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State/Territory Name: California

State Plan Amendment (SPA) #: 19-030

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
90 Seventh Street, Suite 5-300 (5W)
San Francisco, CA 94103-6706



Regional Operations Group

September 13, 2019

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

Dear Ms. Cantwell:

Enclosed is an approved copy of California State Plan Amendment (SPA) 19-0030, which was submitted to the Centers for Medicare & Medicaid Services (CMS) on June 18, 2019. This SPA will remove Lake and Madera Counties from and add Mendocino County to the list of geographic areas offering Targeted Case Management (TCM) services for the "Children Under the Age of 21" TCM group.

The effective date of this SPA is July 1, 2019. Enclosed is the following approved SPA page that should be incorporated into your approved State Plan:

- Supplement 1a 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 solid black rectangular box redacting the signature of Richard C. Allen.

Richard C. Allen
Director
Western Regional Operations Group

cc: Jacey Cooper, California Department of Health Care Services (DHCS)
Lindy Harrington, DHCS
Jillian Mongetta, DHCS
John Mendoza, DHCS
Shelly Taunk, 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 <u>1 9</u> — <u>0 0</u> <u>30</u> | 2. STATE California |
| 3. PROGRAM IDENTIFICATION: Title XIX of the Social Security Act (Medicaid) | |
| 4. PROPOSED EFFECTIVE DATE July 1, 2019 | |

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

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

- NEW STATE PLAN AMENDMENT TO BE CONSIDERED AS NEW PLAN AMENDMENT

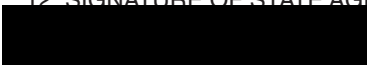
COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (*Separate transmittal for each amendment*)

| | |
|--|--|
| 6. FEDERAL STATUTE/REGULATION CITATION 42 USC § 1396n(g)(1); 42 CFR § 440.169(b) | 7. FEDERAL BUDGET IMPACT a. FFY 2019-20 7/1/19-9/30/19 \$ 0 b. FFY 2020-21 \$ 0 |
| 8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT Supplement 1a To Attachment 3.1-a Page 1 | 9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (<i>If Applicable</i>) Supplement 1a To Attachment 3.1-a Page 1 |

10. SUBJECT OF AMENDMENT
Targeted Case Management Services - Children under the Age of 21

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  | 16. RETURN TO Department of Health Care Services Attn: Director's Office P.O. Box 997413, MS 0000 Sacramento, CA 95899-7413 |
| 13. TYPED NAME Mari Cantwell | |
| 14. TITLE State Medicaid Director | |
| 15. DATE SUBMITTED June 18, 2019 | |

FOR REGIONAL OFFICE USE ONLY

| | |
|------------------------------------|---|
| 17. DATE RECEIVED June 18, 2019 | 18. DATE APPROVED September 13, 2019 |
|------------------------------------|---|

PLAN APPROVED - ONE COPY ATTACHED

| | |
|---|--|
| 19. EFFECTIVE DATE OF APPROVED MATERIAL July 1, 2019 | 20. SIGNATURE OF REGIONAL OFFICIAL  |
| 21. TYPED NAME Richard C. Allen | 22. TITLE Director, Center for Medicaid & CHIP Services, Western Regional Operations Group |

23. REMARKS

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

Box 7, Federal Budget Impact: CMS pen and ink change to clarify the fiscal year periods per CA's 7/23/19 response to CMS' informal questions.

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT
State/Territory: CALIFORNIA

**TARGETED CASE MANAGEMENT SERVICES
CHILDREN UNDER THE AGE OF 21**

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

Medi-Cal eligible children, under the age of 21 years old, who are:

- a) At high risk for medical compromise due to one of the following conditions:
 - i) Failure 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, Imperial, Los Angeles, Mendocino, Monterey, Napa, Orange, Riverside, San Diego, San Luis Obispo, San Mateo, Santa Clara, Santa Cruz, Solano, Sonoma, Stanislaus, Sutter, Tuolumne, 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:

1. Comprehensive assessment and periodic reassessment of individual needs, to determine the need for any medical, educational, social or other services. These assessment activities include: