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State/Territory Name: California

State Plan Amendment (SPA) #: 19-032

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) 19-0032, which was submitted to the Centers for Medicare & Medicaid Services (CMS) on July 18, 2019. This SPA will remove Lake, Madera, Monterey and San Joaquin Counties from and add Mendocino County to the list of geographic areas offering Targeted Case Management (TCM) services for the “Individuals at Risk of Institutionalization” TCM group.

During the review of SPA 19-0032, the state confirmed that the counties being removed from the Individuals at Risk of Institutionalization TCM group will continue to provide comparable TCM services to affected beneficiaries outside of the Medicaid program, and that beneficiaries did not experience a reduction or gap in TCM services as a result of this SPA.

Regulations at 42 CFR 435.917(a) require the state to provide timely and adequate written notice to beneficiaries of any termination, reduction or change in benefits and services. Pursuant to this SPA, the TCM benefits will no longer be provided under the Medicaid state plan, but will be solely provided by state or local funds. Therefore, as agreed to by the state during its conversation with CMS on September 11, 2019, the state must notify impacted beneficiaries of this change to their Medicaid benefits, including information about the comparable TCM services and who to contact with any questions about this change in TCM services.

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 1d to Attachment 3.1-A, page 1

Page 2 – Mari Cantwell, Chief Deputy Director

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

Sincerely,



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 — 0 0 32</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 2020-24 \$ 0
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT Supplement 1d To attachment 3.1-a Page 1	9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (<i>If Applicable</i>) Supplement 1d To Attachment 3.1-a Page 1

10. SUBJECT OF AMENDMENT

Targeted Case Management Services - Individuals at Risk of Institutionalization

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  Mari Cantwell	16. RETURN TO Department of Health Care Services Attn: Director's Office P.O. Box 997413, MS 0000 Sacramento, CA 95899-7413
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
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PLAN APPROVED - ONE COPY ATTACHED

19. EFFECTIVE DATE OF APPROVED MATERIAL July 1, 2019	20. SIGNATURE OF REGIONAL ADMINISTRATOR 
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
INDIVIDUALS AT RISK OF INSTITUTIONALIZATION**

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

Medi-Cal eligible individuals 18 years or older, who are in frail health, and meet the following criteria:

- a) Have been identified as needing assistance due to one of the following reasons:
 - i) Are in need of assistance to access services in order to prevent medical institutionalization, or
 - ii) Exhibits an inability to independently handle personal, medical or other affairs, or
 - iii) Are transitioning to a community setting, who due to socioeconomic status, substance abuse, neglect or violence have failed to take advantage of necessary health care services; and
- b) 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
- c) In need of assistance in accessing necessary medical, social, educational, or other services, when comprehensive case management is not being provided elsewhere.

Target group includes individuals transitioning to a community setting. Case management services will be made available for up to 180 consecutive days of a covered stay in a medical institution. The target group does not include individuals between ages 22 and 64 who are served in Institutions for Mental Disease or individuals who are inmates of public institutions. (State Medicaid Directors Letter (SMDL), July 25, 2000).

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, Mendocino, Orange, Riverside, Sacramento, San Diego, Santa Clara, Sonoma, Stanislaus, Sutter, Tuolumne, Ventura, City of Berkeley, and City of Long Beach.