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 16, 2014

Toby Douglas, Director California Department of Health Care Services P.O. Box 997413, MS 0000 Sacramento, CA 95899-7413

Dear Mr. Douglas:

Enclosed is an approved copy of California State Plan Amendment (SPA) 14-022. SPA 14-022 was submitted to my office on September 25, 2014. This SPA adds Shasta County to the "Children Under the Age of 21" Targeted Case Management group. The effective date of this SPA is July 1, 2014.

Enclosed is the following approved SPA page that should be incorporated into your approved State Plan:

• Supplement 1a to Limitations to Attachment 3.1-A, page 1

If you have any questions, please contact Tyler Sadwith by phone at (415) 744-3563 or by email at tyler.sadwith@cms.hhs.gov.

Sincerely,

/s/

Hye Sun Lee, MPH Associate Regional Administrator Division of Medicaid & Children's Health Operations

Enclosure

cc: Michelle Kristoff, California Department of Health Care Services Nathaniel Emery, California Department of Health Care Service

DEPARTMENT OF HEALTH AND HUMAN SERVICES HEALTH CARE FINANCING ADMINISTRATION		FORM APPROVED OMB NO. 0938-0193	
TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL	1. TRANSMITTAL NUMBER: 14-022	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 July 1, 2014		
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: FFY ZA4/2015:		
Section 1915(g)(1) Social Security Act	a. FFY 201 4 15/16 :\$54,746 \$t b. FFY 2015 16/17 : \$442,581 \$t	56.774 \$ 13,518	
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:	9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable):		
SUPPLEMENT 1a TO ATTACHMENT 3.1-A Page 1	SUPPLEMENT 1a TO ATTACHMENT 3.1-A Page 1		
ΥΩ			
10. SUBJECT OF AMENDMENT:			
Targeted Case Management – Children Unger the Age of			
11. GOVERNOR'S REVIEW (Check One):	☑ OTHER, AS SPECIFIED:		
COMMENTS OF GOVERNOR'S OFFICE ENCLOSED	The Governor's Office does not wish to review the State Plan Amendment.		
-	16. RETURN TO:		
ORIGINAL SIGNED	Department of Health Care Services Attn: State Plan Coordinator 1501 Capitol Avenue, Suite 71.3.26 P.O. Box 997417 Sacramento, CA 95899-7417		
15. DATE SUBMITTED: 9/24/14	Sacramento, CA 55055-7417		
FOR REGIONAL OF 17. DATE RECEIVED:			
17. DATE RECEIVED.	18. DATE APPROVED:		
PLAN APPROVED – ON 19. EFFECTIVE DATE OF APPROVED MATERIAL	E COPY ATTACHED 20. SIGNATURE OF REGIONAL OF	FICIAL:	
21. TYPED NAME:	22. TITLE:		
23. REMARKS:	ilino offered		
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STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT State/Territory: CALIFORNIA

TARGETED CASE MANAGEMENT SERVICES CHILDREN UNDER THE AGE OF 21

Target Group (42 Code of Federal Regulations 441 .18(a)(8)(i) and 441.18(a)(9)):

Medi-Cal eligible children, under the age of 21 years old, who are:

- a) At high risk for medical compromise due to one of the following conditions:
 - i) Failure 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.

<u>X</u>Only in the following geographic areas: Counties of Alameda, Amador, Butte, Contra Costa, El Dorado, Fresno, Humboldt, Kern, Kings, Lake, Los Angeles, Madera, Marin, Merced, Monterey, Napa, Orange, Placer, Riverside, Sacramento, San Diego, San Francisco, San Luis Obispo, Santa Barbara, Santa Clara, Santa Cruz, Shasta, Solano, Sonoma, Stanislaus, Tulare, Tuolumne, Ventura, Yolo, Yuba, City of Berkeley, and City of Long Beach.

<u>Comparability of Services (§§ 1902(a)(1 O)(B) and 1915(g)(1))</u> _ Services are provided in accordance with Section 1902(a)(1 O)(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:

Approval Date ______ Effective Date 07/01/2014

TN No. 14-022 Supersedes TN No. 10-008a