DEPARTMENT OF HEALTH & HUMAN SERVICES
Centers for Medicare & Medicaid Services
601 E. 12th St., Room 355
Kansas City, Missouri 64106

CENTERS FOR MEDICARE & MEDICAID SERVICES
CENTER FOR MEDICAID & CHIP SERVICES

Medicaid and CHIP Operations Group

April 14, 2023

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

RE: CA 22-0048 §1915(i) home and community-based services (HCBS) state plan amendment (SPA)

Dear Ms. Cooper:

The Centers for Medicare & Medicaid Services (CMS) is approving the state's request to amend its 1915(i) state plan home and community-based services (HCBS) benefit, transmittal number CA 22-0048. The effective date for this amendment is April 14, 2023. With this amendment, the state is incorporating changes that were implemented during the COVID-19 Public Health Emergency, such as adding new services, adding incentive payments for paid internships, allowing specific services the option of self-direction, and allowing specific services to be provided via telehealth.

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

- Attachment 3.1-i pages 1, 14, 14a, 29, 36, 37, 56, 57, 57a, 58, 58a, 59, 69, 77, 104, 106, 111a, 111b, 111c, 111d, 112, 112a, 113
- Attachment 4.19-b pages 78, 78f, 78g, 78g-1

CMS reminds the state that the state must have an approved spending plan in order to use the money realized from section 9817 of the ARP. Approval of this action does not constitute approval of the state's spending plan.

It is important to note that CMS' approval of this change to the state's 1915(i) HCBS state plan benefit solely addresses the state's compliance with the applicable Medicaid authorities. CMS' approval does not address the state's independent and separate obligations under federal laws including, but not limited to, the Americans with Disabilities Act, Section 504 of the Rehabilitation Act, or the Supreme Court's Olmstead decision. Guidance from the Department of

Justice concerning compliance with the Americans with Disabilities Act and the Olmstead decision is available at http://www.ada.gov/olmstead/q&a_olmstead.htm.

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

Sincerely,

[redacted]

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

Enclosure

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

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

FORM APPROVED
OMB No. 0938-0193

TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL

FOR: CENTERS FOR MEDICARE & MEDICAID SERVICES

1. TRANSMITTAL NUMBER: 20-0048

2. STATE: CA

3. PROGRAM IDENTIFICATION: TITLE OF THE SOCIAL SECURITY ACT: (●) XIX ( ) XXI

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

4. PROPOSED EFFECTIVE DATE
November 1, 2022

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

6. FEDERAL BUDGET IMPACT (Amounts in WHOLE dollars)
a. FFY 2022-23 $ ~~2,311,027~~ $2,587,391
b. FFY 2023-24 $ ~~2,371,474~~ $2,754,410

7. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT
~~Attachment 3.1i: p. 1,8,9,19,28,29,36,37,57,58,59,69,77,80,101,104,106 (new pages:111a-111c), 112, 113.~~
~~Attachment 4.19BL 78g~~
Attachment 3.1-i p.: 1,14,14a (new),29,36,37,56,57,57a (new),58,58a (new),59,69,77,104, 106,111a-111d (new),112,112a (new),113
Attachment 4.19-b p.: 78,78f,78g,78g-1 (new)

8. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT *(If Applicable)*
~~Attachment 3.1i: p. 1,8,9,19,28,29,36,37,57,58,59,69,77,80,101,104,106 (new pages:111a-111c), 112, 113.~~
~~Attachment 4.19BL 78g~~
Attachment 3.1-i p.: 1, 14, 29,36,37,56,57,58,59,69,77,104,106,112,113
Attachment 4.19-b p.: 78,78f,78g

9. SUBJECT OF AMENDMENT

Addition of technology services, self-directed support services, and incentive payments for paid internship programs. Expands eligibility for children three or four years of age, the provision for specified services to provide services remotely, and adds a new provider type for Community Living Arrangement. Day Services and supported employment can be a participant directed service.

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

( ) GOVERNOR'S OFFICE REPORTED NO COMMENT
( ) COMMENTS OF GOVERNOR'S OFFICE ENCLOSED
( ) NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL
(●) OTHER, AS SPECIFIED:
Please note: The Governor's Office does not wish to review the State Plan Amendment.

11. SIGNATURE OF STATE AGENCY OFFICIAL
[redacted]
J

13. TITLE
State Medicaid Director

14. DATE SUBMITTED
September 28, 2022

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

FOR CMS USE ONLY

16. DATE RECEIVED
September 28, 2022

17. DATE APPROVED
April 14, 2023

PLAN APPROVED - ONE COPY ATTACHED

18. EFFECTIVE DATE OF APPROVED MATERIAL
April 14, 2023

19. SIGNATURE OF APPROVING OFFICIAL
George P. Failla Jr -S
Digitally signed by George P. Failla Jr -S
Date: 2023.04.14 10:05:37 -04'00'

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

21. TITLE OF APPROVING OFFICIAL
Direction, Division of HCBS Operations & Oversight

22. REMARKS
4/5/2023: State authorizes pen & i

Instructions on Back

The state implements the optional 1915(i) State plan Home and Community-Based Services (HCBS) benefit *for elderly and disabled individuals as set forth below.*

1. **Services.** *(Specify the state's service title(s) for the HCBS defined under "Services" and listed in Attachment 4.19-B):*

Habilitation- Community Living Arrangement Services; Habilitation- Day Services; Habilitation- Behavioral Intervention Services; Respite Care; Enhanced Habilitation- Supported Employment - Individual; Enhanced Habilitation- Prevocational Services; Homemaker Services; Home Health Aide Services; Community Based Adult Services; Personal Emergency Response Systems; Vehicle Modification and Adaptation; Speech, Hearing and Language Services; Dental Services; Optometric/Optician Services; Prescription Lenses and Frames; Psychology Services; Chore Services; Communication Aides; Environmental Accessibility Adaptations; Non-Medical Transportation; Nutritional Consultation; Skilled Nursing; Specialized Medical Equipment and Supplies; Transition/Set-Up Expenses; Community-Based Training Services; Financial Management Services; Family Support Services; Housing Access Services; Occupational Therapy; Self-Directed Supports Service; Technology Services; Physical Therapy; Intensive Transition Services; and Family/Consumer Training

2. Concurrent Operation with Other Programs. (*Indicate whether this benefit will operate concurrently with another Medicaid authority)*:

***Select one*:**

◉	**Not applicable**
	Applicable
	Check the applicable authority or authorities:
☐	**Services furnished under the provisions of §1915(a)(1)(a) of the Act.** The State contracts with a Managed Care Organization(s) (MCOs) and/or prepaid inpatient health plan(s) (PIHP) or prepaid ambulatory health plan(s) (PAHP) under the provisions of §1915(a)(1) of the Act for the delivery of 1915(i) State plan HCBS. Participants may *voluntarily* elect to receive *waiver* and other services through such MCOs or prepaid health plans. Contracts with these health plans are on file at the State Medicaid agency. *Specify:* *(a) the MCOs and/or health plans that furnish services under the provisions of §1915(a)(1);* *(b) the geographic areas served by these plans;* *(c) the specific 1915(i) State plan HCBS furnished by these plans;* *(d) how payments are made to the health plans; and* *(e) whether the 1915(a) contract has been submitted or previously approved.*
☐	**Waiver(s) authorized under §1915(b) of the Act.** *Specify the §1915(b) waiver program and indicate whether a §1915(b) waiver application has been submitted or previously approved:*

The state assures that this 1915(i) HCBS SPA will be subject to any provisions or requirements included in the state's most recent and/or approved home and community-based settings Statewide Transition Plan. The state will implement any required changes by the end of the transition period as outlined in the home and community-based settings Statewide Transition Plan.

As noted in state law, W&IC section 4684.80(a) for EBSHs and W&IC 4698(b)(l) for CCHs, EBSHs/CCHs must conform with the HCBS settings requirements of 42 CFR 441.530(a)(l). Therefore, meeting the HCBS settings requirements is considered during the planning and development of these homes. EBSHs are designed for individuals who require more enhanced behavioral supports, staffing and supervision than is available in other licensed residential settings. In addition to the same licensing criteria for adult residential facilities and group homes, certification by DDS is also required as a condition of licensure of an EBSH/CCH. This certification requirement is another opportunity to review the planned service design for compliance with the HCBS settings requirements.

As these homes are new setting types under this 1915i, each one will be assessed regarding compliance with the HCBS settings requirements prior to the submission of federal claiming for services provided in these settings. The assessment process will be as follows:

- The regional center, in conjunction with the consumers and service provider, will conduct an on-site assessment of the EBSH/CCHs-using a standardized tool, developed as part of the State's transition planning, which aligns with the HCBS settings requirements.
- This assessment will include a review of the EBSHs/CCHs policies/procedures for alignment with the HCBS requirements.
- Results of the assessment will be documented on the standardized tool and maintained by the regional center and provider
- The assessment will also indicate any setting requirements that initially were not met and the actions taken in response.
- Upon completion, the written assessment and supporting information will be forwarded to DDS for validation of the assessment findings via review of the supporting information and assessment. If validated, the individual EBSH/CCH is considered an eligible 1915i provider.
- On-going monitoring of compliance with the HCBS settings requirements will occur in the following ways:
- During required on-site monitoring visits of all EBSHs/CCHs by DDS, and
- During the on-site 1915i monitoring reviews where a representative, random number of consumers are selected for review. This review includes on-site visits to settings where consumers receive services.

Delivery of Service via Telehealth:
Telehealth will be provided only if it meets the needs of the consumer and individuals requiring physical assistance will need to work with their providers to arrange such services. Telehealth service would not replace personal care supports. If personal care was needed while telehealth was being provided, the individual and/or person supporting the individual would conduct personal care activities out of the line of sight of the telehealth provider, turn off video/audio communication during that time, or reschedule the telehealth visit. In instances where privacy cannot be secured by the individual, the telehealth provider would pause the telehealth service until confirming it was appropriate to resume.

Remote delivery of services expands access to supports and services to a broader community not limited by the individuals' geographic location, increasing an individual's ability to integrate with others in activities of their choice. Remotely delivered services can be provided to multiple individuals at one time (without sharing private health information), which presents individuals with the opportunity to interact with others, while receiving services in their preferred delivery method.

The individual's person-centered planning team is responsible for determining the extent of training necessary for the individual to access their services remotely. Family members may also be eligible for training, as appropriate, to support the provision of services if determined to be beneficial for the participant.
Telehealth delivery of HCBS will meet HIPAA requirements and the methodology is accepted by the state's HIPAA compliance officer.

For services that are provided via all forms of telehealth or other forms of remote service delivery as agreed upon by the consumer and provider, providers must make reasonable efforts to limit the information disclosed to that which is "minimum necessary" to accomplish the purpose.

The following services can be provided via Telehealth:

- Habilitation – Day Services
- Habilitation - Behavioral Intervention Services
- Speech, Hearing and Language Services
- Psychology Services
- Occupational Therapy
- Physical Therapy

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.

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).

This service may be rendered by a provider who is not physically present with the individual and can be provided remotely via all forms of telehealth delivery. Please see the Home and Community-Based Settings section of this SPA for more information on Telehealth.

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

Specify limits (if any) on the amount, duration, or scope of this service. Per 42 CFR Section 440.240, services available to any categorically needy recipient cannot be less in amount, duration and scope than those services available to a medically needy recipient, and services must be equal for any individual within a group. States must also separately address standard state plan service questions related to sufficiency of services.

(Choose each that applies):

	Categorically needy *(specify limits):*

	required by the local jurisdiction where the business is located.		
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 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 - May provide Behavioral Intervention Services in multiple settings, including the individual's home, workplace, depending on the individual's needs. These practitioners may also provide non-facility-based crisis services when needed. Use of state-operatedmobile crisis services are available for individuals continuing to experience crises and have exhausted all other available crisis services. Crisis teams are unique in providing partnerships, assessments, training and support to individuals experiencing crisis and who are at risk of having to move from their own or family home, or from an out-of-home placement to a more restrictive setting. Mobile crisis teams' services are available for deployment 24-hours a day, 7 days a week after individualized assessments are completed. Participants have the choice of either a state- operated or vendor operated crisis team.

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 otherpervasive 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 intensivebehavioral 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, 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 interventionplan. The person-centered planning team determines the extent of participation necessary to meetthe 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) basedtreatment (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. Interventionscan be delivered in a one-to-one ratio or small group format, as appropriate.

This service may be rendered by a provider who is not physically present with the individual and can be provided remotely via all forms of telehealth delivery. Please see the Home and Community-Based Settings section of this

SPA for more information on Telehealth.

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

Service Title:	**Enhanced Habilitation- Supported Employment – Individual Services**

Service Definition (Scope)*:*

Supported employment is paid work at competitive wages, including through an internship as defined in Welfare and Institutions Code §4870, that is integrated in the community for individuals with developmental disabilities.
Supported employment - Individual services means job coaching and other services for regional center-funded consumers in a supported employment placement at a job coach-to-consumer ratio of one-to-one, and that decrease over time until stabilization is achieved. Individualized services may be provided on or off the jobsite. These services are received by eligible adults who are employed in integrated settings in the community. These individuals are unable to maintain this employment without an appropriate level of ongoing employment support services. Transportation services are not included under supported employment individual services.

Supported Employment- Individual Services include:

- Training and supervision in addition to the training and supervision the employer normally provides to employees.

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

- Recipients receiving individual services earn minimum wage or above and are on the employer's payroll. Individuals receiving these services usually receive supervision 5-20% of the time by the program. The remainder of the time, the employer provides all supervision and training.

The above described services are not available under a program funded under section 110 of the Rehabilitation Act of 1973 (29 USC Section 730) or section 602(16) and (17) of the Individuals with Disabilities Education Act (20 USC 1401(16 and 17).
The reimbursement for Supported Employment (Individual Services), (except for services provided to individuals working through an internship), includes incentive payments formeasurable milestones identified below:

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

The reimbursement for Supported Employment (Individual Services) provided to individuals working through an internship includes the following incentive payments:

1. A one-time payment made to a provider when and individual obtains employment through an internship and is still employed after 30 consecutive days.
2. An additional one-time payment when an individual remains in an internship for 60 consecutive days.

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

1. Incentive payments made to an employer to encourage or subsidize the employer's participation in supported employment; or

2. Payments that are passed through to users of supported employment services.

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

Specify limits (if any) on the amount, duration, or scope of this service. Per 42 CFR Section 440.240, services available to any categorically needy recipient cannot be less in amount, duration and scope than those services available to a medically needy recipient, and services must be equal for any individual within a group. States must also separately address standard state plan service questions related to sufficiency of services.

(Choose 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 Programs	No state licensing category.	Programs must initially meet the Department of Rehabilitation Program certification	N/A

	Federal/State Tax Exempt Letter. As appropriate, a business license as required by the local jurisdiction where the business is located.	standards and be accredited by CARF within four years of providing services pursuant to Title 17 § 58810(f)(1)(2).	
Individual	No state licensing category. Federal/State Tax Exempt Letter. As appropriate, a business license as required by the local jurisdiction where the business is located.	N/A	Providers of supported employment shall be an adult who possesses the skill, training, and experience necessary to provide services in accordance with the individual program plan.

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

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

Prevocational services are designed to prepare individuals in non-job-task-specific strengths and skills that contribute towards obtaining a competitive and integrated employment, as opposed to vocational services whose sole purpose is to provide employment without habilitation goals geared towards skill building.
Transportation services are not included under Prevocational Services.
Federal financial participation is not claimed for incentive payments, subsidies, or unrelated vocational training expenses such as incentive payments made to an employer to encourage or subsidize the employer's participation in supported employment; or payments that are passed through to users of supported employment services.

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

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

Specify limits (if any) on the amount, duration, or scope of this service. Per 42 CFR Section 440.240, services available to any categorically needy recipient cannot be less in amount, duration and scope than those services available to a medically needy recipient, and services must be equal for any individual within a group. States must also separately address standard state plan service questions related to sufficiency of services.

(Choose each that applies):

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

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

	the local jurisdiction for the adaptations to be completed.	of Automotive Repairs.	

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 andAdaptation	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 applicationfor 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 for the HCBS listed in Attachment 4.19-B that the stateplans to cover):*

Service Title:	**Speech, Hearing and Language Services**

Service Definition (Scope)*:*

Speech, Hearing and Language services are defined in Title 22, California Code of Regulations, Sections 51096, 51098, and 51094.1 as speech pathology, audiological services, and hearing aids, respectively. Speech pathology services mean services for the purpose of identification, measurement and correction or modification of speech, voice or language disorders and conditions, and counseling related to such disorders and conditions. Audiological services means services for the measurement, appraisal, identification and counseling related to hearing and disorders of hearing; the modification of communicative disorders resulting from hearing loss affecting speech, language and auditory behavior; and the recommendation and evaluation of hearing aids. Hearing aid means any aid prescribed for the purpose of aiding or compensating for impaired human hearingloss.

These services will be provided to individuals age 21 and older as described in the approved Medicaid State plan for individuals under the age of 21. The provider qualifications listed in the planwill apply and are hereby incorporated into this request by reference. 1915(i) HCBS SPA Speech, Hearing and Language services will not supplant services available through the approved Medicaid State plan or the EPSDT benefit.
This service may be rendered by a provider who is not physically present with the individual and can be provided remotely via all forms of telehealth delivery. Please see the Home and Community-Based Settings section of this SPA for more information on Telehealth.

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

	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.	through oversight and monitoring activities.
Dispensing Optician	Medical Board of California	Biennially

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 stateplans to cover):*

Service Title:	**Psychology Services**

Service Definition (Scope)*:*

Psychology Services are defined in Title 22, California Code of Regulations, Section 51099 as the services of a person trained in the assessment, treatment, prevention, and amelioration of emotional and mental health disorders.

These services will be provided to individuals age 21 and older as described in the approved Medicaid State plan for individuals under the age of 21. The provider qualifications listed in the planwill apply and are hereby incorporated into this request by reference. 1915(i) HCBS SPA Psychology Services will not supplant services available through the approved Medicaid State plan or the EPSDTbenefit.

This service may be rendered by a provider who is not physically present with the individual and can be provided remotely via all forms of telehealth delivery. Please see the Home and Community-Based Settings section of this SPA for more information on Telehealth.

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

Specify limits (if any) on the amount, duration, or scope of this service. Per 42 CFR Section 440.240, services available to any categorically needy recipient cannot be less in amount, duration and scopethan those services available to a medically needy recipient, and services must be equal for any individual within a group. States must also separately address standard state plan service questionsrelated to sufficiency of services.

(Choose 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):*

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

Service Title:	**Occupational Therapy**

Service Definition (Scope)*:*

Occupational Therapy services are defined in Title 22, California Code of Regulations, Sections 51085, and 51309 as services designed to restore or improve a person's ability to undertake activities of daily living when those skills are impaired by developmental or psychosocial disabilities,physical illness or advanced age. Occupational therapy includes evaluation, treatment planning, treatment, instruction and consultative services.

All medically necessary occupational therapy services for children under age 21 are covered in the state plan pursuant to the EPSDT benefit. Occupational therapy in this 1915i is only provided to individuals age 21 and over and only when the limits of occupational therapy services furnished under the approved state plan are exhausted. Occupational therapy services in the approved state plan are limited to a maximum of two services in any one calendar month or any combination of twoservices per month from the following services: audiology, acupuncture, chiropractic, psychology, podiatry, and speech therapy or the amount determined medically necessary.

This service may be rendered by a provider who is not physically present with the individual and can be provided remotely via all forms of telehealth delivery. Please see the Home and Community-Based Settings section of this SPA for more information on Telehealth.

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

Specify limits (if any) on the amount, duration, or scope of this service. Per 42 CFR Section 440.240, services available to any categorically needy recipient cannot be less in amount, duration and scopethan those services available to a medically needy recipient, and services must be equal for any individual within a group. States must also separately address standard state plan service questionsrelated to sufficiency of services.

(Choose 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):*
Occupational Therapist (Individual/Agency)	Occupational Therapist: Licensed Occupational Therapist by the California Board of Occupational Therapy pursuant to Business and		

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

Service Title:	**Physical Therapy**

Service Definition (Scope)*:*

Physical Therapy services are defined in Title 22, California Code of Regulations, Sections 51081, and51309 as services of any bodily condition by the use of physical, chemical, and or other properties ofheat, light, water, electricity or sound, and by massage and active, resistive or passive exercise.
Physical therapy includes evaluation, treatment planning, treatment, instruction, consultative services, and application of topical medications.

All medically necessary physical therapy services for children under age 21 are covered in the state plan pursuant to the EPSDT benefit. Physical therapy in this state plan amendment is only provided to individuals age 21 and over and only when the limits of physical therapy services furnished underthe approved state plan are exhausted. Physical therapy services in the approved state plan are limited to six-month treatments and may be renewed if determined medically necessary.
This service may be rendered by a provider who is not physically present with the individual and can be provided remotely via all forms of telehealth delivery. Please see the Home and Community-Based Settings section of this SPA for more information on Telehealth.

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

Specify limits (if any) on the amount, duration, or scope of this service. Per 42 CFR Section 440.240, services available to any categorically needy recipient cannot be less in amount, duration and scopethan those services available to a medically needy recipient, and services must be equal for any individual within a group. States must also separately address standard state plan service questionsrelated to sufficiency of services.

(Choose 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):*
Physical Therapist (Individual/Agency)	Physical Therapist: Licensed Physical Therapist by the Physical TherapyBoard of California pursuant to Business and Professions Code §§2635-2639.1		

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

Service Title:	**Self-Directed Support Services**

Service Definition (Scope)*:*
This service guides and assists the individual and/or the participant's family or representative, as appropriate, in arranging for, directing, and managing their services. With planning team oversight, providers assist the participant or family in identifying immediate and long-term needs, developing options to meet those needs, and accessing identified supports and services. Practical skills training is offered to enable families and participants to independently direct and manage 1915i services. In addition, this service provides training on managing an annual budget for service expenditures.

This service is available to consumers who have identified an interest in self-directing some or all their services. Assistance provided to participants and/or their families consists of guidance and advisement in ensuring a thorough understanding of responsibilities involved with self-direction of services, to make informed planning decisions about services and supports through the person-centered planning process, development of their initial budget and spending plan, and appropriate practices of hiring, managing, and communicating with staff. The extent of the assistance furnished to the participant or family is specified in the Individual Program Plan (IPP).
This service does not duplicate, replace, or supplant other 1915i services, including casemanagement.

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

Specify limits (if any) on the amount, duration, or scope of this service. Per 42 CFR Section 440.240, services available to any categorically needy recipient cannot be less in amount, duration and scope than those services available to a medically needy recipient, and services must be equal for any individual within a group. States must also separately address standard state plan service questions related to sufficiency of services.

(Choose each that applies):

This service is limited to 40 hours per consumer annually. Additional hours must be reviewed by the Department and maybe authorized if deemed necessary to meet the needs of the consumer.

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

Provider Type *(Specify)*:	License *(Specify):*	Certification *(Specify):*	Other Standard *(Specify):*
Agency	An appropriate business license as required by the local jurisdiction for the adaptations to be completed.	Completion of a training course about the principles of participant-directed services.	

Individual	An appropriate business license as required by the local jurisdiction for the adaptations to be completed.	Completion of a training course about the principles of participant-directed 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):*
Business entity/ individual	Regional centers, through the vendorization process, verify providers meet requirements/qualifications outlined in Title 17, CCR, § 54310 including the following, as applicable: any license, credential, registration, certificate, permit, or academic degree required for the performance or operation of the service; the staff qualifications and duty statements; and service design.	Verified upon application for vendorization and biennially thereafter.

Service Delivery Method. *(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:	**Technology Services**
Service Definition (Scope)*:*	

This service is intended to provide technology and/or equipment, in addition to the training and coordination of the use of such technology to assist consumers in accessing services remotely. This service does not duplicate any service currently available under the state plan.
Technology is an item, piece of equipment, or product system, whether acquired commercially, modified, or customized, that will be used for the purposes of accessing the remote provision of services, in accordance with HIPAA requirements while ensuring health and welfare.
Specific equipment includes computer monitors or electronic device that streams video, video cameras for use in video conferencing and intermittent remote check-in/monitoring of consumers in the home when in-person support is not possible, cell phone, tablet, and other similar handheld device used for communication such as augmentative and alternative communication (AAC) devices, software cost, maintenance, and installation needed for the use of AAC, microphones, speakers, headphones, hardware and/or tool(s) for the purpose of facilitating communication with a provider and to make possible the use of the equipment. Installation, removal, re-installation, maintenance and repair of technology is provided by this service. Allowable assistive technology services also include the evaluation of technology needs of a participant and the training or technical assistance for the participant, or where appropriate their family members or service providers to support the provision of remote services if determined beneficial for the participant, services for family members may include training and instruction about utilizing assistive technology to enable the family to support the recipient. The person-centered planning team determines the extent of participation

necessary to meet the individual's needs.

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

Specify limits (if any) on the amount, duration, or scope of this service.

Limited to the least cost alternative that can meet the need of the consumer. Annual limit of $5,000 with the option to exceed upon department authorization if deemed necessary to meet the needs of the consumer.

(Choose each that applies):

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

Provider Type *(Specify)*:	License *(Specify):*	Certification *(Specify):*	Other Standard *(Specify):*
Individual	An appropriate business license as required by the local jurisdiction for the adaptations to be completed		
Business	An appropriate business license as required by the local jurisdiction for the 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):*
Business entity/ individual	Regional centers, through the vendorization process, verify providers meet requirements/qualifications outlined in Title 17, CCR, § 54310 including the following, as applicable: any license, credential, registration for the performance or operation of the service; the staff qualifications and duty statements; and service design.	Verified upon application for vendorization and biennially thereafter.

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

☐	Participant-directed	☒	Provider managed

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 State plan HCBS (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 State plan HCBS (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):*
	Participants who receive respite, financial management services, community-based training services, family support services, Supported employment individual and Habilitation day services, skilled nursing or non-medical transportation have the opportunity to direct those services.

2. **Description of Participant-Direction.** *(Provide an overview of the opportunities for participant-direction under the State plan HCBS, 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):*

In support of personal control over supports and services, self-direction is an option that enables participants to procure their own services. Self-direction of services empowers participants and families by giving them direct control over how and when the services are provided. As an alternative to only receiving services from regional center vendors, families and consumers will have decision-making authority and the freedom to directly control who provides their services and how they are provided.

For those participants who receive Enhanced Habilitation supported employment- Individual Services, habilitation day service, respite, financial management services, family support services, skilled nursing, non-medical transportation, and/or community-based training services identified as a need in their IPP, the opportunity to self-direct those services will be offered at the time of the IPP development. As required by Title 17, CCR section 58886, when the decision to self-direct services is made, the regional center is required to provide the consumer/family member with information regarding their responsibilities and functions, as either an employer or co-employer.

For those selecting to self-direct the indicated services, a Financial Management Service (FMS) provider, vendored by the regional center, will perform selected administrative functions such as payroll, taxes, unemployment insurance, etc. This relieves the participant of the burden of these administrative functions while still having the freedom to exercise decision making authority over

Additionally, Self-Directed Support Services are available to provide guidance and advisement in ensuring a thorough understanding of responsibilities involved with self-direction of services. The purpose is to set consumers up for success in directing their services.

3. **Limited Implementation of Participant-Direction**. (*Participant direction is a mode of service delivery, not a Medicaid service, and so is not subject to state wideness requirements. Select one):*

◉	Participant direction is available in all geographic areas in which State plan HCBS are available.
○	Participant-direction is available only to individuals who reside in the following geographic areas or political subdivisions of the state. Individuals who reside in these areas may elect self-

	directed service delivery options offered by the state, or may choose instead to receive comparable services through the benefit's standard service delivery methods that are in effect in all geographic areas in which State plan HCBS are available. (*Specify the areas of the state affected by this option)*:

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

Participant-Directed Service	Employer Authority	Budget Authority
Respite	☒	☐
Community-Based Training Services	☒	☐
Skilled Nursing	☒	☐
Non-Medical Transportation	☒	☐
Family Support Services	☒	☐
Financial Management Services	☒	☐
Enhanced Habilitation - Supported employment – Individual Services	☒	☐
Habilitation – Day Service	☒	☐

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

○	Financial Management is not furnished. Standard Medicaid payment mechanisms are used.
◉	Financial Management is furnished as a Medicaid administrative activity necessary for administration of the Medicaid State plan.

6. ☒ **Participant–Directed Person-Centered Service Plan.** *(By checking this box the state assures that):* Based on the independent assessment required under 42 CFR §441.720, the individualized person-centered service plan is developed jointly with the individual, meets federal requirements at 42 CFR §441.725, and:

- Specifies the State plan HCBS that the individual will be responsible for directing;
- Identifies the methods by which the individual will plan, direct or control services, including whether the individual will exercise authority over the employment of service providers and/or authority over expenditures from the individualized budget;
- Includes appropriate risk management techniques that explicitly recognize the roles and sharing of responsibilities in obtaining services in a self-directed manner and assures the appropriateness of this plan based upon the resources and support needs of the individual;
- Describes the process for facilitating voluntary and involuntary transition from self-direction including any circumstances under which transition out of self-direction is involuntary. There must be state procedures to ensure the continuity of services during the transition from self-direction to other service delivery methods; and
- Specifies the financial management supports to be provided.

7. **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):*

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 an apportioning those expenses to the Medicaid program, except as expressly modified below.

New homes:
For new homes in which the facility-specific first-year costs are not available, the state will use an estimated average of costs based on similar homes as the estimate for the interim rate. After the first year of operation, the same reconciliation process is followed as described above.

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 pages 71a-73 above.

REIMBURSEMENT METHODOLOGY FOR HABILITATION – DAY SERVICES

This service is comprised of the following three subcomponents:

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

1) Rates Set pursuant to a Cost Statement Methodology – As described on pages 70a-71a, 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). Regional center specific rates in effect as of April 1, 2022 are available at the following link: https://www.dds.ca.gov/rc/vendor-provider/rate-study-implementation/rates-by-regional-center/

2) Median Rate Methodology – As described on pages 71a-73, above. This methodology is used to determine the applicable daily rate for 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, with the exception that the 2022 Rate Study Implementation increase does not apply to Creative Art Program and Socialization Training Program.

3) Individual Providers (Participant-Directed) –

a) Personal Assistance – $19.44 per hour, effective April 14, 2023.
b) Independent Living Services– $20.36 per hour, effective April 14, 2023.

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.

Chapter 28, Statutes of 2019 (SB 81, Committee on Budget and Fiscal Review), authorized funding for rate increases. Rates in effect as of October 1, 2021 for Supported Employment Programs includes an increase of 7.60%.
The California Budget Act of 2021 (SB 129) and 2022 (SB154) provided funding to begin implementation of the rate models as described in the 2019 Rate Study:

- Effective as of April 1, 2022, Supported Employment (Individual) providers with rates set in statute received an increase equal to 25 percent of the difference between the rate that was effective on March 31, 2022, and that of the regional center specific rate model for the corresponding service.
- Effective as of January 1, 2023: Supported Employment (Individual) providers with rates set in statute will receive an increase equal to 50 percent of the difference between the rate that was effective on March 31, 2022, and that of the regional center specific rate model for the corresponding service.

No reductions will occur for provider rates already above the rate recommended by the rate study. The updated rates, listed by regional center, can be found at: https://www.dds.ca.gov/rc/vendor-provider/rate-study-implementation/rates-by-regional-center/ .

2) Incentive payments will be paid to service providers. Incentive payments include 1) A one-time payment of $1,000 made to a provider when an individual obtains competitive integrated employment and is still employed after 30 consecutive days. 2) An additional one-time payment of $1,250 made to a provider when an individual obtains competitive integrated employment and is still employed after six consecutive months. 3) An additional one-time payment of $1,500 made to a provider when an individual has been employed consecutively for one year.

Effective as of October 1, 2021, until June 30, 2025, incentive payments will be paid to service providers. Incentive payments include 1) A one-time payment of $2,000 made to a provider when an individual obtains competitive integrated employment and is still employed after 30 consecutive days. 2) An additional one-time payment of $2,500 made to a provider when an individual obtains competitive integrated employment and is still employed after six consecutive months. 3) An additional one-time payment of $3,000 made to a provider when an individual has been employed consecutively for one year.

3) Individual Providers (Participant Directed) – $28.54 per hour, effective April 14, 2023.

REIMBURSEMENT METHODOLOGY FOR ENHANCED HABILITATION – PREVOCATIONAL SERVICES

There are three rate setting methodologies for this service:

1) Daily rates for Work Activity Program providers are set using the cost statement methodology, as described on pages 70a-71a, with the exception that the SB 81 rate increase do not apply. The Work Activity Program rate schedule can be found at the following link. The rate schedule is effective April 1, 2022.
https://www.dds.ca.gov/rc/vendor-provider/rate-study-implementation/rates-by-regional-center/

competitive integrated employment and is still employed after six consecutive months. 3) An additional one-time payment of $3,000 made to a provider when an individual has been employedconsecutively for one year. Effective April 14, 2023, incentive payments will be paid for internship programs, which are job-readiness programs in integrated settings for the purposes of developing general strengths and skills that contribute to employability in paid employment in integrated community settings.

The incentive payments will be applied as follows:

1) A payment of seven hundred fifty dollars ($750) shall be made to the regional center service provider if the individual remains in the internship after 30 consecutive days.
2) An additional payment of one thousand dollars ($1,000) shall be made to the regional center provider for an individual as described above who remains in the internship for 60 consecutive days.

REIMBURSEMENT METHODOLOGY FOR TECHNOLOGY SERVICES

There are two rate setting methodologies for Technology Services:

1. A usual and customary rate – As described on page 71a of Attachment 4.19-B in the approved SPA. If the provider does not have a usual and customary rate, then rates are set using #2 below.

2. The median rate methodology – As described on pages 71a-73 of Attachment 4.19-B in the approved SPA.

REIMBURSEMENT METHODOLOGY FOR SELF-DIRECTED SUPPORT SERVICES

Except as otherwise noted in the plan, state developed fee schedule rates are the same for both public and private providers of the service. The Self- Directed Support Services fee schedule rates are available at https://www.dds.ca.gov/wp-content/uploads/2022/07/Self_Directed_Support_Services_Rates_082022.pdf and were set as of [date of approval] and are effective for services provided on or after that date.

REIMBURSEMENT METHODOLOGY FOR HOMEMAKER SERVICES

There are two rate methodologies to set hourly rates for Homemaker services provided by either an agency or individual.
1) Usual and Customary Rate Methodology - As described on page 71a, above. If the provider does not have a usual and customary rate, then rates are set using #2below.
2) Median Rate Methodology -As described on pages 71a-73, above.

REIMBURSEMENT METHODOLOGY FOR HOME HEALTH AIDE SERVICES

DHCS Fee Schedules - As described on page 71a, above. The fee schedule rates for Home Health Aide Services were set as of October 1, 2021 and are effective for services provided on or after that date. All rates are published at: https://files.medi-cal.ca.gov/rates/rateshome.aspx as well as
https://www.dhcs.ca.gov/services/ltc/Pages/DD.aspx

REIMBURSEMENT METHODOLOGY FOR COMMUNITY BASED ADULT SERVICES

DHCS Fee Schedules - As described on page 71a, above. The fee schedule rates for Community Based Adult Services were set as of October 1, 2021 and are effective for services provided on or after that date. All rates are published at: https://files.medi-cal.ca.gov/rates/rateshome.aspx as well as https://www.dhcs.ca.gov/services/ltc/Pages/DD.aspx

REIMBURSEMENT METHODOLOGY FOR PERSONAL EMERGENCY RESPONSE SYSTEMS

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

1) Usual and Customary Rate methodology - As described on page 71a, above. If the provider does not have a usual and customary rate, then rates are set using #2below.

2) Median Rate Methodology - As described on pages 71a-73, above, with the exception that the SB 81 rate increase and the 2022 Rate Study Implementation increase do not apply for this provider type under this methodology.

REIMBURSEMENT METHODOLOGY FOR VEHICLE MODIFICATION AND ADAPTATION

The per modification rate for vehicle modifications is determined utilizing the usual and customary rate methodology, as described on page 71a, above.

REIMBURSEMENT METHODOLOGY FOR SPEECH, HEARING LANGUAGE SERVICES