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) 21-0026, which was submitted to the Centers for Medicare & Medicaid Services (CMS) on May 20, 2021. This SPA will add Alameda County to the list of geographic areas offering Targeted Case Management (TCM) services for the "Individuals with a Communicable Disease" 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 1f 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.

Sincerely,

Digitally signed by
James G. Scott -S
Date: 2022.02.11
18:48:56 -06'00'

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 — 0 0 26</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 ■ 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	7. FEDERAL BUDGET IMPACT a. FFY 2021 \$ 2,0	100
42 U.S.C. § 1396n(g)(1); 42 C.F.R. § 440.169(b)	b. FFY 2022 \$ 8,000	
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT Supplement 1f To Attachment 3.1-A Page 1	9. PAGE NUMBER OF THE SUPERSEL OR ATTACHMENT (If Applicable)	DED PLAN SECTION
Supplement if To Attachment 3.1-A rage 1	Supplement 1f To Attachment 3.1-A Page 1	
10. SUBJECT OF AMENDMENT		
Targeted Case Management Services - Individuals with a Communicable Disease		
Targeted Gase Management Gervices - Individuals with	a Communicable Disease	
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		
	RETURN TO	
Date: 2021.05.20 09:39:20 -07'00'	epartment of Health Care Services	
10. 111 EB 10.101E	tn: Director's Office O. Box 997413, MS 0000	
	oramento, CA 95899-7413	
State Medicaid Director	adiamente, en occor i i o	
15. DATE SUBMITTED		
May 20, 2021 FOR REGIONAL OFFICE USE ONLY		
	. DATE APPROVED	
May 20, 2021	February 11, 2022	
PLAN APPROVED - ONE COPY ATTACHED		
19. EFFECTIVE DATE OF APPROVED MATERIAL 2	0. SIGNA IONAL OFFICIAL OFFICIAL	signed by James G. Scott -S
July 1, 2021		22.02.11 18:49:31 -06'00'
	TITLE	
	irector, Division of Program Operations	
23. REMARKS		
For Box 11 "Other, As Specified," Please note: The Governor's Office does not wish to review the State		
Plan Amendment.		

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

TARGETED CASE MANAGEMENT SERVICES INDIVIDUALS WITH A COMMUNICABLE DISEASE

Target Group (42 Code of Federal Regulations 441.18(a)(8)(i) and 441.18(a)(9)): Medi-Cal eligible individuals infected with a communicable disease, including tuberculosis, HIV/AIDS etc.; or individuals who have been exposed to communicable diseases, until the risk of exposure has passed. Such individuals must also be:

- a) 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
- b) 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, Contra Costa, Humboldt, Mariposa, Mendocino, Orange, Riverside, San Diego, Santa Clara, Solano, Sonoma, Stanislaus, Sutter, 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. 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 an other services. Targeted Case Management includes the following assistance:

TN No. 21-0026 Approval Date: <u>02/11/2022</u> Effective Date: <u>07/01/2021</u>

Supersedes TN No. 20-0031