

## **Table of Contents**

**State/Territory Name: California**

**State Plan Amendment (SPA) #: 15-029**

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**

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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) 15-029. SPA 15-029 was submitted to my office on September 30, 2015 to add Mendocino and Trinity counties to the list of geographic areas offering Targeted Case Management (TCM) services for the "Individuals in Jeopardy of Negative Health or Psycho-Social Outcomes" 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 1e 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 [Cheryl.Young@cms.hhs.gov](mailto:Cheryl.Young@cms.hhs.gov).

Sincerely,

/s/

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

Enclosure

cc: Michelle Kristoff, California Department of Health Care Services  
Nathaniel Emery, California Department of Health Care Service

**TRANSMITTAL AND NOTICE OF APPROVAL OF  
STATE PLAN MATERIAL**

1. TRANSMITTAL NUMBER:  
**15-029**

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 AMENDMENT (Separate Transmittal for each amendment)

6. FEDERAL STATUTE/REGULATION CITATION:  
Section 1915(g)(1) Social Security Act

7. FEDERAL BUDGET IMPACT:  
a. FFY 2015/2016 \$1,143,090  
b. FFY 2016/2017 \$1,373,932  
c. FFY 2017/2018 \$1,333,798

8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:

SUPPLEMENT 1e TO ATTACHMENT 3.1-A Page 1

9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION  
OR ATTACHMENT (If Applicable):

SUPPLEMENT 1e TO ATTACHMENT 3.1-A Page 1

10. SUBJECT OF AMENDMENT:

Targeted Case Management – Individuals in Jeopardy of Negative Health or Psycho-Social Outcomes

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 SPECIFIED:

The Governor's Office does not  
wish to review the State Plan Amendment.

12. SIGNATURE OF STATE AGENCY OFFICIAL:

13. TYPED NAME:

Mari Cantwell

14. TITLE:

State Medicaid Director

15. DATE SUBMITTED:

16. RETURN TO:

Department of Health Care Services  
Attn: State Plan Coordinator  
1501 Capitol Avenue, Suite 71.3.26  
P.O. Box 997417  
Sacramento, CA 95899-7417

**FOR REGIONAL OFFICE USE ONLY**

17. DATE RECEIVED:  
September 30, 2015

18. DATE APPROVED:  
December 7, 2015

PLAN APPROVED – ONE COPY ATTACHED

19. EFFECTIVE DATE OF APPROVED MATERIAL:  
July 1, 2015

20. SIGNATURE OF REGIONAL OFFICIAL:

21. TYPED NAME:

Henrietta Sam-Louie

22. TITLE: Acting Associate Regional Administrator  
Medicaid & Children's Health Operations

23. REMARKS:

Updated Geographic Area where Targeted Case Management services will be offered.



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

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**TARGETED CASE MANAGEMENT SERVICES  
INDIVIDUALS IN JEOPARDY OF NEGATIVE HEALTH OR PSYCHO-SOCIAL OUTCOMES**

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

Medi-Cal eligible individuals, who have been determined to be in jeopardy of negative health or psycho-social outcomes due to one of the following disparity factors:

- a) Substance abuse in the immediate environment, or
- b) History of, or in danger of family violence, or
- c) History of or in danger of physical, sexual or emotional abuse, or
- d) Experiencing substandard housing, or
- e) Illiteracy; and

Such individuals must be 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, Amador, Butte, Contra Costa, El Dorado, Fresno, Humboldt, Imperial, Kern, Kings, Lake, Los Angeles, Madera, Marin, Mendocino, Merced, Monterey, Napa, Orange, Placer, Riverside, Sacramento, San Diego, San Francisco, San Luis Obispo, San Mateo, Santa Barbara, Santa Clara, Santa Cruz, Shasta, Solano, Sonoma, Stanislaus, Trinity, 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))

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:

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: