1915(i) State Plan Home and Community-Based Services Administration and Operation

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; Coordinated Family Supports; Physical Therapy; Intensive Transition Services; Family/Consumer Training; Person-Centered Future Planning; Participant-Directed Services; and Remote Support Services.

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:*

☐	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:	**Communication Aides**

Service Definition (Scope)*:*

Communication aides are those human services necessary to facilitate and assist persons with hearing, speech, or vision impairment to be able to effectively communicate with service providers, family, friends, co-workers, and the general public. The following are allowable communication aides, as specified in the recipient's plan of care:

1. Facilitators;
2. Interpreters and interpreter services;
3. Translators and translator services; and
4. Trainers and training services.

Communication aide services include evaluation for communication aides and training in the use of communication aides.

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):*
Facilitators	No state licensing category. An appropriate business license as required by the local	N/A	Qualifications and training as appropriate.

	jurisdiction for the adaptations to be completed.		
Interpreter	No state licensing category. An appropriate business license as required by the local jurisdiction for the adaptations to be completed.	N/A	1. Fluency in both English and a language other than English; and 2. The ability to read and write accurately in both English and a language other than English.
Translator	No state licensing category. An appropriate business license as required by the local jurisdiction for the adaptations to be completed.	N/A	1. Fluency in both English and a language other than English; and 2. The ability to read and write accurately in both English and a language other than English.

Trainer	No state licensing category. An appropriate business license as required by the local jurisdiction for the adaptations to be complet ed.	N/A	1. Have language proficiency from an accredited or nationally recognized institution such as, but not limited to, the American Sign Language Proficiency Interview (ASLPI), Sign Language Proficiency Interview (SLPI), or other recognized language proficiency body. 2. Be assessed proficient to provide at least superior level ratings or higher on ASLPI, SLPI ratings scale. 3. Possess the ability to have a fully shared conversation with in-depth elaboration for both social and work topics, and excellent comprehension in receptive skills. 4. Demonstrate the use of a very broad sign language vocabulary, near native-like production, fluency and prosody and excellent use of sign language grammatical features, and classifiers.

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 Communication Aide 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.

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: **Remote Support Services**

Service Definition (Scope)*:*
Remote support services involve the use of technology and/or equipment to support individuals to live independently and participate in their communities without relying on in-person staff. Services are provided in home and community-based settings in a manner that contributes to the individual's independence, health, and well-being while creating environments where individuals feel connected to their communities. This service does not duplicate any service currently available under the state plan (or waiver).

The technology equipment in an individual's remote support services plan is monitored and supported by Virtual Support Providers (VSPs) or trained remote support staff. A VSP is a paid support person such as an agency, qualified provider, etc. OR unpaid support person such as a family member, friend, or other natural support that provides virtual remote support (e.g., prompting, queuing, etc.) from a remote location utilizing the remote support technology system that has been designed for the individual. Equipment used shall include one or more of the following:

1. Communication and Video Equipment
2. Environmental and Safety Sensors
3. Personal Safety and Alert Devices
4. Smart Home Technology
5. Communication and Computing Devices
6. Health Monitoring Sensors
7. System Integration

All equipment needed to provide remote support services is the responsibility of the Virtual Support Providers (VSP).

Installation, removal, re-installation, maintenance and repair of equipment is provided by this service. Allowable remote support services also include the evaluation of technology needs of a participant and the training or technical assistance for the individual, or where appropriate their family members or service providers to support the provision of remote support services. Any equipment that must be purchased separately belongs to the individual receiving the service.

The use of remote support services and associated equipment will be determined as part of an individualized assessment, which includes how the service will meet the individual's needs and how the individual's health and welfare needs will be addressed. Regional centers will ensure that the individual and/or their conservator agrees to use remote support services. The individual's goals will be written and agreed upon in the person-centered Individual Program Plan (IPP) before purchasing, installing, or using the equipment or services. The IPP will also document who is responsible for the remote monitoring activity and if they are on-site or off-site.

Only authorized personnel can access the system, and protections will prevent tampering or unauthorized access. The individual or their conservator will clearly understand how the remote support technology works and what it monitors. Video equipment will only be installed in the home if the individual or their conservator requests it. If the home is shared with others, the equipment will be installed so it does not invade others' privacy. The individual controls the remote device and can turn it on or off as needed. Remote support services cannot be used to purchase video monitors or cameras for bedrooms and bathrooms. Video monitors or cameras cannot record video or audio.

The IPP will include a backup plan for power outages, equipment failures, and emergencies. The IPP will also document a plan to send in-person assistance when situations require physical intervention or upon request of the individual. The plan will specify who to contact and what steps to take during these situations. Any critical actions identified during the assessment will be added to the emergency planning section of the IPP. The individual or their conservator will be informed that remote support services are not intended to replace critical services during life-threatening situations when the power goes out or equipment stops working.

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):

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

Provider Type (Specify):	License (Specify):	Certification (Specify):	Other Standard (Specify):
Remote Support Provider Individual	As appropriate, a business license as required by the local jurisdiction where the business is located		
Remote Support Provider Agency	As appropriate, a business license as required by the local jurisdiction where the business is located.		

Verification of Provider Qualifications (*For each provider type listed above. Copy rows as needed)*:		
Provider Type *(Specify)*:	Entity Responsible for Verification *(Specify):*	Frequency of Verification *(Specify):*
Remote Support Provider 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.
Remote Support Provider 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 biennially thereafter.

Service Delivery Method. *(Check each that applies)*:			
☐	Participant-directed	☒	Provider managed

DESCRIPTION OF RATE METHODOLOGIES

The following rate methodologies are utilized by multiple providers of the services contained in this SPA. The methodologies are described in this section and are referenced under the applicable individual services. Consistent with Attachment 3.1-i, pages 2-3, qualified providers of 1915i SPA services submit claims to the regional center for services delivered to the beneficiary, pursuant to the individual program plan. The regional center reviews the claim (units of service, rate, etc.), pays legitimate claims, and submits the claim of payment to Department of Developmental Services.

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

Rate model fee schedule methodology – In March 2019, pursuant to Welfare and Institutions Code Section 4519.8, the Department of Developmental Services (DDS) submitted a rate study addressing the sustainability, quality, and transparency of community-based services for individuals with developmental disabilities to the California Legislature. The rate study included an assessment of the effectiveness of the methods used to pay each category of community service provider and included stakeholder meetings and surveys of the provider and recipient community. As a part of the study, rate models were developed for specified services that include specific assumptions related to the various costs associated with delivering each service, including direct care worker wages, benefits, and 'productivity' (i.e., billable time); staffing ratios; mileage; facility expenses; and agency program support and administration. Separate models were established for each regional center to account for costs differences related to wages, travel, and nonresidential real estate. Effective January 1, 2025, the Rate Model Fee Schedules will be fully implemented as described below. The rate models will be implemented using two components, a base rate equaling 90 percent of the regional center specific rate model, and a supplemental payment, equaling up to 10 percent of the rate model, to be implemented through the quality incentive program described below. The rate models will be updated whenever there is a change to either the Statewide California Minimum Wage or the federal mileage reimbursement rates. The rate model will be implemented as follows:

- Rate Model Fee Schedules: Effective for services on or after January 1, 2025, all providers included in the Rate Study will have their rates set at 90% of rate study benchmark, with the opportunity to earn the remaining 10% through the quality incentive program described below. Exceptions:
    - Rates in effect for services on December 31, 2024, will remain the same for existing providers whose rates are above 90% of the benchmark through February 28, 2026. For services on or after March 1, 2026, providers whose rates are set at 90% of the rate identified in the regional center specific rate model are eligible to receive supplemental payments equal to 10% of the rate identified in the regional center specific rate model for participation in this initial phase of the Quality Incentive Program (QIP) . Fee schedules are available by regional center at the following link: https://www.dds.ca.gov/rc/vendor-provider/rate-study-implementation/
- Quality Incentive Program (QIP): The initial phase of the QIP will establish the foundation for future quality measures and will focus on building capacity, developing reporting systems and gathering baseline data while working towards meaningful outcome measures at the individual consumer level for all services.

Effective January 1, 2025, providers may earn supplemental payments under this phase of the QIP by taking part in the creation of a statewide provider service directory. This service directory will bring statewide consistency and access to provider data to a variety of users including the state, regional centers, service providers and individuals receiving services and will eventually include a series of data elements that will be used to drive quality (e.g., access, language availability, capacity). It will also form the foundation for future measures by enabling the digital, comprehensive, statewide collection of service provider data to be utilized to provide greater insight into provider networks and corporate structure and more closely monitor the availability of a variety of service providers across the state. Public facing elements of the directory will allow individuals and families to access provider information regarding the types of services offered locally and capacity to serve. As described above, all providers whose rates are set at 90% of the rate identified in the regional center specific rate model are eligible to earn supplemental payments equal to 10% of the rate identified in the regional center specific rate model for participation in this initial phase of the QIP. Providers will be eligible to receive this supplemental payment by inputting and validating requested data, including contact information, corporate structure, and parent company specifics. The information will be reviewed and verified by the regional center. Upon completion of this review, providers will be notified of any supplemental rate add-on they will receive for services provided on or after January 1, 2025.

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

Median Rate Methodology - This methodology requires that rates negotiated with new providers may not exceed the regional center's current median rate for the same service, or the statewide current median rate, whichever is lower. This methodology stipulates that "no regional center may negotiate a rate with a new service provider, for services where rates are determined through a negotiation between the regional center and the provider, that is higher than the regional center's median rate for the same service code and unit of service, or the statewide median rate for the same service code and unit of service, whichever is lower. The unit of service designation must conform with an existing regional center designation or, if none exists, a designation used to calculate the statewide median rate for the same service."

While the law sets a cap on negotiated rates, the rate setting methodology for applicable services is one of negotiation between the regional center and prospective provider. Pursuant to law and the regional center's contracts with the Department of Developmental Services regional centers must maintain documentation on the process to determine, and the rationale for granting any negotiated rate (e.g. cost-statements), including consideration of the type of service and any education, experience and/or professional qualifications required to provide the service. Providers maintain their initially negotiated rate unless there is a need for an increase to protect beneficiary health and safety, as described below.

Exceptions to the median rate limit are allowed if the regional center demonstrates that an increase above the median rate limit is necessary to protect a beneficiary's health and safety. The Department of Developmental Services can grant prior written authorization to the regional center to negotiate the reimbursement rate up to the actual cost of providing the service. In the process of establishing a negotiated rate, the regional center can require documentation such as cost statements or other financial documents to determine the actual cost to provide services. Additionally, providers would be required to submit education credentials or qualifications of the various classifications that would be providing services. This information would help inform the regional center when negotiating a rate with the provider, but not exceeding the median rate.

1) **Rate Model Fee Schedules** – as described will be used if the provider has at least one year experience working with persons with developmental disabilities.

REIMBURSEMENT METHODOLOGY FOR CHORE SERVICES

Usual and Customary Rate Methodology - As described previously.

REIMBURSEMENT METHODOLOGY FOR COMMUNICATION AIDES

There are three rate setting methodologies for Communication Aides providers. For Interpreters, Facilitators, and Translators, either the provider has a "usual and customary" rate, or the maximum rate is established using the median rate setting methodology.

For Trainers, the rates are set via the Rate Model Fee Schedules. Included in this rate are wages, benefits, travel and administrative costs for direct staff providing this service. The rate schedule can be found at the following link: https://www.dds.ca.gov/wp-content/uploads/2025/06/ASL_TrainingAndSupport_Rates.pdf

REIMBURSEMENT METHODOLOGY FOR ENVIRONMENTAL ACCESSIBILITY ADAPTATIONS

Usual and Customary Rate Methodology - As described previously.

REIMBURSEMENT METHODOLOGY FOR NON-MEDICAL TRANSPORTATION

There are three methodologies to determine the monthly rate for this service (except individual transportation providers – see Rate based on Regional Center Employee Travel Reimbursement below).

1) Usual and Customary Rate Methodology - This methodology, as described previously, applies to transportation assistants and public transit authorities.

2) Rate Model Fee Schedules — This methodology, as described previously is used to establish the maximum rate for the following providers: transportation company, transportation-additional component and transportation broker.

3) Rate based on Regional Center Employee Travel Reimbursement – The maximum rate paid to an individual transportation provider is the IRS standard mileage rate.

REIMBURSEMENT METHODOLOGY FOR NUTRITIONAL CONSULTATION

Usual and Customary Rate Methodology - As described previously.

REIMBURSEMENT METHODOLOGY FOR SKILLED NURSING

DHCS Fee Schedules - As described previously. The fee schedule, effective for services on or after October 1, 2021 can be found at the following link: https://mcweb.apps.prd.cammis.medi-cal.ca.gov/rates as well as https://www.dhcs.ca.gov/services/ltc/Pages/DD.aspx

1) DHCS Fee Schedules - As described previously. The fee schedule rates for Occupational Therapy 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://mcweb.apps.prd.cammis.medi-cal.ca.gov/rates as well as https://www.dhcs.ca.gov/services/ltc/Pages/DD.aspx

2) Rate model fee schedule - as described previously will be used if the provider has at least one year experience working with persons with developmental disabilities.

REIMBURSEMENT METHODOLOGY FOR PHYSICAL THERAPY

There are two rate setting methodologies to determine the hourly rates for providers in this subcategory.

1) DHCS Fee Schedules - As described previously. The fee schedule rates for Physical Therapy 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://mcweb.apps.prd.cammis.medi-cal.ca.gov/rates as well as https://www.dhcs.ca.gov/services/ltc/Pages/DD.aspx

2) Rate model fee schedule - as described previously will be used if the provider has at least one year experience working with persons with developmental disabilities.

REIMBURSEMENT METHODOLOGY FOR FAMILY/ CONSUMER TRAINING

There are two rate setting methodologies to determine the hourly rates for providers in this subcategory.

1) DHCS Fee Schedule - As described previously. The fee schedule rates for Family/ Consumer Training were set as of October 1, 2021 and are effective for services provided on or after that date. All rates are published at: https://mcweb.apps.prd.cammis.medi-cal.ca.gov/rates as well as https://www.dhcs.ca.gov/services/ltc/Pages/DD.aspx

2) Rate Model Fee Schedules – as described previously, will be used if the provider has at least one year experience working with persons with developmental disabilities.

REIMBURSEMENT METHODOLOGY FOR PERSON-CENTERED FUTURE PLANNING

Included in this rate are wages, benefits, travel, and administrative costs for direct staff providing the service. The rate schedule, effective for services on or after January 1, 2025, can be found at the following link: https://www.dds.ca.gov/rc/vendor-provider/vendorization-process/vendor-rates/

REIMBURSEMENT METHODOLOGY FOR REMOTE SUPPORT SERVICES

There are two rate setting methodologies for Remote Support Services: The rates for related technology purchases are reimbursed using the usual and customary rate, as defined earlier. The rates for assessment and training, on-call response, and remote monitoring are set via the Rate Model Fee Schedules, as defined earlier. Included in the rate are wages, benefits, and administrative costs for direct staff providing this service. The rate schedules, effective March 1, 2026, can be found at the following link: https://www.dds.ca.gov/rc/vendor-provider/vendorization-process/vendor-rates/