DEPARTMENT OF HEALTH & HUMAN SERVICES Centers for Medicare & Medicaid Services San Francisco Regional Office 90 Seventh Street, Suite 5-300 (5W) San Francisco, CA 94103-6706



DIVISION OF MEDICAID & CHILDREN'S HEALTH OPERATIONS

December 7, 2017

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) 17-036. This SPA was submitted to my office on September 25, 2017 to remove Kern and Mendocino counties from the list of geographic areas offering Targeted Case Management (TCM) services for the "Individuals at Risk of Institutionalization" TCM group. This SPA also adds Humboldt and Sutter counties as geographic areas providing this service.

The effective date of this SPA is July 1, 2017. 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

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

Sincerely,

ORIGINAL SIGNED

Associate Regional Administrator Division of Medicaid & Children's Health Operations

Enclosure

cc: John Mendoza, California Department of Health Care Services (DHCS) Shelly Taunk, DHCS Nathaniel Emery, DHCS

TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL FOR: CENTERS FOR MEDICARE & MEDICAID SERVICES	1. TRANSMITTAL NUMBER 1 7 — 0 3 5	2. STATE California	
	PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL SECURITY ACT (MEDICAID)		
TO: REGIONAL ADMINISTRATOR CENTERS FOR MEDICARE & MEDICAID SERVICES DEPARTMENT OF HEALTH AND HUMAN SERVICES	July 1, 2017		
5. TYPE OF PLAN MATERIAL (Check One)			
□ NEW STATE PLAN □ AMENDMENT TO BE CONSI	DERED AS NEW PLAN	AMENDMENT	
COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMEN	NDMENT (Separate transmittal for each a	amendment)	
6. FEDERAL STATUTE/REGULATION CITATION	7. FEDERAL BUDGET IMPACT a. FEY 2017-16 \$ 619,743		
Section 1915(g)(1) Social Security Act		19,743	
PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT Supplement 1d To attachment 3.1-a Page 1	PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable) Supplement 1d To Attachment 3.1-a Page 1		
10. SUBJECT OF AMENDMENT			
Targeted Case Management - Individuals at Risk of Ins	titutionalization		
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		
ORIGINAL SIGNED	16. RETURN TO		
	Department of Health Care Services		
	Attn: State Plan Coordinator		
	1501 Capitol Avenue, Suite 71	2.O. Box 997417	
OLIVE ME POST OF THE POST OF T	Sacramento, CA 95899-7417		
15. DATE SUBMITTED 9/25/2017			
17. DATE RECEIVED FOR REGIONAL OF	FICE USE ONLY 18, DATE APPROVED		
September 25, 2017	December 7, 2017		
PLAN APPROVED - ON			
19. EFFECTIVE DATE OF APPROVED MATERIAL			
21. TYPED NAME			
July 1, 2017 21. TYPED NAME Henrietta Sam-Louie			

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

TARGETED CASE MANAGEMENT SERVICES INDIVIDUALS AT RISK OF INSTITUTIONALIZATION

<u>Target Group (42 Code of Federal Regulations 441.18(a)(8)(i) and 441.18(a)(9)):</u> 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.

X 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.

XOnly in the following geographic areas: Counties of Alameda, Contra Costa, El Dorado, Humboldt, Imperial, Kings, Lake, Madera, Monterey, Orange, Placer, Riverside, Sacramento, San Diego, San Joaquin, Santa Clara, Sonoma, Stanislaus, Sutter, Tuolumne, Ventura, Yuba, City of Berkeley, and City of Long Beach.

TN No.17-036 Approval Date: <u>12/07/2017</u> Effective Date: <u>07/01/2017</u>

Supersedes TN No. 16-040