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 11, 2018

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) 18-0047. This SPA was submitted to my office on September 27, 2018 to remove El Dorado, Kings, Placer and Yuba counties from the list of geographic areas offering Targeted Case Management (TCM) services for the "Individuals at Risk of Institutionalization" TCM group.

The effective date of this SPA is July 1, 2018. 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,

/s/

Dzung Hoang Acting 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 Angeli Lee, DHCS

CENTERS FOR MEDICARE & MEDICARD SERVICES		,	
TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL FOR: CENTERS FOR MEDICARE & MEDICAID SERVICES	1. TRANSMITTAL NUMBER 1 8 — 00 4 7 3. PROGRAM IDENTIFICATION: TITLE XIX	2. STATE CA OF THE SOCIAL	
TOTAL OCK TELLO TOTAL MEDICALLE & MEDICALD OCH VIOLE	SECURITY ACT (MEDICAID)	4	
TO: REGIONAL ADMINISTRATOR	4. PROPOSED EFFECTIVE DATE		
CENTERS FOR MEDICARE & MEDICAID SERVICES DEPARTMENT OF HEALTH AND HUMAN SERVICES	July 1, 2018		
5. TYPE OF PLAN MATERIAL <i>(Check One)</i>			
□ 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		
Section 1915(g)(1) Social Security Act and 42 CFR 440.169(b	a. FFY $\frac{2018-19}{2019-20}$ \$ $\frac{0.00}{0.00}$		
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT		9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION	
Supplement 1d To attachment 3.1-a Page 1	OR ATTACHMENT (If Applicable)	a second	
	Supplement 1d To Attachmer	nt 3.1-a Page 1	
	W		
10. SUBJECT OF AMENDMENT			
Targeted Case Management Services - Individuals at Risk of Institutionalization			
Targeted Gase Management Corvices "Marvidadio at this of Motitationalization			
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	16. RETURN TO	·	
	Department of Health Care Servi	partment of Health Care Services	
13. TYPED NAME	n: State Plan Coordinator		
Mari Cantwell	1501 Capitol Avenue, Suite 71.3.	01 Capitol Avenue, Suite 71.3.26	
14. TITLE	P.O. Box 997417	O. Box 997417	
State Medicaid Director	Sacramento, CA 95899-7417	cramento, CA 95899-7417	
15. DATE SUBMITTED 9/27/2018			
	ONAL OFFICE USE ONLY		
The state of the s	18. DATE APPROVED		
September 27, 2018	December 11, 2018		
PLAN APPROVED - ONE COPY ATTACHED			
19. EFFECTIVE DATE OF APPROVED MATERIAL	20. SIGNATURE OF REGIONAL OFFICIAL		
July 1, 2018			
21. TYPED NAME	22. TITLE	ivision of Madissid 0	
Dzung Hoang	ting Associate Regional Administrator, Division of Medicaid & ildren's Health Operations		
23. REMARKS			

Box 6: CMS made a pen & ink change to add the regulatory citation per DHCS email dated 12/5/18.

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.

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

TN No.18-0047 Approval Date: <u>12/11/18</u> Effective Date: 7/01/2018