

**Program Compendium:** **The Organization of Long-Term Services and Supports (LTSS) in California**

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<b>Federal Agencies and Departments Supporting California’s Long-Term Services and Supports System</b>	
<b><i>U.S. Department of Health and Human Services (DHHS)</i></b>	DHHS is the primary federal agency responsible for health and human services, including long-term care services. Within DHHS are the Centers for Medicare and Medicaid Services and the Administration on Aging, the two primary agencies that have direct responsibilities related to long-term care. Several other agencies and departments are involved in long-term care including the Health Resources and Services Administration, the Department of Labor, and the Department of Housing and Urban Development.
<b><i>Centers for Medicare and Medicaid Services (CMS)</i></b>	CMS administers the Medicare program and the federal portion of the Medicaid program. In addition, CMS coordinates state licensing and certification of health facilities, including long-term care facilities.
<b><i>Administration on Aging (AoA)</i></b>	The AoA administers the federal Older Americans Act (OAA), which provides funding for an array of community services including congregate and home-delivered meal programs for persons 60 and over through mandatory state units on aging that, in turn, allocate the funds to local Area Agencies on Aging.
<b>California State Agency/Departments Supporting California’s Long-Term Services and Supports System</b>	
<b><i>California Health and Human Services Agency (CHHS)</i></b>	CHHS oversees departments that provide a range of health care services, long-term care services, social services, mental health services, alcohol and drug treatment services, income assistance and public health services, including the Department of Health Care Services (DHCS), the Department of Aging (CDA), the Department of Rehabilitation (DOR), the Department of Mental Health (DMH), the Department of Social Services (DSS), the Department of Public Health (DPH), and the Department of Developmental Services (DDS).
<b><i>Department of Health Care Services (DHCS)</i></b>	DHCS is responsible for administering Medi-Cal, California's Medicaid program that provides health care services for low-income individuals including families with children, seniors, persons with disabilities, foster care, pregnant women, and low income people with specific diseases such as tuberculosis, breast cancer or

	HIV/AIDS. Medi-Cal is financed by the state and federal government and is the largest funding source for long-term care services in the state. Medi-Cal covers institutional long-term care as well as home and community-based services (HCBS) through Medi-Cal “Optional” State Plan services, and Medi-Cal waivers.
<b>California Department of Aging (CDA)</b>	CDA administers programs that serve older adults, adults with disabilities, and family caregivers. CDA contracts with a network of 33 Area Agencies on Aging, which directly manage a wide array of federal and state-funded services that help older adults find employment; support older adults and adults with disabilities in the community; promote healthy aging and community involvement; and provide caregiver support. CDA also administers the Multipurpose Senior Services Program(MSSP) and certifies Adult Day Health Care centers/Community-Based Adult Services(CBAS), under an interagency agreement with DHCS.
<b>California Department of Rehabilitation (DOR)</b>	DOR works in partnership with consumers and other stakeholders to provide services and advocacy resulting in employment, independent living, and equality for individuals with disabilities.
<b>California Department of Mental Health (DMH)</b>	DMH is responsible for providing leadership for local county mental health departments; administering federal funds for mental health programs and services; treating people with mental illness at the five state mental hospitals and at Acute Psychiatric Programs; and overseeing implementation of the Mental Health Services Act (Proposition 63), which provides state tax dollars for specific county mental health programs and services. <b>NOTE: Per the Budget Act of 2011, the Department of Mental Health is in the process of being eliminated, and Medi-Cal Specialty Mental Health Services will transition to the Department of Health Care Services, as well as a range of other programs that will be transitioned to DHCS and other departments. A new Department of State Hospitals will be established to provide institutional LTC services to individuals with mental illness.</b>
<b>California Department of Social Services (CDSS)</b>	CDSS provides oversight, policy, and systems functions for programs providing services to the aged, blind and disabled for programs including In-Home Supportive Services (IHSS – see Medi-Cal state plan description) and Adult Protective Services (APS). In addition, CDSS’ Community Care Licensing Division provides oversight and enforcement for more than 85,000 licensed residential facilities statewide serving such clients as children, parents and the elderly.
<b>California Department of Public Health (CDPH)</b>	CDPH is responsible for licensing and certification of health care facilities and nursing homes, as well as a variety of other public health programs, including the Alzheimer’s Disease Program that provides services to persons with Alzheimer's disease and related disorders and their families through the Alzheimer’s Disease Research Centers of California and research funding to scientists engaged in the study of Alzheimer's disease and related disorders through the Alzheimer’s Disease Research Fund.

<b>California Department of Developmental Services (DDS)</b>	DDS provides services and supports to individuals with developmental disabilities including mental retardation, cerebral palsy, epilepsy, autism and related conditions. Services are provided through state-operated developmental centers and community facilities, and contracts with 21 nonprofit regional centers. The regional centers serve as a local resource to help find and access the services and supports available to individuals with developmental disabilities and their families.
<b>California Business, Transportation and Housing Agency</b>	The Business, Transportation and Housing Agency oversees several departments that impact the long-term care service system, including the California Housing Finance Agency, the California Department of Transportation, and the Department of Housing and Community Development.

<b>California Health and Human Services Agency Program Initiatives</b>	
<b>Olmstead Advisory Committee</b>	The Olmstead Advisory Committee was established in 2005 pursuant to Executive Order S-18-04, in order to inform the Administration's understanding of the current system and future opportunities and insure the involvement of persons with disabilities and other system stakeholders. In <i>Olmstead vs. L.C.</i> , the Court found that unjustified institutionalization is a violation of the Americans with Disabilities Act. The Court ruled that states are required to provide community-based services for persons with disabilities otherwise entitled to institutional services, under specified circumstances.
<b>Alzheimer's Disease and Related Disorders Advisory Committee (ADRDAC)</b>	The ADRDAC was established through statute in 1988 to provide ongoing advice and assistance to the Administration and the Legislature on the program needs and priorities of individuals affected by Alzheimer's disease or related disorders.
<b>California Aging and Disability Resource Connections (Cal-ADRCs)</b>	The Cal-ADRC model assists individuals with disabilities and/or chronic conditions in accessing health care, medical care, social supports, and other long-term services and supports. Through formal and informal agreements among several community organizations, ADRCs offer enhanced information and referral, long-term care options counseling (one-on-one decision support across all networks), short-term service coordination (when there is an urgent need for multiple applications for support until a longer term arrangement can be made), and access to a much broader array of information that leads to an individual's informed decision making.

## California Department of Health Care Services (DHCS) Programs/Services

<p><b>Medi-Cal State Plan</b></p>	<p>The Medi-Cal State Plan describes the nature and scope of California’s Medi-Cal program. As required under Section 1902 of the Social Security Act (Act), the Plan is developed by California and approved by the federal Center for Medicare and Medicaid Services (CMS). The Plan is California’s agreement that it will conform to the requirements of the Act and the official issuances of CMS. The State Plan includes the many provisions required by the Act, such as:</p> <ul style="list-style-type: none"> <li>• Methods of Administration</li> <li>• Eligibility</li> <li>• Services Covered</li> <li>• Quality Control</li> <li>• Fiscal Reimbursements.</li> </ul>
<p><b>Medi-Cal “Optional” HCBS State Plan Services</b></p>	<p>Optional benefits and services are those that the state chooses to provide under the Medi-Cal Program. In most cases, these optional benefits are not required by federal law. Each state offers a different set of optional benefits to its recipients. California’s optional State Plan services include the In Home Supportive Services program (IHSS), Adult Day Health Care (ADHC), Home Health Agency services<sup>1</sup>, and Targeted Case Management<sup>2</sup>.</p>
<p><b>Medi-Cal Waivers</b></p>	<p>Medi-Cal waivers are programs under Medi-Cal that provide additional services to specific groups of individuals, limit services to specific geographic areas of the state, as well as medical coverage to individuals who may not otherwise be eligible under Medicaid rules. DHCS must obtain approval from the federal government to administer Medi-Cal waivers. Requests for new waivers usually require prior State Legislative authorization. The proposed changes must not cost the federal government more than the expected Medicaid costs for the traditional Medicaid population under the same time period. The following page lists the three types of waivers that California currently operates, including the Research and Demonstration 1115 Waiver, 1915 (b) Waiver and the 1915 (c) Home and Community-Based Services Waiver.</p>

<sup>1</sup> HHA services are covered benefits under both the Medi-Cal State Plan and various 1915(c) HCBS waiver programs. Under the state plan, intermittent HHA services can cover short-term assistance with wound care, therapies, and medication monitoring, for example. Under HCBS waivers, HHA and independent nurse provider services can cover shift nursing for long-term, chronic conditions.

<sup>2</sup> Medi-Cal provides funding for case management services to help individuals obtain services covered under the Medi-Cal State Plan, such as home health, IHSS, and durable medical equipment, as well as through other public and private providers, such as emergency food and housing. Covered TCM activities also include assessment, services/support planning, and monitoring services and supports. In California, TCM is offered through local governmental agencies that provide services directly or by contracting with non-governmental entities or the University of California.

**Research and Demonstration 1115 Waiver:** 1115 waivers are intended to demonstrate and evaluate a policy or approach that has not been demonstrated on a widespread basis.

**1915 (b) Waiver:** 1915 (b) waivers give allow states to mandatorily enroll beneficiaries into managed care programs, or creating a "carveout" delivery system for specialty care. 1915(b) waivers do not have to be operated statewide.

**1915 (c) Home and Community-Based Services Waiver:** HCBS waivers allow states to offer a variety of services to consumers, including a combination of both traditional medical services as well as non-medical services. States can choose the number of consumers to serve. California's 1915 (c) HCBS waivers include the following:

- **Assisted Living Waiver (ALW):** The ALW provides home and community-based services in two settings: Residential Care Facilities for the Elderly or in publicly subsidized housing, with services provided by a Home Health Agency. Eligibility is limited to Medi-Cal beneficiaries over the age of 21. Services include, but are not limited to: assistance with activities of daily living; health related services including skilled nursing; transportation; recreational activities; and housekeeping.
- **The Home and Community-Based Services Waiver for the Developmentally Disabled (HCBS-DD):** The HCBS-DD Waiver provides home- and community-based services to persons with developmental disabilities who are Regional Center consumers and reside in the community as an alternative to institutionalization. This waiver is administered by the California Department of Developmental Services.
- **Multipurpose Senior Services Program (MSSP):** MSSP provides care management, adult day care, housing assistance, chore and personal care services (if the individual has used the allocated IHSS service hours), protective supervision, respite, transportation, meal services, social services and communication services for Medi-Cal eligible individuals over the age of 65 who meet clinical qualifications for nursing facility admissions. This waiver is administered by the Department of Aging.

	<ul style="list-style-type: none"> <li>• <b>Nursing Facility/Acute Hospital (NF/AH) Waiver<sup>3</sup>:</b> The NF/AH waiver provides community-based alternatives to Medi-Cal eligible individuals who would otherwise be receiving care in either an acute hospital, adult or pediatric subacute facility, nursing facility, or distinct-part nursing facility. There is no age limit for waiver services. The waiver is available to individuals who are currently residing in an institution but wish to transition to his/her home and community, as well as to individuals who reside in the community, but are at-risk for being institutionalized within the next 30 days.</li> <li>• <b>In-Home Operations (IHO) Waiver:</b> The IHO waiver offers services only to Medi-Cal beneficiaries who were enrolled in an IHO HCBS waiver prior to January 1, 2002, and have physician-ordered direct care services in excess of that available through the NF/AH waiver.</li> </ul>
<p><b>Community-Based Adult Services (CBAS) (Adult Day Health Care/ADHC)</b></p>	<p>The Community-Based Adult Services (CBAS) program is an outpatient, facility-based service program that delivers skilled nursing care, social services, therapies, personal care, family and caregiver training and support, meals, and transportation. This program is replacing the Adult Day Health Care program (ADHC), which is scheduled to be eliminated as a Medi-Cal benefit in April 2012. ADHC/CBAS programs are licensed community-based day care programs providing a variety of health, therapeutic, and social services. The California Department of Aging (CDA) is responsible for certification of each center for Medi-Cal reimbursement. ADHC/CBAS seeks to restore or maintain optimal capacity for self-care to frail elderly persons and other adults with physical or mental disabilities and to delay or prevent institutionalization. Established by the Legislature in 1978, ADHC/CBAS represents one of the early community-based programs aimed at providing support to caregivers and delaying nursing home placement for seniors and adults with disabilities.</p>

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<sup>3</sup> The NF/AH waiver was previously known as the “NF A/B Waiver” and was renamed the NF/AH Waiver effective January 1, 2007. The NF/AH waiver combines the following three prior Home and Community-Based Waivers: (1) NF A/B waiver; (2) Nursing Facility Subacute (NF SA) waiver; and the In-Home Medical Care (IHMC) waiver.

<p><b>Program for All-Inclusive Care for the Elderly (PACE)</b></p>	<p>Modeled off the On Lok program in San Francisco, PACE is a model integrated service delivery program. PACE provides medical and supportive services to individuals who are age 55 or older, and who are certified to need nursing home care, but who are able to live safely in the community at the time of enrollment. The program is available in limited areas of the state, with services including:</p> <ul style="list-style-type: none"> <li>• Medical care provided by a PACE physician familiar with the history, needs and preferences of each participant;</li> <li>• Adult day care that offers nursing; physical, occupational and recreational therapies; meals; nutritional counseling; social work and personal care;</li> <li>• Home health care and personal care in the home</li> <li>• Prescription drugs</li> <li>• Social services</li> <li>• Medical specialty services such as ophthalmology and cardiology as well as other healthcare services such as audiology, dentistry, optometry, podiatry, and speech therapy</li> <li>• Hospital and nursing home care, when necessary</li> </ul> <p>An interdisciplinary team, consisting of professional and paraprofessional staff, assesses participants' needs, develops care plans, and delivers all services (including acute care services and when necessary, nursing facility services) which are integrated for a seamless provision of total care. PACE programs provide social and medical services primarily in an adult day health center, supplemented by in-home and referral services in accordance with the participant's needs. The PACE service package must include all Medicare and Medi-Cal covered services, and other services determined necessary by the interdisciplinary team for the care of the PACE participant.</p>
<p><b>California Community Transitions</b></p>	<p>In January 2007, DHCS was awarded funding by CMS to implement a Money Follows the Person Rebalancing Demonstration called "California Community Transitions" (CCT). CCT allows eligible Medi-Cal beneficiaries who have been receiving services in nursing or other inpatient health care facilities for 90 days or longer to transition to a community setting, if that is their preference.</p>

**California Department of Aging (CDA) Programs/Services**

<p><b>Adult Day Health Care (ADHC)/Community-Based Adult Services</b></p>	<p>ADHC/CBAS centers are certified for participation in the Medi-Cal Program by the Department of Aging (see program description under Department of Health Care Services).</p>
<p><b>Multipurpose Senior Services Program (MSSP)</b></p>	<p>CDA is responsible for program administration of the MSSP waiver (see program description under DHCS Medi-Cal Waiver).</p>
<p><b>Health Insurance Counseling and Advocacy Program (HICAP)</b></p>	<p>HICAP offers consumer counseling on Medicare, Medicare supplement policies, Health Maintenance Organizations (HMOs) and long-term care insurance. Local HICAP offices provide free community education and confidential individual counseling statewide.</p>
<p><b>Nutrition Services</b></p>	<p>CDA administers nutrition services funded by the federal Older Americans Act and state General Fund dollars through the network of Area Agencies on Aging and their service providers. The programs serve a broad population, with preference given to those in greatest economic or social need. Nutrition services are offered in two settings: congregate and home delivered meals, as follows:</p> <ul style="list-style-type: none"> <li>• <u>Title III C-1: Congregate Nutrition Services</u> provide meals in a group setting. Services also include nutrition and health promotion education, and opportunities for socialization. People eligible for Title III C-1 nutrition services are 60 years of age or older, individuals with a handicap or disability who meet specific criteria, spouses of eligible participants regardless of age, and volunteers who provide needed services during meal hours.</li> <li>• <u>Title III C-2: Home Delivered Meal Services</u> are available to people, age 60 or older, who are homebound by reason of illness, incapacity, or disability, or who are otherwise isolated. Most home-delivered meal programs provide clients with a hot meal five days a week delivered by staff or volunteer drivers.</li> </ul>
<p><b>Senior Community Service Employment Program (SCSEP)</b></p>	<p>The SCSEP provides part-time work-based training opportunities at local community service agencies for older workers who have poor employment prospects and assists with the transition of individuals to private or other employment opportunities in the community. The program provides a variety of supportive services to the individual such as personal and job-related counseling, job training, and job referral. Individuals who participate in the program must be residents of California, be at least 55 years of age, and have an income that does not exceed 125 percent of the federal poverty level.</p>

<b>The Long-Term Care Ombudsman Program</b>	The Long-Term Care Ombudsman Program investigates and endeavors to resolve complaints made by, or on behalf of, residents in long-term care facilities including nursing homes, residential care facilities for the elderly, and assisted living facilities. The goal of the Long-Term Care Ombudsman Program is to advocate for the rights of all residents of long-term care facilities.
<b>Family Caregiver Support Program (FCSP)</b>	The FCSP was established under Title III E of the federal Older Americans Act Amendments of 2000. Provided through contract with the 33 Area Agencies on Aging, services include caregiving information, access to services and supports, temporary respite care <sup>4</sup> and other support.
<b>Alzheimer's Day Care Resource Centers (ADCRC)<sup>5</sup></b>	The Alzheimer's Day Care Resource Centers (ADCRC) is authorized under the Older Californians Act; however, there are no longer any General Fund dollars supporting this program. To this end, the local Area Agencies on Aging determine whether and to what extent to fund the program. ADCRCs provide care for persons with Alzheimer's disease and other dementia. The centers provide services that support the physical and psychosocial needs of persons with Alzheimer's disease or related dementia. Individual care plans are developed for each program participant with activities scheduled in accordance with these plans to maintain the highest level of functioning.
<b>Brown Bag Program<sup>5</sup></b>	The Brown Bag Program is authorized under the Older Californians Act; however, there are no longer any General Fund dollars supporting this program. The local Area Agencies on Aging determine whether and to what extent to fund the program. The Brown Bag Program provides surplus and donated fruits, vegetables and other food products to low income individuals 60 years of age and older.
<b>Foster Grandparent Program<sup>5</sup></b>	The Foster Grandparent Program is an intergenerational volunteer program that provides aid to children and youth with special and exceptional needs.
<b>Linkages<sup>5</sup></b>	To this end, the local Area Agencies on Aging determine whether and to what extent to fund the program. Linkages serves frail elderly adults and adults with disabilities, age 18 years and older, providing comprehensive care management for individuals who are not eligible for other care management programs.
<b>Senior Companion<sup>5</sup></b>	The Senior Companion program was established as part of the Older Californians Act; however, there are no longer any General Fund dollars supporting this program. To this end, the local Area Agencies on Aging

<sup>4</sup> Temporary respite care and support services are offered to a grandparent/older relative caregiver of a child, or to a family caregiver of an older care receiver (60 years of age or older) that has been determined to be functionally impaired due to having two or more limitations in activities of daily living or a cognitive impairment requiring substantial supervision.

<sup>5</sup> These programs no longer receive any General Fund support, but remain authorized in statute as part of the Older Californians Act. The local Area Agencies on Aging determine whether and to what extent to fund the programs.

	determine whether and to what extent to fund the program. Under this program, volunteers serve frail older adults and adults with disabilities by providing respite for caregivers, companionship, assistance with simple chores, assistance with grocery shopping and meal preparation, transportation and other services.
<b>California Department of Rehabilitation (DOR) LTC Programs/Services<sup>6</sup></b>	
<b>Independent Living Centers (ILC)</b>	ILCs are consumer controlled, community based, cross disability, nonresidential private nonprofit agencies designed and operated within local communities by individuals with disabilities. ILCs provide independent living services that seek to maximize a person's ability to live independently in the environment of their own choosing. All ILCs provide six core services: housing referrals; information and referral; peer counseling; personal assistant services; independent living skills training; and, individual and systems change advocacy. DOR oversees the state's network of 29 ILCs, providing technical assistance and financial support. ILCs serve any individuals with disabilities, regardless of age.
<b>Traumatic Brain Injury (TBI) Program</b>	The TBI program provides community reintegration, service coordination, family and community education, vocational supportive services and service coordination services to persons suffering from TBI at seven sites in California.
<b>Vocational Rehabilitation Services</b>	DOR contracts with providers for a range of vocational rehabilitation services including employment services, rehabilitation technology, independence development, and personal support services.

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<sup>6</sup> The programs highlighted reflect only those provided by the department with direct relevance to HCBS LTC services. The Department operates a number of other programs and services in addition to those highlighted.

### California Department of Mental Health (DMH) LTC Programs/Services

*Per the Budget Act of 2011, the Department of Mental Health is in the process of being eliminated, and Medi-Cal Specialty Mental Health Services will transition to the Department of Health Care Services, as well as a range of other programs that will be transitioned to DHCS and other departments. A new Department of State Hospitals will be established to provide institutional LTC services to individuals with mental illness.*

<b>Mental Health Services Act (MHSA)</b>	The MHSA provides increased funding, personnel, and other resources to support county mental health programs and monitor progress toward statewide goals for children, transition age youth, adults, older adults, and families. The Act addresses a broad continuum of prevention, early intervention and service needs, and the necessary infrastructure, technology, and training elements.
<b>Caregiver Resource Centers (CRC)</b>	CRCs provide information and referral, short-term counseling, respite care, education, training and support to families and caregivers of persons with Alzheimer's disease, stroke, Parkinson's disease, and other disorders at eleven centers throughout the state. NOTE: <b><i>The Governor's proposed 2012-13 budget proposes to eliminate the Caregiver Resource Centers.</i></b>

### California Department of Social Services (CDSS) Programs/Services<sup>7</sup>

<b>In-Home Supportive Services (IHSS)</b>	IHSS is a federal, state, and locally-funded program that provides in-home assistance to low-income adults who are over 65 years of age, blind, or disabled, and to children who are blind or disabled. Through IHSS, qualified recipients receive assistance with daily tasks, including bathing, dressing, cooking, cleaning, grooming, and feeding. The IHSS program plays a significant role in helping people remain at home and avoid institutionalization, and serves as a model of self-directed services. County social workers assess individuals using a standardized assessment to determine the need and then authorize service hours per month, based on a functional index score (FIS) of 1 to 5 (1=lowest need; 5=highest need). While IHSS regulations determine the range of services provided, the consumer directs his/her services by deciding how, when, and in what manner IHSS services will be provided. <u>IHSS Administration:</u> Through CMS, the federal government reimburses the state at 50% (equivalent to the state's Federal Medical Assistance Percentage rate for expenditures), while the state pays 65% of the remaining nonfederal share of costs through state General Funds, and counties pay the remaining 35% of the nonfederal share. IHSS is administered at the state level by the state Department of Social Services (through an interagency agreement with the Department of Health Care Services), and at the local level through county human services offices.
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<b>Adult Protective Services (APS)</b>	<p>APS assists seniors (65 years and older) and dependent adults (disabled 18-64 year-olds) who are unable to meet their own needs, or are victims of abuse, neglect, or exploitation. County APS agencies investigate reports of physical, emotional, or financial abuse or neglect of seniors and dependent adults who live in multiple settings by family members or other known associates. APS staff evaluate abuse cases and arrange for services such as advocacy, counseling, money management, out-of-home placement, or conservatorship. Reports of abuse that occur in a nursing home, a board and care home, a residential facility for the elderly, or at a long term care facility by provider staff are the responsibility of the Ombudsman's office, under the California Department of Aging's Ombudsman program. NOTE: <b><i>Funding for the APS program has been realigned to the counties, per the Budget Act of 2011.</i></b></p>
<b>Community Care Licensing (CCL)</b>	<p>The CCL program provides oversight and enforcement of the licensed facilities including Residential Care Facilities for the Elderly (RCFE) and Continuing Care Retirement Communities (CCRC). RCFEs provide care, supervision, and assistance with activities of daily living to persons 60 years of age and over, as well as persons under 60 with compatible needs. RCFEs include assisted living facilities, retirement homes, and board and care homes. These facilities range from very small (six beds or less) to very large (over 100 beds). CCRCs are licensed RCFEs that provide a long-term continuing care contract for housing, residential services, and nursing care, usually in one location, and usually for a resident's lifetime.</p>
<b>California Department of Public Health (CDPH) LTC Programs/Services<sup>7</sup></b>	
<b>Licensing and Certification of Nursing Facilities</b>	<p>CDPH is responsible for licensing and certification of health care facilities and nursing homes.</p>
<b>Alzheimer's Disease Program</b>	<p>The Alzheimer's Disease Program provides services to persons and families afflicted with Alzheimer's disease and related disorders through the Alzheimer's Disease Research Centers of California.</p>

<sup>7</sup> The programs highlighted reflect only those provided by the department with direct relevance to HCBS LTC services. The Department operates a number of other programs and services in addition to those highlighted.

**California Department of Developmental Services (DSS) Programs/Services**

<b>HCBS-DD Waiver</b>	DDS administers the Home and Community-Based Services Waiver for the Developmentally Disabled (HCBS-DD), which provides home- and community-based services to persons with developmental disabilities who are Regional Center consumers and reside in the community as an alternative to institutionalization.
<b>Developmental Centers</b>	The Department of Developmental Services operates developmental centers that are licensed and certified as Nursing Facility (NF), Intermediate Care Facility/Mentally Retarded (ICF/MR), and acute care hospitals. These facilities provide services and supports for individuals in need of a secure environment or who have special medical and/or behavioral program needs. Admission to one of these facilities requires either a formal determination that the individual meets stringent admission criteria or a court order.
<b>Regional Centers</b>	The regional center delivery system provides access to comprehensive services in the community by coordinating outreach, intake and assessment, preventive services, and case management/service coordination. In addition, regional centers develop, maintain, monitor, and fund a wide range of services and supports.