

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

October 22, 2020

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) 16-001. This SPA was submitted to CMS on March 29, 2016 to amend the Medicaid-eligible beneficiary population for the Targeted Case Management (TCM) services in the Local Educational Agency (LEA) Medi-Cal Billing Option Program. This SPA will allow TCM services to be available to Medi-Cal-eligible beneficiaries regardless of whether they have an Individualized Education Plan or Individualized Family Services Plan under the Individuals with Disabilities Education Act.

This SPA was approved by CMS on October 22, 2020 and the effective date of this SPA is January 2, 2016 as requested. Enclosed are the following approved SPA pages that should be incorporated into your approved state plan:

- Limitations to Attachment 3.1-A, pages 9b, 9p, 28 and 29m
- Limitations to Attachment 3.1-B, pages 9b, 9p, 27 and 28m
- Supplement 1c to Attachment 3.1-A, pages 1-6
- Supplement 8 to Attachment 4.19-B, pages 3 and 6

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 redaction box covers the signature of James G. Scott. A blue ink scribble is visible above the redaction.

Digitally signed by James G.
Scott -S
Date: 2020.10.22 11:03:09 -05'00'

James G. Scott, Director,
Division of Program Operations

Enclosure

cc: Lindy Harrington, Department of Health Care Services (DHCS)
Jillian Mongetta, DHCS
Rick Record, DHCS
Brian Fitzgerald, DHCS
Stephanie Magee, DHCS
Amarbir Takhar, DHCS
Karen Holloway-Smith, DHCS
Angeli Lee, DHCS
Amanda Font, DHCS

**TRANSMITTAL AND NOTICE OF APPROVAL OF
STATE PLAN MATERIAL**

1. TRANSMITTAL NUMBER:
16-001

2. STATE
California

FOR: HEALTH CARE FINANCING ADMINISTRATION

3. PROGRAM IDENTIFICATION: TITLE XIX OF THE
SOCIAL SECURITY ACT (MEDICAID)

TO: REGIONAL ADMINISTRATOR
HEALTH CARE FINANCING ADMINISTRATION
DEPARTMENT OF HEALTH AND HUMAN SERVICES

4. PROPOSED EFFECTIVE DATE
January 1, 2016 January 2, 2016

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:

Social Security Act 1915(g)

7. FEDERAL BUDGET IMPACT:

- a. FFY 2015 \$ unknown \$0
- b. FFY 2016 \$ unknown \$708

8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:

Supplement 1c to Attachment 3.1-A, pages 1-5 6
Supplement 8 to Attachment 4.19-B, pages 3, 6
Limitations on Attachment 3.1-A, pages 9b, 9p
Limitations on Attachment 3.1-B, pages 9b, 9p
Limitations on Attachment 3.1-A, pages 28, 29m
Limitations on Attachment 3.1-B, pages 27, 28m

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

Supplement 1c to Attachment 3.1-A, pages 1-4
Supplement 8 to Attachment 4.19-B, pages 3, 6
Limitations on Attachment 3.1-A, pages 9b, 9p
See box 23 below for additional pages

10. SUBJECT OF AMENDMENT:

Targeted Case Management Services-All Medicaid Eligible Children

11. 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:
The Governor's Office does not wish to review the State Plan Amendment.

12. SIGNATURE OF STATE AGENCY OFFICIAL:

[Redacted Signature]

13. TYPED NAME:

Mari Cantwell

14. TITLE:

State Medicaid Director

MAR 29 2016

15. DATE SUBMITTED:

16. RETURN TO:

Department of Health Care Services
Attn: State Plan Coordinator
1501 Capitol Avenue, Suite 71.326
P.O. Box 997417
Sacramento, CA 95899-7417

FOR REGIONAL OFFICE USE ONLY

17. DATE RECEIVED:

March 29, 2016

18. DATE APPROVED:

October 22, 2020

PLAN APPROVED - ONE COPY ATTACHED

19. EFFECTIVE DATE OF APPROVED MATERIAL:

January 2, 2016

20. SIGNATURE OF REGIONAL OFFICIAL:

[Redacted Signature]

Digitally signed by James G. Scott -S
Date: 2020.10.22 11:05:07 -05'00'

21. TYPED NAME:

James G. Scott

22. TITLE: Director, Division of Program Operations,

23. REMARKS:

8/7/20: The state updated the impacted State Plan pages for boxes 8-9. These changes were submitted on 9/11/20 in response to CMS' Request for Additional Information (RAI) questions.

Additional pages for box 9:

- Limitations on Attachment 3.1-B, pages 9b, 9p
- Limitations on Attachment 3.1-A, pages 28, 29m
- Limitations on Attachment 3.1-B, pages 27, 28m

Box 7: CMS revised budget impact numbers based on DHCS response to CMS RAI questions dated 9/11/20. These pen/ink revisions are made in thousands units.

Box 4 & 19: CMS pen/ink revision to SPA effective date per CA's permission in email dated 10/13/20.

STATE PLAN CHART

Type of Service	Program Coverage**	Prior Authorization or Other Requirements*
<p>4b EPSDT (cont.)</p> <p>Services provided by LEA providers (cont.)</p> <p>*Prior authorization is not required for emergency services.</p> <p>**Coverage is limited to medically necessary services.</p>	<p><u>Treatment Services</u></p> <p>LEA covered services include the following services:</p> <ul style="list-style-type: none"> • Nursing Services (as defined in 42 CFR § 440.166 and § 440.60(a); <ul style="list-style-type: none"> ○ School Health Aide Services • Nutrition Services (as defined in 42 CFR § 440.60(a)); • Occupational Therapy Services (as defined in 42 CFR § 440.110(b)(1)); • Optometry Services (as defined in 42 CFR § 440.60(a)); • Orientation and Mobility Services (as defined in 42 CFR § 440.130(d)); • Physical Therapy Services (as defined in 42 CFR § 440.110 (a)(1)); • Physician Services (as defined in 42 CFR § 440.50(a)); • Psychology and Counseling Services (as defined in 42 CFR § 440.50(a) and § 440.130(d)); • Respiratory Care Services (as defined in 42 CFR § 440.60(a)); • Speech-Language and Audiology Services (as defined in 42 CFR § 440.110(c)) <p>Other LEA covered services include the following services:</p> <ul style="list-style-type: none"> • Specialized Medical Transportation Services (as defined in 42 CFR § 440.170 (a)(1)); • Targeted Case Management (TCM) Services (as defined in Supplement 1c to Attachment 3.1-A.) 	

STATE PLAN CHART

Type of Services	Program Coverage**	Prior Authorization or Other Requirements*
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STATE PLAN CHART

Type of Service	Program Coverage**	Prior Authorization or Other Requirements*
<p>24g Local Educational Agency (LEA) Services (cont.)</p> <p>*Prior authorization is not required for emergency services.</p> <p>**Coverage is limited to medically necessary services.</p>	<p><u>Treatment Services</u></p> <p>LEA covered services include the following services:</p> <ul style="list-style-type: none"> • Nursing Services (as defined in 42 CFR § 440.166 and § 440.60(a); <ul style="list-style-type: none"> ○ School Health Aide Services • Nutrition Services (as defined in 42 CFR § 440.60(a)); • Occupational Therapy Services (as defined in 42 CFR § 440.110(b)(1)); • Optometry Services (as defined in 42 CFR § 440.60(a)); • Orientation and Mobility Services (as defined in 42 CFR § 440.130(d)); • Physical Therapy Services (as defined in 42 CFR § 440.110 (a)(1)); • Physician Services (as defined in 42 CFR § 440.50(a)); • Psychology and Counseling Services (as defined in 42 CFR § 440.50(a) and § 440.130(d)); • Respiratory Care Services (as defined in 42 CFR § 440.60(a)); • Speech-Language and Audiology Services (as defined in 42 CFR §440.110(c)) <p>Other LEA covered services include the following services:</p> <ul style="list-style-type: none"> • Specialized Medical Transportation Services (as defined in 42 CFR § 440.170 (a)(1)); • Targeted Case Management (TCM) Services (as defined in Supplement 1c to Attachment 3.1-A.) 	

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State Plan under Title XIX of the Social Security Act
State/Territory: CALIFORNIA

TARGETED CASE MANAGEMENT SERVICES
MEDICAID ELIGIBLE STUDENTS UNDER AGE 22

Target Group (42 Code of Federal Regulations 441.18(a)(8)(i) and 441.18(a)(9)
Local Educational Agency (LEA) eligible beneficiaries include students under age 22 who are Medicaid eligible beneficiaries and have an Individualized Education Plan (IEP) or Individualized Family Service Plan (IFSP) under the Individuals with Disabilities Education Act (IDEA) or an Individualized Health and Support Plan (IHSP). An IHSP, also known as a “Care Plan”, is a medical management tool for providing medically necessary direct healthcare services to a student in a school setting. Other common names for an IHSP can include, but are not limited to: Individualized School Healthcare Plan, Individualized Healthcare Plan, Treatment Plan, Plan of Care, Nursing Plan and Section 504 Plan.

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

- Entire State
 Only in the following geographic areas:

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

- Services are provided in accordance with §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): TCM services are defined as services furnished to assist students, eligible under the State Plan, in gaining access to needed medical, social, educational, and other services. TCM includes the following assistance:

1. Comprehensive assessment and periodic reassessment of students needs, to determine the need for any medical, educational, social or other services. These assessment activities include:
 - Reviewing individual’s records, such as cumulative files, health history, and/or medical records;
 - Interviewing the students and/or parent/guardian;
 - Observing the students in the classroom and other appropriate settings; and
 - Writing a report to summarize assessment results and recommendations for additional LEA services;

Assessment and/or periodic reassessment to be conducted on an annual, triennial and as needed basis (one amended assessment allowed to be reimbursed for each service type every 30 days) to determine if a student’s needs, conditions, and/or preferences have changed.

State Plan under Title XIX of the Social Security Act
State/Territory: CALIFORNIA

TARGETED CASE MANAGEMENT SERVICES
MEDICAID ELIGIBLE STUDENTS UNDER AGE 22

2. Development (and periodic revision) of a student's Care Plan that is based on the information collected through the assessment that:
 - Specifies the goals and actions to address the medical, social, educational, and other services needed by the student;
 - Includes meeting with the student and parent(s) or guardian(s) to establish needs;
 - Includes activities such as ensuring the active participation of the eligible student, and working with the individual (or the student's authorized health care decision maker) and others to develop those goals; and
 - Identifies a course of action to respond to the assessed needs of the eligible student;
3. Referral and related activities (such as scheduling appointments for the student to help the eligible student obtain needed services including:
 - Activities that help link the student with medical, social, educational providers, or other programs and services that are capable of providing needed services to address identified needs and achieve goals specified in the Care Plan;
4. Monitoring and follow-up activities:
 - Activities and contacts that are necessary to ensure the Care Plan is implemented and adequately addresses the eligible student's needs, and which may be with the individual, family members, service providers, or other entities or students and conducted as frequently as necessary, and including at least one annual monitoring, to determine whether the following conditions are met:
 - Services are being furnished in accordance with the student's Care Plan;
 - Services in the Care Plan are adequate; and
 - Changes in the needs or status of the student are reflected in the Care Plan;

Monitoring and follow-up activities include making necessary adjustments in the Care Plan and service arrangements with providers. Periodic reviews will be completed at least every six months. These activities may be conducted as specified in the Care Plan, or as frequently as necessary to ensure execution of the Care Plan.

X_ Case management includes contacts with non-eligible students that are directly related to identifying the eligible student's needs and care, for the purposes of: helping the eligible student access services; identifying needs and supports to assist the eligible

State Plan under Title XIX of the Social Security Act
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TARGETED CASE MANAGEMENT SERVICES
MEDICAID ELIGIBLE STUDENTS UNDER AGE 22

student in obtaining services; providing case managers with useful feedback, and alerting case managers to changes in the eligible student's needs. (42 CFR 440.169(e))

Qualifications of providers (42 CFR 441.18(a)(8)(v) and 42 CFR 441.18(b)):

TCM Provider Agency Qualifications:

- Must be an agency employing staff or contracting with qualified practitioners with case management qualifications; and
- Have demonstrated the ability to collaborate with public and private service providers; and
- Have demonstrated direct experience in the coordination of educational support services (e.g. Early Periodic Screening, Diagnosis, and Treatment, Social Services; Counseling Services; Psychological Services; Student Assistance; Special Education; and Nutritional Services); and
- Have an administrative capacity to ensure quality of services in accordance with state and federal requirements; and
- Have a financial management capacity and system that provides documentation of services and costs. For entities that also furnish services by another federally funded program, costs must be in accordance with OMB A-87 principles; and
- Have a capacity to document and maintain individual case records in accordance with state and federal requirements; and
- Have demonstrated ability to meet all state and federal laws governing the participation of providers in the state Medicaid program, including, but not limited to, the ability to meet federal and state requirements for documentation, billing and audits.

TCM Case Manager Qualifications: Case managers employed by the TCM Provider Agency must meet the requirements for education and/or experience as defined below:

- A Registered Nurse, or a Public Health Nurse with a license in active status to practice as a registered nurse in California; individual shall have met the educational and clinical experience requirements as defined by the California Board of Registered Nursing, or
- An individual with at least a Bachelor's degree from an accredited college or university, who has completed an agency-approved case management training course, or
- An individual with at least an Associate of Arts degree from an accredited college, who has completed an agency-approved case management training course and has two years of experience performing case management duties in the health or human services field, or

State Plan under Title XIX of the Social Security Act
State/Territory: CALIFORNIA

TARGETED CASE MANAGEMENT SERVICES
MEDICAID ELIGIBLE STUDENTS UNDER AGE 22

- An individual who has completed an agency-approved case management training course and has four years of experience performing case management duties in a health or human services field.

Freedom of choice (42 CFR 441.18(a)(1)):

The state will ensure the provision of TCM services will not restrict a student's free choice of providers in violation of section 1902(a)(23) of the Act.

- Eligible students will have free choice of any qualified Medicaid provider.
- Eligible students will have free choice of any qualified Medicaid providers of other medical care under the Care Plan .

Access to Services (42 CFR 441.18(a)(2), 42 CFR 441.18(a)(3), 42 CFR 441.18(a)(6)):

The state will ensure the following:

- TCM services will not be used to restrict a student's access to other services under the Care Plan;
- Students will not be compelled to receive TCM services, condition receipt of TCM services on the receipt of other Medicaid services, or condition receipt of other Medicaid services on receipt of TCM services; and
- Providers of TCM services do not exercise the agency's authority to authorize or deny the provision of other services under the Care Plan .

Payment (42 CFR 441.18(a)(4)):

Payment for TCM services under the Care Plan does not duplicate payments made to public agencies or private entities under other program authorities for this same purpose.

Case Records (42 CFR 441.18(a)(7)):

Providers will maintain case records that document the following information: name of the student; the dates of the case management services; name of the agency and the person providing the case management service; the nature, content, and units of case management services received and whether goals specified in the Care Plan have been achieved; whether the student has declined any services in the Care Plan, the need for, and occurrences of, coordination with other case managers; and a timeline for obtaining needed services; and a timeline for reevaluation of the Care Plan .

Students may receive TCM services from more than one agency or provider. To avoid duplication of services and billing, LEAs must clearly document the LEA and TCM services rendered by each TCM agency or provider, and where necessary, develop written agreements or protocols to define the TCM service(s) each agency or provider will be responsible for rendering.

State Plan under Title XIX of the Social Security Act
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TARGETED CASE MANAGEMENT SERVICES
MEDICAID ELIGIBLE STUDENTS UNDER AGE 22

Limitations:

Case management does not include, and Federal Financial Participation (FFP) is not available in expenditures for services defined in §440.169 when the case management activities are an integral and inseparable component of another covered Medicaid service (State Medicaid Manual (SMM) 4302.F).

Case management does not include, and FFP is not available in expenditures for services defined in §440.169 when the case management activities constitute the direct delivery of underlying medical, educational, social, or other services to which an eligible student has been referred, including for foster care programs, services such as, but not limited to, the following: research gathering and completion of documentation required by the foster care program; assessing adoption placements; recruiting or interviewing potential foster care parents; serving legal papers; home investigations; providing transportation; administering foster care subsidies; making placement arrangements. (42 CFR 441.18(c))

TCM services identified in the student's IEP, IFSP or IHSP may be billed up to 32 units per individual per day. A unit is defined as 15 minutes of continuous treatment (any time over seven continuous treatment minutes can be billed as a 15-minute increment).

TCM Services Do Not Include:

- Provision of medical treatment or services,
- Discharge planning from an institution,
- Administrative activities of eligibility determination, screening, intake, outreach, and utilization review, or program activities that do not meet the definition of TCM,
- Formal advocacy and development of new provider resources,
- Payment for administration costs of other services or programs to which the child is referred,
- General Medicaid administrative expenses, and prior authorization of services.
- Diagnostic or treatment services, educational activities that may be reasonably expected in the school system, and
- Services that are an integral part of another service already reimbursed by Medicaid.) and 1905(c)).

State Plan under Title XIX of the Social Security Act
State/Territory: CALIFORNIA

TARGETED CASE MANAGEMENT SERVICES
MEDICAID ELIGIBLE STUDENTS UNDER AGE 22

FFP is only available for TCM services, if there are no other third parties liable to pay for such services, including as reimbursement under a medical, social, educational, or other program except for TCM that is included in an student' IEP, IFSP or IHSP consistent with §1903(c) of the Act. (§§1902(a)(25) and 1905(c)).

4. In rebasing periods, the Department will collect health care-related costs by type of practitioner from the cost report, including salary, benefits and other personnel expenses. Indirect costs will be calculated by applying the LEA's approved indirect cost rate to the health-care related costs. Education-related costs will be excluded. The hourly basis for the costs will be based on total annual hours worked by practitioner type.

C. Assessments

1. Median assessment times for IEP/IFSP assessments were developed using time reported in the IEP Time Survey and validated in interviews with health service practitioners.

2. Service Categories

Assessment time from the IEP Time Survey was evaluated by service type (psychology, health, speech therapy, audiology, occupational therapy, and physical therapy) and IEP/IFSP type of review (initial, annual, triennial and amended). Two versions of IEP/IFSP assessment rates for each service type were developed:

- (a) Assessment conducted for an initial or triennial IEP/IFSP review

The initial review is conducted for a student that has not yet been determined to be eligible for services under the Individuals with Disabilities Education Act (IDEA). The triennial review occurs every 36 months.

- (b) Assessment conducted for an annual or amended IEP/IFSP review

The annual review occurs every year to determine whether the existing IEP/IFSP is appropriately meeting the needs of the student. The amended review occurs periodically when requested by a parent, guardian or professional working with the student or when a student transfers from one LEA to another.

3. Interim Rates for Assessment Services

- (a) Rates for assessments provided by social workers and counselors will be based on the time incremental cost of these practitioners and billed in service units representing 15-minute increments.
- (b) Rates for assessments provided by physicians will be based on the time incremental cost of school nurses (used as a proxy) and billed in service units representing 15-minute increments. The use of the school nurse cost as a proxy for physician cost is described in paragraph 3.(e).
- (c) Rates for assessments provided by optometrists will be based on the time incremental cost of school nurses (used as a proxy) and billed in service units

service rates for nursing or trained health care aides will be billed as one unit representing up to 15-minutes of treatment time.

E. Interim Rates for Targeted Case Management (TCM) Services

1. TCM Services, as defined in Supplement 1-c to Attachment 3.1-A, will be reimbursed at the lesser of the provider's billed charges or the interim rate. On an annual basis, an LEA- specific cost reconciliation for all over and under payments will be processed via a cost reconciliation process for all covered services.
2. Interim rates for TCM Services will be based on the incremental cost of school nurses (used as a proxy) and billed in service units representing 15-minute increments. The school nurse hourly cost will be converted into a 15-minute interim rate that may be billed by all qualified rendering TCM practitioners.

F. Interim Rates for Specialized Medical Transportation Services

1. Existing rates from the Medi-Cal fee schedule will be used to reimburse per-trip specialized medical transportation services as described in II. C.
2. In addition to the per-trip amount described above in F.1., LEAs have the option of seeking reimbursement for mileage associated with specialized medical transportation services. In order to claim for mileage expenses, LEAs must document the student's origination point and destination point in a trip log. If an LEA cannot meet this requirement, LEAs may bill for per-trip transportation services without billing for associated mileage. If the LEA bills for per-trip transportation services, the services must be documented in a trip log. Existing rates from the Medi-Cal fee schedule will be used to reimburse mileage for specialized medical transportation services as described in II. C.