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State/Territory Name: CA

State Plan Amendment (SPA) #: 22-0032

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

Center for Medicaid & CHIP Services

233 North Michigan Ave., Suite 600

Chicago, Illinois 60601



Financial Management Group

November 10, 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

RE: TN 22-0032

Dear Ms. Cooper:

We have reviewed the proposed California State Plan Amendment (SPA) to Attachment 4.19-B, CA-22-0032, which was submitted to the Centers for Medicare & Medicaid Services (CMS) on October 24, 2022. This SPA amends the definition of a Targeted Case Management (TCM) encounter to include the provision of TCM services appropriately provided face-to-face, as well as through video synchronous and audio-only synchronous telehealth interactions.

Based upon the information provided by the State, we have approved the amendment with an effective date of January 1, 2023. We are enclosing the approved CMS-179 and a copy of the new state plan pages.

If you have any additional questions or need further assistance, please contact Blake Holt at 303-844-6218 or blake.holt@cms.hhs.gov.

Sincerely,

A solid black rectangular box redacting the signature of Todd McMillion.

Todd McMillion

Director

Division of Reimbursement Review

Enclosures

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

1. TRANSMITTAL NUMBER

2 2 — 0 0 3 2

2. STATE

CA

3. PROGRAM IDENTIFICATION: TITLE OF THE SOCIAL SECURITY ACT

XIX XXI

TO: CENTER DIRECTOR
CENTERS FOR MEDICAID & CHIP SERVICES
DEPARTMENT OF HEALTH AND HUMAN SERVICES

4. PROPOSED EFFECTIVE DATE

January 1, 2023

5. FEDERAL STATUTE/REGULATION CITATION

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

6. FEDERAL BUDGET IMPACT (Amounts in WHOLE dollars)

a. FFY 2022 \$ 0
b. FFY 2023 \$ 0

7. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT

Attachment 4.19-B page 5d

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 PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable)

Attachment 4.19-B page 5d

9. SUBJECT OF AMENDMENT

Amending the term "encounter" to include the provision of targeted case management services via Telehealth.

10. GOVERNOR'S REVIEW (Check One)

- GOVERNOR'S OFFICE REPORTED NO COMMENT
 COMMENTS OF GOVERNOR'S OFFICE ENCLOSED
 NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL

OTHER, AS SPECIFIED:

Please note: The Governor's Office does not wish to review the State Plan Amendment.

AGENCY OFFICIAL

12. TYPED NAME
Jacey Cooper

13. TITLE
State Medicaid Director

14. DATE SUBMITTED
October 24, 2022

15. RETURN TO

Department of Health Care Services
Attn: Director's Office
P.O. Box 997413, MS 0000
Sacramento, CA 95899-7413

FOR CMS USE ONLY

16. DATE RECEIVED
October 24, 2022

17. DATE APPROVED
November 10, 2022

PLAN APPROVED - ONE COPY ATTACHED

18. EFFECTIVE DATE OF APPROVED MATERIAL
January 1, 2023

19. SIGNATURE OF APPROVING OFFICIAL

20. TYPED NAME OF APPROVING OFFICIAL
Todd McMillion

21. TITLE OF APPROVING OFFICIAL
Director, Division of Reimbursement Review

22. REMARKS

State pen and ink concurrence 10/31/22: Box 6 : Striking "2022" and adding "2024"

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

TARGETED CASE MANAGEMENT REIMBURSEMENT METHODOLOGY

Reimbursement Methodology for Case Management Services as Described in Supplements 1a, 1b, 1d, 1e, 1f, and 1h to Attachment 3.1-A

This segment of the State Plan sets forth reimbursement for Targeted Case Management (TCM) services provided to eligible Medi-Cal beneficiary target populations identified in Supplements 1a, 1b, 1d, 1e, 1f, and 1h of Attachment 3.1-A.

A. General Applicability

(1) Definitions

- (a) The “unit of service” will be an encounter.
- (b) An “encounter” means the rendering of one or more targeted case management service components by a case manager to beneficiaries of target populations. Targeted case management services can be appropriately provided face-to-face, as well as through video synchronous and audio-only synchronous telehealth interactions.
- (c) The “Department” means the California Department of Health Care Services.
- (d) “Target population” means those Medi-Cal beneficiaries described in Supplements 1a, 1b, 1d, 1e, 1f, and 1h of Attachment 3.1-A.
- (e) “A&I” means the Department’s Audits & Investigations Division.
- (f) “CMS” means the Centers for Medicare & Medicaid Services.
- (g) “LGA” means Local Governmental Agency.
- (h) “CPE” means Certified Public Expenditure as defined in 42 C.F.R. 433.51.
- (i) “TCM provider” means public and private entities contracted with an LGA to provide TCM services on behalf of the LGA under a CMS- approved contractual arrangement.
- (j) “Contributing public agency” means the LGA or another State or local governmental entity which provides funding for TCM services provided to target populations.