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TO: REGIONAL CENTER EXECUTIVE DIRECTORS

SUBJECT: HOME AND COMMUNITY-BASED ALTERNATIVES (HCBA) WAIVER  
GUIDANCE AND OTHER SERVICES

This correspondence provides guidance on the coordination requirements involving the Home and Community-Based Alternatives (HCBA) Waiver program and related services.

**Background of HCBA Waiver**

Authorized under Section 1915(c) of the Social Security Act, and administered by the Centers for Medicare and Medicaid Services, the HCBA Waiver program permits states to waive certain Medicaid requirements and offer Home and Community-Based Services (HCBS) to individuals who:

- (a) require a level of institutional care (such as a skilled nursing or intermediate care facility)
- (b) are members of a target group (e.g., based on age, behavioral conditions, developmental and/or intellectual disabilities, etc.)
- (c) meet applicable financial eligibility criteria (including institutional income and resource rules for the medically needy, known as institutional deeming); and
- (d) require one or more waiver services.

The HCBA Waiver program is coordinated through waiver agencies overseen by the Department of Health Care Services (DHCS). The HCBA Waiver program is a separate HCBS program from the two HCBS waiver programs coordinated by regional centers known as the HCBS Waiver for Californians with Developmental Disabilities (HCBS-DD Waiver), and the Self Determination Program (SDP) Waiver.

**HCBA Waiver at Maximum Capacity**

DHCS recently announced that the HCBA Waiver program has reached maximum capacity. Applications for enrollment into the HCBA Waiver are presently being screened for basic eligibility requirements and placed on a waitlist, pending open slots becoming available. Regional centers should share this information with individuals who have expressed interest in enrolling on the HCBA Waiver. However, individuals cannot be required to enroll in the HCBA Waiver prior to or as a condition for receiving needed regional center funded services identified in their Individual Program Plan. The HCBA Waiver is not considered a generic resource under Welfare and Institutions Code section 4659(c).

### **Coordinating 1915(c) Waiver Enrollment**

In California, to prevent duplicative services, individuals can only be enrolled in one Section 1915(c) waiver program at a time, whether that be SDP, HCBS-DD, or HCBA. When an individual is enrolled in more than one waiver, regional centers must engage in a person-centered discussion with the participant, and/or their authorized representative to explain the differences between the available waiver programs to help inform their choice and avoid dual enrollment. However, individuals may not be encouraged to enroll/disenroll on a particular waiver. Regional centers should coordinate with HCBA Waiver Agencies on the dates of enrollment and disenrollment between waivers to support a smooth transition of services.

Waiver choice depends on several factors, including the availability of similar services that regional centers may fund and programmatic rules regarding payments to parents who provide services to minor children. While reportedly some individuals served by regional centers have chosen to enroll on the HCBA Waiver to access Waiver Personal Care Services (WPCS), it should be noted that Participant-Directed Personal Assistance offers benefits similar to WPCS, including the ability to pay a legal guardian or relative to provide these services. The Department of Developmental Services (Department) will work with DHCS and other state and local partners to develop plain language information about waivers operated by the Department and a list of factors that individuals might consider when deciding which waiver program is right for them.

### **Early and Periodic Screening, Diagnostic, and Treatment (EPSDT) and California Children's Services (CCS) Eligibility Limits**

Regional centers are reminded that individuals are no longer eligible for Medi-Cal's EPSDT benefit and the CCS program when they turn 21 years of age. As a result, in-home nursing and other services funded through EPSDT and CCS, may no longer be available once the individual turns 21 years of age. Therefore, the IPP team should assess in advance of the individual's 21<sup>st</sup> birthday the continuing need, and funding options for, in-home nursing after the individual turns 21 years of age.

If you have any questions regarding this correspondence, please send an email to [federal.programs@dds.ca.gov](mailto:federal.programs@dds.ca.gov).

Sincerely,

*Original Signed by:*

BRIAN WINFIELD  
Chief Deputy Director

cc: See next page

Regional Center Executive Directors  
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cc: Regional Center Administrators  
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