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

February 11, 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

Dear Ms. Cooper:

Enclosed is an approved copy of California State Plan Amendment (SPA) 21-0025, which was submitted to the Centers for Medicare & Medicaid Services (CMS) on May 20, 2021. This SPA will add Merced County to the list of geographic areas offering Targeted Case Management (TCM) services for the "Individuals in Jeopardy of Negative Health or Psycho-Social Outcomes" TCM group.

The effective date of this SPA is July 1, 2021. Enclosed is the following approved SPA page that should be incorporated into your approved State Plan:

• Supplement 1e 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.

Digitally signed by James G. Scott -S
Date: 2022.02.11
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James G. Scott, Director Division of Program Operations

Enclosure

cc: Saralyn Ang-Olson, Department of Health Care Services (DHCS)
Gillian Mongetta, DHCS
Regina Zerne, DHCS
Sara Schmid, DHCS
Angeli Lee, DHCS
Amanda Font, DHCS

CENTERS FOR MEDICARE & MEDICAID SERVICES			
TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL FOR: CENTERS FOR MEDICARE & MEDICAID SERVICES	1. TRANSMITTAL NUMBER	2. STATE	
	<u>2 1 — 00 2 5 </u>	California	
	3. PROGRAM IDENTIFICATION:		
	Title XIX of the Social Security Act (Medicaid)		
TO: REGIONAL ADMINISTRATOR	4. PROPOSED EFFECTIVE DATE		
CENTERS FOR MEDICARE & MEDICAID SERVICES DEPARTMENT OF HEALTH AND HUMAN SERVICES	July 1, 2021		
5. TYPE OF PLAN MATERIAL (Check One)			
NEW STATE PLAN			
COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (Separate transmittal for each amendment)			
6. FEDERAL STATUTE/REGULATION CITATION	6 70 500 e 70 500		
42 U.S.C. § 1396n(g)(1); 42 C.F.R. § 440.169(b)	b. FFY 2022 \$ 318,000		
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT	9. PAGE NUMBER OF THE SUPERSEI OR ATTACHMENT (If Applicable)	DED PLAN SECTION	
Supplement 1e To Attachment 3.1-A Page 1	Supplement 1e To Attachmer	Supplement 1e To Attachment 3.1-A Page 1	
10. SUBJECT OF AMENDMENT	·		
Targeted Case Management Services - Individuals in Je Outcomes	eopardy of Negative Health or P	sycho-Social	
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		
12. SIGNATURE OF STATE AGENCY OFFICIAL	6. RETURN TO		
Jacey Cooper Date: 2021.05.20 09:35:33 -07'00'	partment of Health Care Services		
Date. 2021.00.20 09.30.00	n: Director's Office		
	O. Box 997413, MS 0000		
14. TITLE State Medicaid Director	acramento, CA 95899-7413		
15. DATE SUBMITTED May 20, 2021			
FOR REGIONAL OFFICE USE ONLY			
	8. DATE APPROVED		
May 20, 2021 PLAN APPROVED - ON	February 11, 2022		
	D. SIGN <u>ATURE OF REG</u> IONAL OFFICIAL		
July 1, 2021	Digitall	y signed by James G. Scott -S 022.02.11 18:36:18 -06'00'	
21. TYPED NAME	2. TITLE	7	
James G. Scott	rector, Division of Program Operations		
23. REMARKS	2 2 Division of Frogram Operations		
For Box 11 "Other, As Specified," Please note: The Gov Plan Amendment.	ernor's Office does not wish to	eview the State	

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

TARGETED CASE MANAGEMENT SERVICES INDIVIDUALS IN JEOPARDY OF NEGATIVE HEALTH OR PSYCHO-SOCIAL OUTCOMES

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

Medi-Cal eligible individuals, who have been determined to be in jeopardy of negative health or psycho-social outcomes due to one of the following disparity factors:

- a) Substance abuse in the immediate environment, or
- b) History of, or in danger of family violence, or
- c) History of or in danger of physical, sexual or emotional abuse, or
- d) Experiencing substandard housing, or
- e) Illiteracy; and

Such individuals must be 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.

X Only in the following geographic areas: Counties of Alameda, Butte, Contra Costa, Humboldt, Kern, Los Angeles, Madera, Mariposa, Mendocino, Merced, Monterey, Napa, Orange, Placer, Riverside, Sacramento, San Diego, San Luis Obispo, San Mateo, Santa Clara, Santa Cruz, Shasta, Solano, Sonoma, Stanislaus, Sutter, Trinity, 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. X Services are not comparable in amount, duration, and scope (§1915(g)(1)).

<u>Definition of Services: (42 CFR 440.169):</u> 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:

TN No. 21-0025 Approval Date: <u>02/11/2022</u> EffectiveDate: <u>07/01/2021</u>

Supersedes TN No. 20-0030