

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**

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November 13, 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) 15-002-A, which the California Department of Health Care Services (DHCS) originally submitted as SPA 15-002 to the Centers for Medicare & Medicaid Services (CMS) on December 28, 2015. SPA 15-002 was submitted in response to a companion letter that CMS issued for SPA 11-019 and proposed to update both the benefit and reimbursement pages for the targeted case management (TCM) services describing the Childhood Lead Poisoning Prevention program. After extensive review of 15-002, CMS advised DHCS to split the SPA into part "A" to update the benefit section and part "B" to update the reimbursement section of the state plan.

DHCS submitted SPA 15-002-A on September 9, 2018 as its response to the coverage questions for the Request for Additional Information (RAI) to the original SPA 15-002. This SPA makes updates to the coverage descriptions of TCM for the state's Childhood Lead Poisoning Prevention (CLPP) program in the following areas: target group, service definitions, accessing services assistance, periodic review, contacts, and attestations.

The effective date of this SPA is December 11, 2015. Enclosed are the following approved SPA pages that should be incorporated into your approved state plan:

- Attachment 3.1-A, page 8
- Limitations on Attachment 3.1-A, page 23
- Limitations on Attachment 3.1-B, page 23
- Supplement 1g to Attachment 3.1-A, pages 1 to 8

We want to remind DHCS that it must submit a reimbursement update SPA for these services as SPA 15-002-B. On October 11, 2018, CMS advised the state that it needs to develop a payment methodology that is not contingent on the funds made available via an annual budget. CMS suggested that one payment option is to develop base rates for the TCM services and pay the providers based on the units of services rendered. Alternatively, CMS suggested that the state may develop any methodology it chooses as long as it meets CMS' state plan requirement of comprehensiveness, but the methodology or the payment cannot be contingent on an annual budget. CMS staff are available to provide technical assistance in this area upon request.

If you have any questions, please contact Cheryl Young at 415-744-3598 or via email at [Cheryl.Young@cms.hhs.gov](mailto:Cheryl.Young@cms.hhs.gov).

Sincerely,

/s/

Dzung Hoang  
Acting Associate Regional Administrator  
Division of Medicaid & Children's Health Operations

Enclosures

cc: Rene Mollow, DHCS  
Jim Elliott, DHCS  
Raquel Sanchez, DHCS  
Nathaniel Emery, DHCS  
Angeli Lee, DHCS

<b>TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL</b>	1. TRANSMITTAL NUMBER: <del>15-002A</del> 15-002-A	2. STATE California
	3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL SECURITY ACT (MEDICAID)	
FOR: HEALTH CARE FINANCING ADMINISTRATION		4. PROPOSED EFFECTIVE DATE December 11, 2015
TO: REGIONAL ADMINISTRATOR HEALTH CARE FINANCING ADMINISTRATION DEPARTMENT OF HEALTH AND HUMAN SERVICES		

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: Social Security Act, Sections 1905(a)(19), 1915(g) 42 CFR 441.18, 440.169	7. FEDERAL BUDGET IMPACT: a. FFY 2016 <del>\$X</del> \$678,500 b. FFY 2017 <del>\$X</del> \$2.2 million
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT: Attachment 3.1-A, page 8, Limitations on Attachment 3.1-A, page 23 Limitations on Attachment 3.1-B, page 23 <del>Attachment 4.19-B, pages 5g through 5i.1</del> Supplement G to Attachment 3.1-A, pages 1-X - 8 Supplement 1g	9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable): Attachment 3.1-A, page 8, Limitations on Attachment 3.1-A, page 23 Limitations on Attachment 3.1-B, page 23 <del>Attachment 4.19-B, pages 5g through 5i</del> Supplement G to Attachment 3.1-A, pages 1-X - 8.5 Supplement 1g

10. SUBJECT OF AMENDMENT:

Update the ~~rate methodology and~~ description for case management for childhood lead poisoning prevention; update case management description.

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.

ORIGINAL SIGNED

**Mari Cantwell**  
14. TITLE:  
Chief Deputy Director  
Health Care Programs  
State Medicaid Director

15. DATE SUBMITTED:  
December 28, 2015

16. RETURN TO:

Department of Health Care Services  
Attn: State Plan Coordinator  
1501 Capitol Avenue, MS 4506  
P.O. Box 997417  
Sacramento, CA 95899-7417

FOR REGIONAL OFFICE USE ONLY

17. DATE RECEIVED:  
December 28, 2015

18. DATE APPROVED:  
November 13, 2018

PLAN APPROVED - ONE COPY ATTACHED

19. EFFECTIVE DATE OF APPROVED MATERIAL:  
December 11, 2015

20. SIGNATURE OF REGIONAL OFFICIAL:  
/s/  
22. TITLE: Acting Associate Regional Administrator,  
Medicaid & Children's Health Operations

21. TYPED NAME:  
Dzung Hoang

23. REMARKS:

- Box 1, Transmittal number has been updated to 15-002A.
- Box 8, Page number of the plan section or attachment has been updated.
- Box 9, Page number of the superseded plan section or attachment has been updated.
- Box 10, Subject of amendment has been updated.
- Box 7: Budget updates made per DHCS RAI response dated 9/7/18.
- Box 1: CMS pen and ink change to adjust SPA number made on 10/19/18 per email with DHCS.

STATE/TERRITORY: CALIFORNIA

AMOUNT, DURATION, AND SCOPE OF MEDICAL AND  
REMEDIAL CARE AND SERVICES PROVIDED TO THE CATEGORICALLY NEEDY

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19. Case management services and Tuberculosis related services
- a. Case management services as defined in, and to the group specified in, Supplement 1 to Attachment 3.1-A for Mentally Disabled (Short-Doyle) and Developmentally Disabled (Lanterman), and Supplements 1a-1g to Attachment 3.1-A for Case Management Services (in accordance with section 1905(a)(19) or section 1915(g) of the Act).
- Provided     With limitations     Not provided.
- b. Special tuberculosis (TB) related services under section 1902(z)(2)(F) of the Act
- Provided     With limitations     Not provided.
20. Extended services for pregnant women
- a. Pregnancy-related and postpartum services for a 60-day period after the pregnancy ends and any remaining days in the month in which the 60<sup>th</sup> days falls.
- Additional coverage ++
- b. Services for any other medical conditions that may complicate the pregnancy.
- Additional coverage ++

++ Attached is a description of increases in covered services beyond limitations for all groups described in this attachment and/or any additional services provided to pregnant women only.

\* Description provided on attachment

TYPE OF SERVICE	PROGRAM COVERAGE**	PRIOR AUTHORIZATION OR OTHER REQUIREMENTS*
19. Case Management Services (Pertains to Supplements 1a-1g to Attachment 3.1-A)	<p>Services are limited to individuals who meet the target population criteria. Case management, including targeted case management, means services that will assist eligible individuals in gaining access to needed medical, social, educational, and other services.</p> <p>Case management includes all of the following:</p> <ul style="list-style-type: none"> <li>• Assessment of an eligible individual</li> <li>• Development of a specific care plan</li> <li>• Referral to services</li> <li>• Monitoring activities</li> </ul>	<p>Prior authorization is not required.</p> <p>Case Management services do not include:</p> <ul style="list-style-type: none"> <li>• Program activities of the agency itself that do not meet the definition of targeted case management</li> <li>• Direct delivery of underlying medical, social, educational, or other services to which an eligible individual has been referred</li> <li>• Activities that are integral to the administration of foster care programs or most other non-medical program</li> <li>• Services which are an integral part of another service already reimbursed by Medicaid</li> <li>• Restricting or limiting access to services, such as through prior authorization</li> <li>• Activities that are an essential part of Medicaid administration such as outreach, intake processing, eligibility determination or claims processing</li> </ul>

\* Prior authorization is not required for emergency services.

\*\*Coverage is limited to medically necessary services.

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STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State/Territory: California

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Targeted Case Management  
Childhood Lead Poisoning Prevention

A. Target Group

Title XIX eligible children from birth to 21 years of age who are eligible for medical assistance in accordance with Sections 1902(a)(43), 1905(a)(4)(B) and 1905(r) of the Social Security Act and who have been identified as having a blood lead level at a value the California Department of Public Health (CDPH) determines requires targeted case management (TCM) services.

Individuals identified as lead poisoned require TCM by certified licensed public health nurses (PHN) or registered nurses (RN) under the supervision of a PHN, in order to access medical services to reduce elevated blood lead levels and to reduce and eliminate lead toxicity.

Payment for TCM services will not duplicate payments made to public agencies or private entities under other program authorities for the same purposes.

Case management services provided in accordance with Section 1915 (g) of the Social Security Act will not duplicate case management services provided under any home and community-based services waiver.

There shall be a county-wide system to ensure coordination among providers of TCM services provided to beneficiaries who are eligible to receive case management services from two or more programs.

\_\_\_\_ Target group includes individuals transitioning to a community setting. Case-management services will be made available for up to \_\_\_\_ 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).

B. Areas of State in which services will be provided:

Entire State

Only in the following geographic areas

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State/Territory: California

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Targeted Case Management  
Childhood Lead Poisoning Prevention

C. Comparability of Services:

\_\_\_\_\_ Services are provided in accordance with Section 1902(a)(10)(B) of the Act.

X Services are not comparable in amount, duration, and scope. Authority of Section 1915(g)(1) of the Act is invoked to provide services without regard to the requirements of Section 1902(a)(10)(B) of the Act.

D. Definition of Services:

Medi-Cal Childhood Lead Poisoning Prevention TCM services include needs assessment, setting of objectives related to needs, individual service planning, service scheduling, and periodic evaluation of service effectiveness. TCM services ensure that the changing needs of the Medi-Cal eligible person are addressed on an ongoing basis and appropriate choices are provided among the widest array of options for meeting those needs. TCM of lead poisoned individuals includes the following:

1. Assessment

Analyzing each lead poisoned client's need for medical, social, educational, and other services to determine appropriate resources and to develop a service plan.

Comprehensive assessment and periodic reassessment of individual needs to determine the need for any medical, educational, social or other services. These assessment activities include:

- Taking client history.
- Identifying the individual's needs and completing related documentation.
- Gathering information from other sources, such as family members, medical providers, social workers, and educators (if indicated), to form a complete assessment of the eligible individual.
- Working with medical providers to assure blood lead screening testing occurs at ages 6 months to 72 months as well as screenings at: 12 months; 24 months; when a provider learns that a child ages 12 to 24 months was not screened at age 12 months or later; when a provider learns that a child ages 24 to 72 months was not screened at age 24 months or later; and when a provider becomes aware that a change in circumstances has put the child at risk of lead poisoning.
- Conducting case management assessments and recommending repeat blood lead testing as often as needed to assure blood lead levels are decreasing and children have received necessary follow-up services.



STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

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Targeted Case Management  
Childhood Lead Poisoning Prevention

2. Plan Development

Plan development includes the development of a written, comprehensive, individual service plan, based upon the assessment which identifies the activities and assistance needed to accomplish the objectives developed between the client and the case manager.

The service plan describes the nature, frequency, and duration of the activities and assistance that meet the individual's needs.

Specific client objectives are discussed and strategies for achieving the stated objectives are identified. This involves acquainting the client, parent, or legal guardian with the sources of services in the community and providing information for obtaining services through community program.

3. Linkages and Consultation

Implementing the service plan includes consultation with providers and interagency coordination on behalf of the client and referral of the client to needed medical, environmental, social, educational, and other services as well as follow-up to ensure services including, but not limited to blood lead tests prescribed by providers are received by the client.

4. Assistance in Accessing Services

As necessary to facilitate communication between the client and the case manager and between the client and other providers of service, the case manager shall arrange for translation services. Facilitating access to services may also require arranging appointments and transportation to medical, social, educational, and other services.

Referral and related activities (such as scheduling appointments for the individual) to help the eligible individual obtain needed services, including activities that help link the individual with medical, environmental, social, educational providers, or other programs and services that are capable of providing needed services to address identified needs and achieve goals specified in the care plan.

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State/Territory: California

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Targeted Case Management  
Childhood Lead Poisoning Prevention

5. Crisis Assistance Planning

The evaluation, coordination, and arranging of immediate services or treatment needed in those situations that appear to be emergent in nature or that require immediate attention or resolution in order to avoid, eliminate, or reduce a crisis situation for a specific client.

6. Periodic Review

Consistent with the client's needs, the case manager must periodically re-evaluate the client's progress toward achieving plan objectives. Based upon this review, the case manager determines what changes to the client's plan should be made, if any, or if TCM services are still appropriate.

Monitoring and follow-up activities:

- Activities and contacts that are necessary to ensure the care plan is implemented and adequately addresses the eligible individual's needs, and which may be with the individual, family members, service providers, or other entities or individuals and conducted as frequently as necessary, and including at least one annual monitoring, to determine whether the following conditions are met:
  - Services are being furnished in accordance with the individual's care plan.
  - Services in the care plan are adequate.
  - Changes in the needs or status of the individual are reflected in the care plan.
  - Monitoring and follow-up activities include making necessary adjustments in the care plan and service arrangements with providers.
  - Monitoring includes checking on blood lead levels, repeat contacts with the individual, ongoing outreach and education, ongoing contact with the health care provider, and repeat home visits as indicated.
  - Frequency of monitoring is done on a case-by-case basis by a PHN, or a RN under the supervision of a PHN, based on the individual's blood lead level, status, and needs, in accordance with current CDPH guidelines.

Case management includes contacts with non-eligible individuals that are directly related to identifying the eligible individual's needs and care, for the purposes of

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Targeted Case Management  
Childhood Lead Poisoning Prevention

helping the eligible individual access services; identifying needs and supports to assist the eligible individual in obtaining services; providing case managers with useful feedback, and alerting case managers to changes in the eligible individual's needs. (42 CFR 440.169(e)).

Medi-Cal Childhood Lead Poisoning Prevention TCM services do not include:

- Program activities of the agency itself that do not meet the definition of case management.
- Direct delivery of underlying medical, social, educational, or other services to which an eligible individual has been referred.
- Activities that are integral to the administration of foster care programs or most other non-medical programs.
- Services that are an integral part of another service already reimbursed by Medicaid.
- Restricting or limiting access to services, such as through prior authorization.
- Activities that are an essential part of Medicaid administration, such as outreach, intake processing, eligibility determination or claims processing.

E. Qualification of Providers:

1. Targeted Case Management Agencies:
  - a. Must be an agency employing staff with case manager qualifications.
  - b. Have specialized knowledge of lead poisoning, including risks, sources, and health effects.
  - c. Have the ability to collect, test, and submit samples for testing for lead using specified protocols and testing methodologies.
  - d. Have the ability to evaluate the effectiveness, accessibility, and quality of case management services on a community-wide basis.
  - e. Have established referral systems, demonstrated linkages, and referral ability with essential public service agencies.
  - f. Have a minimum of five years' experience in assisting high-risk or low income persons obtain medical, social, educational, and/or other services.
  - g. Have an administrative capacity to ensure quality of services in accordance with state and federal requirements.
  - h. Have a financial management capacity and system that provides documentation of services and costs in accordance with OMB principles.
  - i. Have a capacity to document and maintain individual case records in accordance with state and federal requirements.

## STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State/Territory: California

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Targeted Case Management  
Childhood Lead Poisoning Prevention

- j. Have demonstrated the ability to meet all state and federal laws governing the participation of providers in the state Medicaid program, including, but not limited to, the ability to meet federal and state requirements for documentation, billing, and audits.
- 2. Case managers employed by the case management agency must meet the following requirements for education and/or experience as defined below:
  - a. A certified licensed PHN with a bachelor's degree from an accredited college or university and completion of agency-approved case management training.
  - b. A RN under the supervision of a licensed PHN.
- F. The State assures that the provision of Medicaid/Medi-Cal Childhood Lead Poisoning Prevention TCM services will not restrict an individual's free choice of providers in violation of Section 1902(a)(23) of the Act.

Access to Services (42 CFR 441.18(a)(2), 42 CFR 441.18(a)(3), 42 CFR 441.18(a)(6)):

The State assures the following:

- Case management services (including targeted case management) will not be used to restrict an individual's access to other services under the plan.
- Individuals will not be compelled to receive case management services, condition receipt of case management (or targeted case management) services on the receipt of other Medicaid services, or condition receipt of other Medicaid services on receipt of case management services (including targeted case management).
- Providers of case management services do not exercise the agency's authority to authorize or deny the provision of other services under the plan.

Payment (42 CFR 441.18(a)(4)):

Payment for case management services or targeted case management services under the plan does not duplicate payments made to public agencies or private entities under other program authorities for this same purpose.

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State/Territory: California

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Targeted Case Management  
Childhood Lead Poisoning Prevention

Case Records (42 CFR 441.18(a)(7)):

Providers maintain case records that document for all individuals receiving case management as follows: (i) The name of the individual; (ii) The dates of the case management services; (iii) The name of the provider agency (if relevant) and the person providing the case management service; (iv) The nature, content, time spent on case management services received and whether goals specified in the care plan have been achieved; (v) Whether the individual has declined services in the care plan; (vi) The need for, and occurrences of, coordination with other case managers; (vii) A timeline for obtaining needed services; (viii) A timeline for reevaluation of the plan.

Limitations:

Case management does not include, and Federal Financial Participation (FFP) is not available in expenditures for, services defined in §440.169 when the case management activities are an integral and inseparable component of another covered Medicaid service (State Medicaid Manual (SMM) 4302.F).

Case management does not include, and FFP is not available in expenditures for, services defined in §440.169 when the case management activities constitute the direct delivery of underlying medical, educational, social, or other services to which an eligible individual has been referred, including for foster care programs, services such as, but not limited to, the following: research gathering and completion of documentation required by the foster care program; assessing adoption placements; recruiting or interviewing potential foster care parents; serving legal papers; home investigations for foster care; providing transportation; administering foster care subsidies; making placement arrangements (42 CFR 441.18(c)).

FFP is only available for case management services or targeted case management services if there are no other third parties liable to pay for such services, including as reimbursement under a medical, social, educational, or other program except for case management that is included in an individualized education program or individualized family service plan consistent with §1903(c) of the Act (§§1902(a)(25) and 1905(c)).

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

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Targeted Case Management  
Childhood Lead Poisoning Prevention

1. Eligible recipients will have free choice of the providers of case management services, as available.
2. Eligible recipients will have free choice of the providers of other medical care under the plan.
3. Eligible clients will have the option to participate in the services offered under this plan.