



Medicaid and CHIP Operations Group

February 2, 2023

Jacey Cooper, Medicaid Director
Department of Health Care Services
1501 Capitol Ave
PO Box 997413, MS 0000
Sacramento, CA 95899-7413

RE: Home and Community Based Alternatives Waiver CA 0139.R06 renewal

Dear Ms. Cooper:

The Centers for Medicare & Medicaid Services (CMS) is approving the state's request to renew the Home and Community Based Alternatives Waiver for individuals who are medically fragile and technologically dependent. The CMS Control Number for the renewal is CA 0139.R06 and should be referenced on all future correspondence relating to this waiver renewal. The waiver has been approved for a five-year period with an effective date of January 1, 2023.

This waiver will offer the following supports for waiver participants: case management; habilitation services; home respite; waiver personal care services; paramedical services; assistive technology; community transition services; comprehensive care management; continuous nursing and supportive services; developmentally disabled/continuous nursing care, non-ventilator dependent services; developmentally disabled/continuous care, ventilator dependent services; environmental accessibility adaptations; facility respite; family/caregiver training; medical equipment operating expense; personal emergency response installation and testing; personal emergency response systems; private duty nursing-including home health aide and shared services; and transitional case management. The following number of unduplicated recipients and estimates of average per capita cost of waiver services have been approved:

<u>Waiver Year</u>	<u>C Factor Estimates</u>	<u>D Factor Estimates</u>	<u>D' Factor Estimates</u>	<u>G Factor Estimates</u>	<u>G' Factor Estimates</u>
Year 1	9871	\$53,918.48	\$57,650.00	\$130,530.00	\$8,437.00
Year 2	10759	\$54,087.02	\$57,575.00	\$139,026.00	\$8,437.00
Year 3	11727	\$54,179.66	\$57,501.00	\$148,111.00	\$8,437.00
Year 4	12782	\$54,233.00	\$57,426.00	\$157,826.00	\$8,437.00
Year 5	13932	\$54,265.24	\$57,351.00	\$168,217.00	\$8,437.00

This approval is subject to your agreement to serve no more individuals than those indicated in "C Factor Estimates" shown in the table above. If the state wishes to serve more individuals or

make any other alterations to this waiver, an amendment must be submitted for approval. The state may renew the waiver at the end of the five-year period by providing evidence and documentation of satisfactory performance and oversight.

It is important to note that CMS approval of this waiver 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.

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 American Rescue Plan (ARP). Approval of this action does not constitute approval of the state's spending plan.

Thank you for your cooperation during the review process. If you have any questions concerning this information, please contact me at (410) 786-7561. You may also contact Lisa Amaro-Rife at Lisa.Amaro-Rife@cms.hhs.gov or (214)767-2506.

Sincerely,

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

cc: Cheryl Young, CMCS
Deanna Clark, CMCS
Cynthia Nanes, CMS