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State/Territory Name: California

State Plan Amendment (SPA) #: 15-027

This file contains the following documents in the order listed:

- 1) Approval Letter
- 2) CMS 179 Form/Summary Form (with 179-like data)
- 3) Approved SPA Pages

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, 2015

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) 15-027. SPA 15-027 was submitted to my office on September 30, 2015 to add Mendocino county to the list of geographic areas offering Targeted Case Management (TCM) services for the "Medically Fragile Individuals" TCM group.

The effective date of this SPA is July 1, 2015. Enclosed is the following approved SPA page that should be incorporated into your approved State Plan:

• Supplement 1b 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 <u>Cheryl.Young@cms.hhs.gov</u>.

Sincerely,

/s/

Henrietta Sam-Louie Acting Associate Regional Administrator Division of Medicaid & Children's Health Operations

Enclosure

cc: John Mendoza, California Department of Health Care Services Shelly Taunk, California Department of Health Care Services Nathaniel Emery, California Department of Health Care Services

DEPARTMENT OF HEALTH AND HUMAN SERVICES HEALTH CARE FINANCING ADMINISTRATION		FORM APPROVED OMB NO. 0938-0193
TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL	1. TRANSMITTAL NUMBER: 15-027	2. STATE California
FOR: HEALTH CARE FINANCING ADMINISTRATION	3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL SECURITY ACT (MEDICAID)	
TO: REGIONAL ADMINISTRATOR HEALTH CARE FINANCING ADMINISTRATION DEPARTMENT OF HEALTH AND HUMAN SERVICES	4. PROPOSED EFFECTIVE DATE July 1, 2015	
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 AME	NDMENT (Separate Transmittal for each	a amendment)
6. FEDERAL STATUTE/REGULATION CITATION: Section 1915(g)(1) Social Security Act	7. FEDERAL BUDGET IMPACT:	4950 555
Section 1915(g)(1) Social Security Act	a. FFY 2015/2016	\$258,555
	b. FFY 2016/2017 c. FFY 2017/2018	\$535,354
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:		\$603,383
	9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (<i>If Applicable</i>):	
SUPPLEMENT 1b TO ATTACHMENT 3.1-A Page 1	(i) inpricable).	
	SUPPLEMENT 1b TO ATTACHMEN	VT 3.1-A Page 1
		0
10. SUBJECT OF AMENDMENT:		
Targeted Case Management – Medically Fragile Individuals		
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 SPEC The Governor's Of wish to review the	
12. SIGNATURE OF STATE AGENCY OFFICIAL:	16. RETURN TO:	
13. TYPED NAME:	Department of Health (Tara Sarvicas
Mari Cantwell	Department of Health Care Services Attn: State Plan Coordinator 1501 Capitol Avenue, Suite 71.3.26 P.O. Box 997417 Sacramento, CA 95899-7417	
14. TITLE: State Medicaid Director SEP 2 9 2015 15. DATE SUBMITTED:		
15. DATE SUBMITTED:		
FOR REGIONAL OFFICE USE ONLY		
17. DATE RECEIVED: September 30, 2015	18. DATE APPROVED:	
September 30, 2015	December 7, 2015	
PLAN APPROVED – ONE	COPY ATTACHED	
19. EFFECTIVE DATE OF APPROVED MATERIAL: July 1, 2015	IONAL OFFICIAL:	
21. TYPED NAME: Henrietta Sam-Louie	22. TITLE: Acting Associate Regional Administrator, Division of Medicaid & Children's Health Operations	
23. REMARKS:		
Updated Geographic Area where Targeted Case Management services wil	ll be offered.	

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

TARGETED CASE MANAGEMENT SERVICES MEDICALLY FRAGILE INDIVIDUALS

Target Group (42 Code of Federal Regulations 441.18(a)(8)(i) and 441.18(a)(9)):

Medi-Cal eligible individuals, 18 years or older, who are medically fragile, and have multiple diagnoses. Such individuals must also be:

- 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.

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.

<u>Areas of State in which services will be provided (§1915(g)(1) of the Act)</u>: ____ Entire State.

X Only in the following geographic areas: Counties of Alameda, Amador, Butte, Contra Costa, El Dorado, Fresno, Humboldt, Imperial, Kern, Kings, Lake, Madera, Marin, Merced, Mendocino, Monterey, Napa, Orange, Placer, Riverside, Sacramento, San Diego, San Francisco, San Joaquin, San Luis Obispo, San Mateo, Santa Barbara, Santa Clara, Santa Cruz, Solano, Sonoma, Stanislaus, Tulare, Tuolumne, 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.
- X Services are not comparable in amount, duration, and scope (§1915(g)(1)).