DEPARTMENT OF HEALTH & HUMAN SERVICES Centers for Medicare & Medicaid Services 90 Seventh Street, Suite 5-300 (5W) San Francisco, CA 94103-6706



Regional Operations Group

September 13, 2019

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) 19-0030, which was submitted to the Centers for Medicare & Medicaid Services (CMS) on June 18, 2019. This SPA will remove Lake and Madera Counties from and add Mendocino County to the list of geographic areas offering Targeted Case Management (TCM) services for the "Children Under the Age of 21" TCM group.

The effective date of this SPA is July 1, 2019. 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 at 415-744-3598 or via email at Cheryl. Young@cms.hhs.gov.

Sincerely,

Richard C. Allen Director Western Regional Operations Group

cc: Jacey Cooper, California Department of Health Care Services (DHCS)
Lindy Harrington, DHCS
Jillian Mongetta, DHCS
John Mendoza, DHCS
Shelly Taunk, DHCS
Angeli Lee, DHCS
Amanda Font, DHCS

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TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL FOR: CENTERS FOR MEDICARE & MEDICAID SERVICES	1. TRANSMITTAL NUMBER 2. STAT		
	<u>1 9 — 0 0 30</u> Califo	rnia	
	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, 2019		
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 a. FFY 2019-20 77/1/19-9/30/19\$ 0		
42 USC § 1396n(g)(1); 42 CFR § 440.169(b)	b. FFY 2020 -21 \$ 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 PAGE NUMBER OF THE SUPERSEDED PLAN SECTION	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	
	Supplement 1a 16 Attachment 3.1-a	Page 1	
10. SUBJECT OF AMENDMENT			
Targeted Case Management Services - Children under the Age 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			
	16. RETURN TO		
	Department of Health Care Services		
IO. I II EB IV WE	ttn: Director's Office		
	P.O. Box 997413, MS 0000 Facramento, CA 95899-7413		
State Medicaid Director	Sacramento, CA 93099-7413		
15. DATE SUBMITTED			
June 18, 2019 FOR REGIONAL OF	EFICE LISE ONLY		
	18. DATE APPROVED		
June 18, 2019	September 13, 2019		
PLAN APPROVED - ONE COPY ATTACHED 10. EFFECTIVE DATE OF APPROVED MATERIAL 10. EFFECTIVE DATE OF APPROVED DAT			
19. EFFECTIVE DATE OF APPROVED MATERIAL July 1, 2019	20. SIGNATURE OF REGIONAL OFFICIAL		
	22. TITLE Director, Center for Medicaid & CHIP	Services	
Richard C. Allen	Western Regional Operations Group	•	
23. REMARKS Western Regional Operations Group			
For Box 11 "Other, As Specified," Please note: The Go	vernor's Office does not wish to review t	the State	
Plan Amendment.			

FORM CMS-179 (07/92)

Box 7, Federal Budget Impact: CMS pen and ink change to clarify the fiscal year periods per CA's 7/23/19 response to CMS' informal questions.

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.

X Only in the following geographic areas: Counties of Alameda, Contra Costa, Humboldt, Imperial, Los Angeles, Mendocino, Monterey, Napa, Orange, Riverside, San Diego, San Luis Obispo, San Mateo, Santa Clara, Santa Cruz, Solano, Sonoma, Stanislaus, Sutter, Tuolumne, Ventura, 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.

 \overline{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. 19-0030 Approval Date: 09/13/2019 Effective Date 07/01/2019

Supersedes
TN No. 18-0045