



TOBY DOUGLAS  
DIRECTOR

State of California—Health and Human Services Agency  
Department of Health Care Services



EDMUND G. BROWN JR.  
GOVERNOR

September 17, 2013

Gloria Nagle, PhD, MPA  
Associate Regional Administrator  
Centers for Medicare and Medicaid Services  
Division of Medicaid and Children's Health  
90 Seventh Street, Suite 5-300 (5W)  
San Francisco, CA 94103-6707

**STATE PLAN AMENDMENT (SPA) 13-036**

Dear Ms. Nagle:

The Department of Health Care Services (DHCS) is submitting the enclosed State Plan Amendment (SPA) 13-036 to update the geographic area offering Targeted Case Management (TCM) services for the "Individuals with a Communicable Disease" TCM group. This SPA will supersede SPA 10-008e, Supplement 1f to attachment 3.1-A, Page 1, of California's Medicaid State Plan under Title XIX of the Social Security Act, for Targeted Case Management services. The effective date of the SPA 13-036 will be July 1, 2013.

The revisions were made based on Humboldt, Imperial, and Sonoma County's request to participate in "Individuals with a Communicable Disease" TCM groups.

If you have any questions or concerns regarding the proposed provisions, please contact Ms. Jennifer Brooks, Acting Chief, Safety Net Financing Division at (916) 322-2551.

Sincerely,

**ORIGINAL DOCUMENT SIGNED BY:**

Toby Douglas  
Director

cc: See Next Page

Gloria Nagle, PhD, MPA  
Page 2

cc: Ms. Jennifer Brooks  
Safety Net Financing Division  
Department of Health Care Services  
1501 Capitol Avenue, MS 4504  
P.O. Box 997436  
Sacramento, CA 95899-7436

|   |   |                        |
|---|---|------------------------|
| <b>TRANSMITTAL AND NOTICE OF APPROVAL OF<br/>STATE PLAN MATERIAL</b>  | 1. TRANSMITTAL NUMBER:<br><b>13-036</b>                                       | 2. STATE<br>California |
| <b>FOR: HEALTH CARE FINANCING ADMINISTRATION</b>  | 3. PROGRAM IDENTIFICATION: TITLE XIX OF THE<br>SOCIAL SECURITY ACT (MEDICAID) |                        |
| TO: REGIONAL ADMINISTRATOR<br>HEALTH CARE FINANCING ADMINISTRATION<br>DEPARTMENT OF HEALTH AND HUMAN SERVICES | 4. PROPOSED EFFECTIVE DATE<br>July 1, 2013                                    |                        |

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:<br>Section 1915(g)(1) Social Security Act                 | 7. FEDERAL BUDGET IMPACT:<br>a. FFY 2013                      \$0<br>b. FFY 2014                      \$0                                |
| 8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:<br><br>SUPPLEMENT 1f TO ATTACHMENT 3.1-A Page 1 | 9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION<br>OR ATTACHMENT ( <i>If Applicable</i> ):<br><br>SUPPLEMENT 1f TO ATTACHMENT 3.1-A Page 1 |

10. SUBJECT OF AMENDMENT:  
Targeted Case Management – 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                     
 The Governor's Office does not  
 NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL                     
 wish to review the State Plan Amendment.

|  |   |
|--|---|
| 12. SIGNATURE OF STATE AGENCY OFFICIAL:<br><b>ORIGINAL DOCUMENT SIGNED BY:</b> | 16. RETURN TO:<br><br><b>Department of Health Care Services<br/>Attn: State Plan Coordinator<br/>1501 Capitol Avenue, Suite 71.3.26<br/>P.O. Box 997417<br/>Sacramento, CA 95899-7417</b> |
| 13. TYPED NAME:<br><b>Toby Douglas</b>   |   |
| 14. TITLE:<br><b>Director</b>  |   |
| 15. DATE SUBMITTED: <b>SEPTEMBER 17, 2013</b>                                  |   |

| FOR REGIONAL OFFICE USE ONLY |                    |
|------------------------------|--------------------|
| 17. DATE RECEIVED:           | 18. DATE APPROVED: |

| PLAN APPROVED – ONE COPY ATTACHED        |                                     |
|--|-------------------------------------|
| 19. EFFECTIVE DATE OF APPROVED MATERIAL: | 20. SIGNATURE OF REGIONAL OFFICIAL: |
| 21. TYPED NAME:                          | 22. TITLE:                          |

23. REMARKS:  
Updated Geographic Area where Targeted Case Management services will be offer.

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

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**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.

Only in the following geographic areas: Counties of Alameda, Amador, Butte, Contra Costa, Fresno, Humboldt, Imperial, Kern, Kings, Lake, Madera, Marin, Merced, Monterey, Orange, Placer, Riverside, San Diego, San Francisco, San Joaquin, Santa Clara, Solano, Sonoma, Stanislaus, Tulare, Ventura, Yolo, Yuba, 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)).

Definition of Services (42 CFR 440.169): 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:

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

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