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 7, 2017

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) 17-034. This SPA was submitted to my office on September 25, 2017 to remove Amador, Kern, Mendocino and Sacramento counties from the list of geographic areas offering Targeted Case Management (TCM) services for the "Children Under The Age of 21" TCM group. The SPA also adds Sutter County to the list of geographic areas providing this service.

The effective date of this SPA is July 1, 2017. Enclosed is the following approved SPA page that should be incorporated into your approved State Plan:

• Supplement 1a 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 <a href="mailto:Cheryl.Young@cms.hhs.gov">Cheryl.Young@cms.hhs.gov</a>.

Sincerely,

**ORIGINAL SIGNED** 

Henrietta Sam-Louie 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

	_   1. TRANSMITTAL NUMBER   2. STATE
TRANSMITTAL AND NOTICE OF APPROVAL OF	California
STATE PLAN MATERIAL FOR: CENTERS FOR MEDICARE & MEDICAID SERVICES	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, 2017
5. TYPE OF PLAN MATERIAL (Check One)	
NEW STATE PLAN AMENDMENT TO BE CON	SIDERED AS NEW PLAN
COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AM	ENDMENT (Separate transmittal for each amendment)
6. FEDERAL STATUTE/REGULATION CITATION	7. FEDERAL BUDGET IMPACT
Section 1915(g)(1) Social Security Act	a, FFY 2017-18 \$ 472,256 b, FFY 2018-19 \$ 0
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT	9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION
Supplement 1a To Attachment 3.1-a Page 1	OR ATTACHMENT (If Applicable)
	Supplement 1a To Attachment 3.1-a Page 1
10. SUBJECT OF AMENDMENT	
Targeted Case Management - Children Under the Age	e of 21
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	
ORIGINAL SIGNED	16. RETURN TO
	Department of Health Care Services
	Attn: State Plan Coordinator
	1501 Capitol Avenue, Suite 71.3.26
14. TITLE	P.O. Box 997417
State Medicaid Director  15. DATE SUBMITTED  •	Sacramento, CA 95899-7417
9/25/2017	
	OFFICE USE ONLY
17. DATE RECEIVED	18. DATE APPROVED
September 25, 2017	December 7, 2017  DNE COPY ATTACHED
19. EFFECTIVE DATE OF APPROVED MATERIAL	20. SIGNATURE OF REGIONAL OFFICIAL
July 1, 2017	ORIGINAL SIGNED
21. TYPED NAME	22. TITLE
Henrietta Sam-Louie	Associate Regional Administrator, Division of Medicaid & Children's Health Operations
23. REMARKS	
EG. FIEMICI ING	

#### Attachment 6

# 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.

 $\underline{\mathbf{X}}$  Only in the following geographic areas: Counties of Alameda, Contra Costa, Humboldt, Imperial, Kings, Lake, Los Angeles, Madera, Monterey, Napa, Orange, Placer, Riverside, San Diego, San Luis Obispo, San Mateo, Santa Clara, Santa Cruz, Solano, Sonoma, Stanislaus, Sutter, Tuolumne, Ventura, 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.

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:

TN No. 17-034 Approval Date: <u>12/07/2017</u> Effective Date: <u>07/01/2017</u>