

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

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**DESCRIPTION OF RATE METHODOLOGIES:**

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

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

Effective July 1, 2004, pursuant to State Law, under the cost statement methodology, all new providers of services are reimbursed the fixed new vendor rate. Effective July 1, 2016, rates set through the Cost Statement Methodology were increased for the purpose of enhancing wages and benefits for provider staff who spend 75 percent of their time providing direct services for consumers as well as administrative expenses for service providers. The rates are developed based on the service category, staff ratio, and are calculated as the mean of permanent cost based rates for like providers established using the permanent costs based rate methodology described above.

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

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

- **Direct costs for covered services:** Includes unallocated payroll costs and other unallocated cost that can be directly charged to covered medical services. Direct payroll costs include total compensation (i.e., salaries and benefits and contract compensation) of direct care staff. Other direct costs include costs directly related to the delivery of covered services, such as supervision, materials and supplies, professional and contracted services, capital outlay, and travel. For providers/facilities that are used for multiple purposes, the allowable costs are only those that are directly attributable to the provision of the medical services.
- **Indirect costs:** Determined by applying the cognizant agency specific approved indirect cost rate to its net direct costs or derived from provider's approved cost allocation plan. If a facility does not have a cognizant agency approved indirect cost

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

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- rate or approved cost allocation plan, the costs and related basis used to determine the allocated indirect costs must be in accordance with OMB Circular A-87 (if applicable), Medicare Cost Principle (42 CFR 413 and Medicare Provider Reimbursement Manual Part 1 and Part 2) and in compliance with Medicaid non-institutional reimbursement policy. For providers/facilities that are used for multiple purposes, the allowable costs are only those that are “directly attributable” to the professional component of providing the medical services. For those costs incurred that “benefit” multiple purposes but would be incurred at the same level if the medical services did not occur are not allowed.

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

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

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

**Median Rate Methodology** - This methodology requires that rates negotiated with new providers may not exceed the regional center’s current median rate for the same service, or the statewide current median rate, whichever is lower. This methodology is defined in California Welfare and Institutions Code section 4691.9(b)(a)(2) which stipulates that “no regional center may negotiate a rate with a new service provider, for services where rates are determined through a negotiation between the regional center and the provider, that is higher than the regional center's median rate for the same service code and unit of service, or the statewide median rate for the same service code and unit of service, whichever is lower. The unit of service designation must conform with an existing regional center designation or, if none exists, a designation used to calculate the statewide median rate for the same service.” Effective July 1, 2016, rates set through the Median Rate Methodology were increased for the purpose of enhancing wages and benefits for provider staff who spend 75 percent of their time providing

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

---

direct services for consumers as well as administrative expenses for service providers.

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

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

**REIMBURSEMENT METHODOLOGY FOR HABILITATION – COMMUNITY LIVING ARRANGEMENT SERVICES**

This service contains the following two subcomponents:

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

**1) Alternative Residential Model (ARM) Methodology** – The ARM methodology and monthly rates resulted from an analysis of actual costs of operating residential care facilities. The applicable cost components (see below) were analyzed to determine the statistical significance of the variation in costs among facilities by service type, facility size, and operation type. Based upon the results of this statistical analysis, the initial ARM rates were determined and became effective in 1987. Within this methodology 14 different service levels were established based upon the results of this cost analysis. Individual providers can apply to become a vendor for one of these service levels based upon the staffing ratios, service design, personnel qualifications and use of consultant services as described in their program design.

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

- Direct costs for covered services: Includes unallocated payroll costs and other unallocated cost that can be directly charged to covered medical services. Direct payroll costs include total compensation (i.e., salaries and benefits and contract compensation) of direct care staff. Other direct costs include costs directly related to

State Plan Under Title XIX of the Social Security Act

**STATE/TERRITORY: CALIFORNIA**

---

the delivery of covered services, such as supervision, materials and supplies, professional and contracted services, capital outlay, and travel. For providers/facilities that are used for multiple purposes, the allowable costs are only those that are directly attributable to the provision of the medical services.

- **Indirect costs:** Determined by applying the cognizant agency specific approved indirect cost rate to its net direct costs or derived from provider's approved cost allocation plan. If a facility does not have a cognizant agency approved indirect cost rate or approved cost allocation plan, the costs and related basis used to determine the allocated indirect costs must be in accordance with OMB Circular A-87 (if applicable), Medicare Cost Principle (42 CFR 413 and Medicare Provider Reimbursement Manual Part 1 and Part 2) and in compliance with Medicaid non-institutional reimbursement policy. For facilities that are used for multiple purposes, the allowable costs are only those that are "directly attributable" to the professional component of providing the medical services. For those costs incurred that "benefit" multiple purposes but would be incurred at the same level if the medical services did not occur are not allowed.

Rates may be updated by the legislature in various ways, including, but not limited to, the California Consumer Price Index, changes in staffing requirements (e.g. implementation of Direct Support Professional Training,) changes in minimum wage, and cost of living increases. Effective July 1, 2016, rates set through the ARM Methodology were increased for the purpose of enhancing wages and benefits for provider staff who spend 75 percent of their time providing direct services for consumers as well as administrative expenses for service providers. The rate schedule, effective July 1, 2016 can be found at the following link: [http://www.dds.ca.gov/Rates/docs/CCF\\_rate\\_July2016.pdf](http://www.dds.ca.gov/Rates/docs/CCF_rate_July2016.pdf)

Pursuant to Section 4681.5(b) of the Welfare and Institutions Code, effective July 1, 2016, the Department of Developmental Services established a rate schedule for residential community care facilities vendored to provide services to a maximum of four persons with developmental disabilities. The 4-bed or less rate schedule can be found at the following link: [http://www.dds.ca.gov/Rates/docs/CCF\\_rate\\_July2016.pdf](http://www.dds.ca.gov/Rates/docs/CCF_rate_July2016.pdf).

Effective May 1, 2019 – April 30, 2020, the rates for Licensed/Certified Residential Services were increased by 2.1 % for providers located in counties in which the average weekly wage is \$900 or higher per the US Bureau of Labor Statistics data for the 4th quarter of 2017. These counties can be found here: [https://www.bls.gov/regions/west/news-release/countyemploymentandwages\\_california.htm](https://www.bls.gov/regions/west/news-release/countyemploymentandwages_california.htm).

Upon approval, these rates are available at the following link: <https://www.dds.ca.gov/Rates/ReimbRates.cfm>.

At the end of this period, the rates will revert to those in effect for providers elsewhere in the state.

State Plan Under Title XIX of the Social Security Act

**STATE/TERRITORY: CALIFORNIA**

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

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

**3) Median Rate Methodology** - As described on pages 70-71, above. This methodology is used to determine the applicable monthly rate for Licensed/Certified Residential Services providers.

**4) Enhanced Behavior Supports Homes Rate Methodology** - There are two components to the monthly rate for Enhanced Behavioral Supports Homes: 1) the facility component, and 2) the individualized services and supports component. The allowable costs used to calculate the facility component include payroll costs of facility staff and facility related costs such as lease, facility maintenance, repairs, cable/internet, etc. The allowable costs used to calculate the individualized services and supports component include the salaries, wages, payroll taxes, and benefits of individuals providing individualized services and supports and other consumer specific program costs. As part of the certification process for Enhanced Behavioral Support Homes (EBSHs), the Department reviews the proposed facility component rate and supporting documentation for each EBSH to determine if the included costs are reasonable and economical. These rates must be approved by the Department prior to the delivery of service at each EBSH.

**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 70-71 above.

State Plan Under Title XIX of the Social Security Act

**STATE/TERRITORY: CALIFORNIA**

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**REIMBURSEMENT METHODOLOGY FOR HABILITATION – DAY SERVICES**

This service is comprised of the following three subcomponents:

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

**1) Rates Set pursuant to a Cost Statement Methodology** – As described on page 69, above. This methodology is applicable to the following providers (unit of service in parentheses): Activity Center (daily), Adult Development Center (daily), Behavior Management Program (daily), Independent Living Program (hourly), and Social Recreation Program (hourly). Effective May 1, 2019 – April 30, 2020, the rates for Community-Based Day Services were increased by 2.1% for providers located in counties in which the average weekly wage is \$900 or higher per the US Bureau of Labor Statistics data for the 4<sup>th</sup> quarter of 2017. These counties can be found here:

[https://www.bls.gov/regions/west/news-release/countyemploymentandwages\\_california.htm](https://www.bls.gov/regions/west/news-release/countyemploymentandwages_california.htm).

Upon approval, these rates are available at the following link:

[https://www.dds.ca.gov/Rates/docs/Comm\\_Based\\_Respite.pdf](https://www.dds.ca.gov/Rates/docs/Comm_Based_Respite.pdf)

At the end of this period, the rates will revert to those in effect for providers elsewhere in the state.

**2) Median Rate Methodology** – As described on pages 70-71, 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.

**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.

State Plan Under Title XIX of the Social Security Act

**STATE/TERRITORY: CALIFORNIA**

---

**1) Usual and Customary Rate Methodology** – As described on page 70, above. If the provider does not have a usual and customary rate, then rates are set using #2 below.

**2) Median Rate Methodology** - As described on pages 70-71, above.

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

**1) Usual and Customary Rate Methodology** - As described on page 70, above. If the provider does not have a usual and customary rate, then rates are set using #2 below.

**2) Median Rate Methodology** - As described on pages 70-71, above.

**REIMBURSEMENT METHODOLOGY FOR HABILITATION, PREVENTIVE SERVICES (BEHAVIORAL HEALTH TREATMENT\*) AND BEHAVIORAL INTERVENTION SERVICES**

This service is comprised of the following two subcomponents:

**A. Non-Facility-Based Behavior Intervention Services**– Providers and services in this subcategory are Behavior Analysts, Associate Behavior Analysts, Behavior Management Assistants, Behavior Management Intervention Training, Parent Support Services, Individual/Family Training Providers, Family Counselors, and Behavioral Technicians, Educational Psychologists, Clinical Social Workers, and Professional Clinical Counselors. There are two rate setting methodologies to determine the hourly rates for all providers in this subcategory (except psychiatrists, physicians and surgeons, physical therapists, occupational therapists, psychologists, Marriage and Family Therapists (MFT), speech pathologists, and audiologists -see DHCS Fee Schedule below).

**1) Usual and Customary Rate Methodology** - As described on page 70, above. If the provider does not have a usual and customary rate, then rates are set using #2 below.

**2) Median Rate Methodology** - As described on pages 70-71, above.

*\*Please refer to Item 1 3(c) and Supplement 6 to Attachment 3.1-A, page 1, of the State Plan Amendment*

State Plan Under Title XIX of the Social Security Act

**STATE/TERRITORY: CALIFORNIA**

---

**3) DHCS Fee Schedules** - As described on page 70, above. The fee schedule rates for Non-Facility-Based Behavior Intervention Services were set as of July 15, 2016 and are effective for services provided on or after that date. All rates are published at:  
[http://files.medical.ca.gov/pubsdoco/Rates/rates\\_download.asp](http://files.medical.ca.gov/pubsdoco/Rates/rates_download.asp)

**B. Crisis Intervention Facility** – The following three methodologies apply to determine the daily rates for these providers:

- 1) **Usual and Customary Rate Methodology** - As described on page 70, above. If the provider, who is not a Community Crisis Home provider, does not have a usual and customary rate, then rates are set using #2 below.
- 2) **Median Rate Methodology** - As described on pages 70-71, above.
- 3) **Community Crisis Homes Rate Methodology** - There are three components to the monthly rate for Community Crisis Homes:
  - a. the facility component: the allowable costs used to calculate the facility component include payroll costs of facility staff and facility related costs such as lease, facility maintenance, repairs, cable/internet, etc.
  - b. the individualized services and supports component: the allowable costs used to calculate the individualized services and supports component include the salaries, wages, payroll taxes, and benefits of individuals providing individualized services and supports and other consumer specific program costs. and
  - c. the transition plan component: the allowable costs used to calculate the transition component includes the salaries, wages, payroll taxes and benefits of direct care staff providing additional services and supports needed to support a consumer during times of transition out of the CCH.

As part of the certification process for CCHs, the Department reviews the proposed facility component rate and supporting documentation for each CCH to determine if the included costs are reasonable and economical. These rates must be approved by the Department prior to the delivery of service at each CCH. Note: This is not the rate that is claimed for FFP. All claims for CCHs are validated in the waiver billing system to ensure the cost of room and board is excluded from the claim prior to claiming FFP. In California, the cost of room and board is less than or equivalent to the Supplemental Security Income/State Supplement Payment (SSI/SSP) amount. Rates for providers of CCHs include the amount for room and board and an additional amount for the provision of support services. Prior to claiming FFP, the amount of the claim is compared to the provider's rate to ensure that only the amount in excess of the SSI/SSP amount is claimed for FFP. For example, if a provider's rate is

\$2,000/month, and the SSI/SSP amount equals \$960, the Waiver billing system will not process claims that are more than \$1,040 ( $\$2,000 - \$960 = \$1,040$ ).



State Plan Under Title XIX of the Social Security Act

**STATE/TERRITORY: CALIFORNIA**

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**REIMBURSEMENT METHODOLOGY FOR RESPITE CARE**

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

**1) Rates Set pursuant to a Cost Statement Methodology** – As described on page 69, above. This methodology is used to determine the hourly rate for In-home Respite Agencies. Effective May 1, 2019 – April 30, 2020, the rates for In-Home Respite Agencies were increased by 2.1% for providers located in counties in which the average weekly wage is \$900 or higher per the US Bureau of Labor Statistics data for the 4th quarter of 2017. These counties can be found in the following link: [https://www.bls.gov/regions/west/news-release/countyemploymentandwages\\_california.htm](https://www.bls.gov/regions/west/news-release/countyemploymentandwages_california.htm). Upon approval, these rates are available at the following link:

[http://www.dds.ca.gov/Rates/docs/Comm\\_Based\\_Respite.pdf](http://www.dds.ca.gov/Rates/docs/Comm_Based_Respite.pdf)

At the end of this period, the rates will revert to those in effect for providers elsewhere in the state.

**2) Rates set in State Regulation** – This rate applies to individual respite providers. Per Title 17 CCR, Section 57332(c)(3), the rate for this service is \$15.23 per hour. This rate is based on the current California minimum wage of \$10.00 per hour, effective January 1, 2016, plus \$1.17 differential (retention incentive), plus mandated employer costs of 17.28%; a 5% rate increase for respite services per Assembly Bill (AB) X2-1, effective July 1, 2016; and an 11.25% rate increase for enhancing wages and benefits for staff who spend 75% of their time providing direct services to consumers per AB X2-1, effective July 1, 2016.

**3) ARM Methodology** - As described on pages 71-73 above. This methodology is applicable to respite facilities that also have rates established with this methodology for “Habilitation-Community Living Assistance Services.” The daily respite rate is 1/21 of the established monthly ARM rate. This includes Foster Family Agency/Certified Family Home, Foster Family Home, Small Family Home, Group Home, Adult Residential Facility, Residential Care Facility for the Elderly, Adult Residential Facility for Persons with Special Health Care Needs and Family Home Agency. If the facility does not have rate for “Habilitation-Community Living Assistance Services” using the ARM methodology, then rates are set using #5 below.

State Plan Under Title XIX of the Social Security Act

**STATE/TERRITORY: CALIFORNIA**

---

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

**5) Median Rate Methodology** - As described on pages 70-71, above.

**REIMBURSEMENT METHODOLOGY FOR ENHANCED HABILITATION –  
SUPPORTED EMPLOYMENT (INDIVIDUAL)**

There are two rate setting methodologies for this service:

1. Supported employment rates for all providers are set in State statute [Welfare and Institutions Code Section 4860(a)(1)] at \$36.57 per job coach hour, effective July 1, 2016. The rate schedule, effective July 1, 2016, can be found at the following link:  
[http://www.dds.ca.gov/Rates/docs/WAP\\_SEP\\_Rates.pdf](http://www.dds.ca.gov/Rates/docs/WAP_SEP_Rates.pdf)
2. Incentive payments will be paid to service providers as referenced in WIC 4870(d). 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.

**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 page 69.
2. Rates for Supported Employment Group providers are set in State statute [Welfare and Institutions Code Section 4860(a) (1)] at \$36.57 per job coach hour effective July 1, 2016.

The rate schedule, effective July 1, 2016, can be found at the following link:

[http://www.dds.ca.gov/Rates/docs/WAP\\_SEP\\_Rates.pdf](http://www.dds.ca.gov/Rates/docs/WAP_SEP_Rates.pdf)

3. Incentive payments will be paid to service providers as referenced in WIC 4870(d). 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.

State Plan Under Title XIX of the Social Security Act

**STATE/TERRITORY: CALIFORNIA**

---

**REIMBURSEMENT METHODOLOGY FOR HOMEMAKER SERVICES**

There are two rate methodologies to set hourly rates for Homemaker services provided by either an agency or individual.

- 1) **Usual and Customary Rate Methodology** - As described on page 70, above. If the provider does not have a usual and customary rate, then rates are set using #2 below.
- 2) **Median Rate Methodology** - As described on pages 70-71, above.

**REIMBURSEMENT METHODOLOGY FOR HOME HEALTH AIDE SERVICES**

**DHCS Fee Schedules** - As described on page 70, above. The fee schedule rates for Home Health Aide Services were set as of July 15, 2016 and are effective for services provided on or after that date. All rates are published at: [http://files.medi-cal.ca.gov/pubsdoco/Rates/rates\\_download.asp](http://files.medi-cal.ca.gov/pubsdoco/Rates/rates_download.asp)

State Plan Under Title XIX of the Social Security Act

**STATE/TERRITORY: CALIFORNIA**

---

**REIMBURSEMENT METHODOLOGY FOR COMMUNITY BASED ADULT SERVICES**

- **DHCS Fee Schedules** - As described on page 70, above. The fee schedule rates for Community-Based Adult Services were set as of July 15, 2016 and are effective for services provided on or after that date. All rates are published at: [http://files.medi-cal.ca.gov/pubsdoco/publications/masters-mtp/part2/communitycd\\_o01.doc](http://files.medi-cal.ca.gov/pubsdoco/publications/masters-mtp/part2/communitycd_o01.doc)

**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 70, above. If the provider does not have a usual and customary rate, then rates are set using #2 below.
- 2) **Median Rate Methodology** - As described on pages 70-71, above.

**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 70, above.

**REIMBURSEMENT METHODOLOGY FOR SPEECH, HEARING LANGUAGE SERVICES**

There are two rate setting methodologies for this service:

1. **DHCS Fee Schedules** - As described on page 70, above. The fee schedule rates for Speech, Hearing Language Services were set as of July 15, 2016 and are effective for services provided on or after that date. All rates are published at: [http://files.medi-cal.ca.gov/pubsdoco/Rates/rates\\_download.asp](http://files.medi-cal.ca.gov/pubsdoco/Rates/rates_download.asp)
2. Median Rate Methodology – the median rate (as defined previously) may be used if the provider has at least one year experience working with persons with developmental disabilities.

**REIMBURSEMENT METHODOLOGY FOR DENTAL SERVICES**

There are two rate setting methodologies for this service:

1. **DHCS Fee Schedules** - As described on page 70, above. The fee schedule rates for Dental Services were set as of July 15, 2016 and are effective for services provided

State Plan Under Title XIX of the Social Security Act

**STATE/TERRITORY: CALIFORNIA**

---

on or after that date. All rates are published at: [http://files.medi-cal.ca.gov/pubsdoco/Rates/rates\\_download.asp](http://files.medi-cal.ca.gov/pubsdoco/Rates/rates_download.asp)

2. Median Rate Methodology – the median rate (as defined previously) may be used if the provider has at least one year experience working with persons with developmental disabilities.

**REIMBURSEMENT METHODOLOGY FOR OPTOMETRIC/OPTICIAN SERVICES**

**DHCS Fee Schedules** - As described on page 70, above. The fee schedule rates for Optometric/Optician Services were set as of July 15, 2016 and are effective for services provided on or after that date. All rates are published at: [http://files.medi-cal.ca.gov/pubsdoco/Rates/rates\\_download.asp](http://files.medi-cal.ca.gov/pubsdoco/Rates/rates_download.asp)

**REIMBURSEMENT METHODOLOGY FOR PRESCRIPTION LENSES AND FRAMES**

**DHCS Fee Schedules** - As described on page 70, above. The fee schedule rates for Prescription Lenses and Frames were set as of July 15, 2016 and are effective for services provided on or after that date. All rates are published at: [http://files.medi-cal.ca.gov/pubsdoco/Rates/rates\\_download.asp](http://files.medi-cal.ca.gov/pubsdoco/Rates/rates_download.asp)

**REIMBURSEMENT METHODOLOGY FOR PSYCHOLOGY SERVICES**

There are two rate setting methodologies for this service:

1. **DHCS Fee Schedules** - As described on page 70, above. The fee schedule rates for Psychology Services were set as of July 15, 2016 and are effective for services provided on or after that date. All rates are published at: [http://files.medi-cal.ca.gov/pubsdoco/Rates/rates\\_download.asp](http://files.medi-cal.ca.gov/pubsdoco/Rates/rates_download.asp)
2. Median Rate Methodology – the median rate (as defined previously) may 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 on page 70, above.

**REIMBURSEMENT METHODOLOGY FOR COMMUNICATION AIDES**

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

State Plan Under Title XIX of the Social Security Act

**STATE/TERRITORY: CALIFORNIA**

---

1) **Usual and Customary Rate Methodology** - As described on page 70, above. If the provider does not have a usual and customary rate, then rates are set using #2 below.

2) **Median Rate Methodology** - As described on pages 70-71, above.

**REIMBURSEMENT METHODOLOGY FOR ENVIRONMENTAL ACCESSIBILITY ADAPTATIONS**

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

**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** - As described on page 70, above. If the provider does not have a usual and customary rate, then rates are set using #2 below.

2) **Median Rate Methodology** - As described on pages 70-71, above.

3) **Rate based on Regional Center Employee Travel Reimbursement** – The maximum rate paid to an individual transportation provider is established as the travel rate paid by the regional center to its own employees. This rate is used only for services provided by an individual transportation provider.

**REIMBURSEMENT METHODOLOGY FOR NUTRITIONAL CONSULTATION**

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

**REIMBURSEMENT METHODOLOGY FOR SKILLED NURSING**

**DHCS Fee Schedules** - As described on page 70, above. The fee schedule rates for Skilled Nursing Services were set as of July 15, 2016 and are effective for services provided on or after that date. All rates are published at:[http://files.medical.ca.gov/pubsdoco/Rates/rates\\_download.asp](http://files.medical.ca.gov/pubsdoco/Rates/rates_download.asp)

**REIMBURSEMENT METHODOLOGY FOR SPECIALIZED MEDICAL EQUIPMENT AND SUPPLIES**

**DHCS Fee Schedules** - As described on page 70, above. The fee schedule rates for Specialized Medical Equipment and Supplies were set as of July 15, 2016 and are effective for services provided on or after that date. All rates are published at:[http://files.medical.ca.gov/pubsdoco/Rates/rates\\_download.asp](http://files.medical.ca.gov/pubsdoco/Rates/rates_download.asp)

State Plan Under Title XIX of the Social Security Act

**STATE/TERRITORY: CALIFORNIA**

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**REIMBURSEMENT METHODOLOGY FOR TRANSITION/SET-UP EXPENSES**

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

**REIMBURSEMENT METHODOLOGY FOR COMMUNITY-BASED TRAINING SERVICES**

The maximum rate for this service is set in State statute [Welfare and Institutions Code Section 4688.21(c)(7)] at \$14.99 per hour.

**REIMBURSEMENT METHODOLOGY FOR FINANCIAL MANAGEMENT SERVICES**

Rates for FMS are set in State regulation, Title 17, CCR, Section 58888(b) as follows:

If the FMS functions as a fiscal/employer agent, the rate is based on the number of participant-directed services used by the consumer:

- (A) A rate not to exceed a maximum of \$45.88 per consumer per month for one participant-directed service; or
- (B) A rate not to exceed a maximum of \$71.73 per consumer per month for two or three participant-directed services; or
- (C) A rate not to exceed a maximum of \$96.86 per consumer per month for four or more participant-directed services.

If the FMS functions as a co-employer, the rate is not to exceed a maximum of \$96.86 per consumer per month for one to four co-employer services.

**REIMBURSEMENT METHODOLOGY FOR FAMILY SUPPORT SERVICES**

There are two rate setting methodologies for this service. If the provider does not have a “usual and customary,” then the maximum rate is set using the median rate setting methodology. Usual and customary and median rates are defined previously.

**REIMBURSEMENT METHODOLOGY FOR HOUSING ACCESS SERVICES**

The rate for Housing Access Service is determined utilizing the U&C rate methodology as previously defined.

**REIMBURSEMENT METHODOLOGY FOR FAMILY/ CONSUMER TRAINING**

State Plan Under Title XIX of the Social Security Act

**STATE/TERRITORY: CALIFORNIA**

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The median rate methodology, as described on pages 70-71 above, is used to determine the hourly rates for providers in this subcategory.

**REIMBURSEMENT METHODOLOGY FOR OCCUPATIONAL THERAPY**

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

1. **DHCS Fee Schedules** - As described on page 70, above. The fee schedule rates for Occupational Therapy Services were set as of July 15, 2016 and are effective for services provided on or after that date. All rates are published at: [http://files.medical.ca.gov/pubsdoco/Rates/rates\\_download.asp](http://files.medical.ca.gov/pubsdoco/Rates/rates_download.asp).
2. Median Rate Methodology – As described on pages 70-71, above.

**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 on page 70, above. The fee schedule rates for Physical Therapy Services were set as of July 15, 2016 and are effective for services provided on or after that date. All rates are published at: [http://files.medical.ca.gov/pubsdoco/Rates/rates\\_download.asp](http://files.medical.ca.gov/pubsdoco/Rates/rates_download.asp).
2. Median Rate Methodology – As described on pages 70-71, above.