

Table of Contents

State/Territory Name: California

State Plan Amendment (SPA) #: 21-0026

This file contains the following documents in the order listed:

- 1) Approval Letter
- 2) CMS 179 Form/Summary Form (with 179-like data)
- 3) Approved SPA Pages

DEPARTMENT OF HEALTH & HUMAN SERVICES

Centers for Medicare & Medicaid Services
601 E. 12th St., Room 355
Kansas City, Missouri 64106



Medicaid and CHIP Operations Group

February 11, 2022

Jacey Cooper
Chief Deputy Director, Health Care Programs
California Department of Health Care Services
P.O. Box 997413, MS 0000
Sacramento, CA 95899-7413

Dear Ms. Cooper:

Enclosed is an approved copy of California State Plan Amendment (SPA) 21-0026, which was submitted to the Centers for Medicare & Medicaid Services (CMS) on May 20, 2021. This SPA will add Alameda County to the list of geographic areas offering Targeted Case Management (TCM) services for the "Individuals with a Communicable Disease" TCM group.

The effective date of this SPA is July 1, 2021. Enclosed is the following approved SPA page that should be incorporated into your approved State Plan:

- Supplement 1f to Attachment 3.1-A, page 1

If you have any questions, please contact Cheryl Young at 415-744-3598 or via email at Cheryl.Young@cms.hhs.gov.

Sincerely,

A black rectangular box redacts the signature of James G. Scott. There are faint blue and red ink-like marks around the box.

Digitally signed by
James G. Scott -S
Date: 2022.02.11
18:48:56 -06'00'

James G. Scott, Director
Division of Program Operations

Enclosure

cc: Saralyn Ang-Olson, Department of Health Care Services (DHCS)
Gillian Mongetta, DHCS
Regina Zerne, DHCS
Sara Schmid, DHCS
Angeli Lee, DHCS
Amanda Font, DHCS

**TRANSMITTAL AND NOTICE OF APPROVAL OF
STATE PLAN MATERIAL
FOR: CENTERS FOR MEDICARE & MEDICAID SERVICES**

1. TRANSMITTAL NUMBER

2 1 — 0 0 26

2. STATE

California

3. PROGRAM IDENTIFICATION:

Title XIX of the Social Security Act (Medicaid)

TO: REGIONAL ADMINISTRATOR
CENTERS FOR MEDICARE & MEDICAID SERVICES
DEPARTMENT OF HEALTH AND HUMAN SERVICES

4. PROPOSED EFFECTIVE DATE

July 1, 2021

5. TYPE OF PLAN MATERIAL (*Check One*)

NEW STATE PLAN

AMENDMENT TO BE CONSIDERED AS NEW PLAN

AMENDMENT

COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (*Separate transmittal for each amendment*)

6. FEDERAL STATUTE/REGULATION CITATION

42 U.S.C. § 1396n(g)(1); 42 C.F.R. § 440.169(b)

7. FEDERAL BUDGET IMPACT

a. FFY 2021 \$ 2,000

b. FFY 2022 \$ 8,000

8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT

Supplement 1f To Attachment 3.1-A Page 1

9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION
OR ATTACHMENT (*If Applicable*)

Supplement 1f To Attachment 3.1-A Page 1

10. SUBJECT OF AMENDMENT

Targeted Case Management Services - Individuals with a Communicable Disease

11. GOVERNOR'S REVIEW (*Check One*)

GOVERNOR'S OFFICE REPORTED NO COMMENT

OTHER, AS SPECIFIED

COMMENTS OF GOVERNOR'S OFFICE ENCLOSED

NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL

12. SIGNATURE OF STATE AGENCY OFFICIAL

Jacey Cooper

Digitally signed by Jacey Cooper
Date: 2021.05.20 09:39:20 -07'00'

13. TYPED NAME

Jacey Cooper

14. TITLE

State Medicaid Director

15. DATE SUBMITTED

May 20, 2021

16. RETURN TO

Department of Health Care Services

Attn: Director's Office

P.O. Box 997413, MS 0000

Sacramento, CA 95899-7413

FOR REGIONAL OFFICE USE ONLY

17. DATE RECEIVED

May 20, 2021

18. DATE APPROVED

February 11, 2022

PLAN APPROVED - ONE COPY ATTACHED

19. EFFECTIVE DATE OF APPROVED MATERIAL

July 1, 2021

20. SIGNATURE OF REGIONAL OFFICIAL

Digitally signed by James G. Scott -S
Date: 2022.02.11 18:49:31 -06'00'

21. TYPED NAME

James G. Scott

22. TITLE

Director, Division of Program Operations

23. REMARKS

For Box 11 "Other, As Specified," Please note: The Governor's Office does not wish to review the State Plan Amendment.

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State/Territory: CALIFORNIA

**TARGETED CASE MANAGEMENT SERVICES
INDIVIDUALS WITH A COMMUNICABLE DISEASE**

Target Group (42 Code of Federal Regulations 441.18(a)(8)(i) and 441.18(a)(9)):

Medi-Cal eligible individuals infected with a communicable disease, including tuberculosis, HIV/AIDS etc.; or individuals who have been exposed to communicable diseases, until the risk of exposure has passed. Such individuals must also be:

- a) At high risk for medical compromise due to one of the following conditions:
 - i) Failure, or inability to take advantage of necessary health care services, or
 - ii) Noncompliance with their prescribed medical regime, or
 - iii) An inability to coordinate multiple medical, social and other services due to the existence of an unstable medical condition in need of stabilization, or
 - iv) An inability to understand medical directions because of comprehension barriers, or
 - v) A lack of community support system to assist in appropriate follow-up care at home, or
 - vi) Substance abuse, or
 - vii) A victim of abuse, neglect or violence; and
- b) In need of assistance in accessing necessary medical, social, educational, or other services, when comprehensive case management is not being provided elsewhere.

For those individuals in this target group, who may receive case management services under a waiver program, case management services shall not be duplicated, in accordance with Section 1915(g) of the Social Security Act. This target group excludes persons enrolled in a Home and Community-Based Services waiver program from receipt of Targeted Case Management (TCM) Services.

There shall be a county-wide system to ensure coordination among TCM providers of case management services provided to Medi-Cal beneficiaries who are eligible to receive case management services from two or more programs.

Areas of State in which services will be provided (§1915(g)(1) of the Act):

Entire State.

Only in the following geographic areas: Counties of Alameda, Contra Costa, Humboldt, Mariposa, Mendocino, Orange, Riverside, San Diego, Santa Clara, Solano, Sonoma, Stanislaus, Sutter, Ventura, City of Berkeley, and City of Long Beach.

Comparability of Services (§§1902(a)(10)(B) and 1915(g)(1))

Services are provided in accordance with Section 1902(a)(10)(B) of the Act.

Services are not comparable in amount, duration, and scope (§1915(g)(1)).

Definition of Services (42 CFR 440.169): Targeted Case Management services are defined as services furnished to assist individuals, eligible under the State Plan, in gaining access to needed medical, social, educational and other services. Targeted Case Management includes the following assistance: