Services – State Statute
Homemaker Services - Median Rate
Non-Medical Transportation – Median Rate
Community-Based Training Services – State Statute

TN: 21-0050

Supersedes TN: NEW

Approval Date: _____

Effective Date: 03/01/2020

This SPA is in addition to the California Disaster Relief SPAs approved on 5/13/20, 8/20/20, 3/16/21, 3/26/21, and 6/4/21, and it does not supersede anything approved in those SPAs.

b. Payments are increased through:

- i. A supplemental payment or add-on within applicable upper payment limits:

Please describe.

- ii. An increase to rates as described below.

Rates are increased:

Uniformly by the following percentage: _____

Through a modification to published fee schedules –

Effective date (enter date of change): _____

Location (list published location): _____

Up to the Medicare payments for equivalent services.

By the following factors:

Please describe.

The rates are increased by 8.2% (unless otherwise specified) for all service providers listed below effective 1/27/2020 until the end of the PHE or 12/31/2021, whichever is earlier.

Crisis Team - Evaluation & Behavior Modification

Tutor Services

Socialization Training Program

Client/Parent Support Behavior Intervention Training

Community Integration Training Program

Personal Assistance

Community Activities Support Services

Parent Coordinator Supported Living Prog (6.3% increase)

In-Home/Mobile Day Program

Parent-Coordinated Personal Assist Service

Creative Arts Program

TN: 21-0050

Supersedes TN: NEW

Approval Date: _____

Effective Date: 03/01/2020

This SPA is in addition to the California Disaster Relief SPAs approved on 5/13/20, 8/20/20, 3/16/21, 3/26/21, and 6/4/21, and it does not supersede anything approved in those SPAs.

Parenting Support Services
Program Support Group-Residential
Program Support Group-Day Service
Program Support Group-Other Services
DSS Licensed-Specialized Residential Facility
Voucher Respite
Participant-Directed Respite Services
Participant Directed Community-Based Training Services/ Adults
Adult Development Center
Behavior Management Program
Adaptive Skills Trainer (3.9% increase)
Behavior Analyst
Associate Behavior Analyst
Behavior Management Assistant
Behavior Technician - Paraprofessional
Independent Living Specialist (2.4% increase)
Mobility Training Services Agency
Mobility Training Service Specialist
Homemaker Services
In-Home Respite Services Agency
In-Home Respite Worker
Transportation Company
Transportation-Additional Component
Transportation-Assistant
Supported Living Services
Family Home Agency
Residential Facility Serving Adults-Owner Operated
Residential Facility Serving Children - Owner Operated
Residential Facility Serving Adults - Staff Operated
Residential Facility Serving Children-Staff Operated
Supported Employment-Group
Supported Employment-Individual (7.6% increase)

Payment for services delivered via telehealth:

3. ____ For the duration of the emergency, the state authorizes payments for telehealth services that:
- a. ____ Are not otherwise paid under the Medicaid state plan;
 - b. ____ Differ from payments for the same services when provided face to face;
 - c. ____ Differ from current state plan provisions governing reimbursement for telehealth;

Describe telehealth payment variation.

TN: 21-0050

Approval Date: _____

Supersedes TN: NEW

Effective Date: 03/01/2020

This SPA is in addition to the California Disaster Relief SPAs approved on 5/13/20, 8/20/20, 3/16/21, 3/26/21, and 6/4/21, and it does not supersede anything approved in those SPAs.

- d. ___ Include payment for ancillary costs associated with the delivery of covered services via telehealth, (if applicable), as follows:
 - i. ___ Ancillary cost associated with the originating site for telehealth is incorporated into fee-for-service rates.
 - ii. ___ Ancillary cost associated with the originating site for telehealth is separately reimbursed as an administrative cost by the state when a Medicaid service is delivered.

Other:

- 4. ___ Other payment changes:

Please describe.

Section F – Post-Eligibility Treatment of Income

- 1. ___ The state elects to modify the basic personal needs allowance for institutionalized individuals. The basic personal needs allowance is equal to one of the following amounts:
 - a. ___ The individual’s total income
 - b. ___ 300 percent of the SSI federal benefit rate
 - c. ___ Other reasonable amount: _____
- 2. ___ The state elects a new variance to the basic personal needs allowance. (Note: Election of this option is not dependent on a state electing the option described the option in F.1. above.)

The state protects amounts exceeding the basic personal needs allowance for individuals who have the following greater personal needs:

Please describe the group or groups of individuals with greater needs and the amount(s) protected for each group or groups.

TN: 21-0050
Supersedes TN: NEW

Approval Date: _____
Effective Date: 03/01/2020

This SPA is in addition to the California Disaster Relief SPAs approved on 5/13/20, 8/20/20, 3/16/21, 3/26/21, and 6/4/21, and it does not supersede anything approved in those SPAs.

State/Territory: California

Page: 90ggggg

Disaster Relief SPA #11

Section G – Other Policies and Procedures Differing from Approved Medicaid State Plan /Additional Information

PRA Disclosure Statement

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0938-1148 (Expires 03/31/2021). The time required to complete this information collection is estimated to average 1 to 2 hours per response, including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. Your response is required to receive a waiver under Section 1135 of the Social Security Act. All responses are public and will be made available on the CMS web site. If you have comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: CMS, 7500 Security Boulevard, Attn: PRA Reports Clearance Officer, Mail Stop C4-26-05, Baltimore, Maryland 21244-1850. ***CMS Disclosure*** Please do not send applications, claims, payments, medical records or any documents containing sensitive information to the PRA Reports Clearance Office. Please note that any correspondence not pertaining to the information collection burden approved under the associated OMB control number listed on this form will not be reviewed, forwarded, or retained. If you have questions or concerns regarding where to submit your documents, please contact the Centers for Medicaid & CHIP Services at 410-786-3870.

TN: 21-0050
Supersedes TN: NEW

Approval Date: _____
Effective Date: 03/01/2020

This SPA is in addition to the California Disaster Relief SPAs approved on 5/13/20, 8/20/20, 3/16/21, 3/26/21, and 6/4/21, and it does not supersede anything approved in those SPAs.