## **Table of Contents**

**State/Territory Name: California** 

State Plan Amendment (SPA) #: 16-038

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 13, 2016

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) 16-038. SPA 16-038 was submitted to my office on September 29, 2016 to remove the following counties from the list of geographic areas offering Targeted Case Management (TCM) services for the "Children Under The Age of 21" TCM group: Butte, El Dorado, Fresno, Marin, Merced, San Francisco, Santa Barbara, Shasta, Trinity, Tulare and Yolo.

The effective date of this SPA is July 1, 2016. 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 Cheryl Young@cms.hhs.gov.

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 (DHCS) Shelly Taunk, DHCS Nathaniel Emery, DHCS

TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL	1. TRANSMITTAL NUMBER	2. STATE	
	1 6 - 0 3 8	California	
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, 2016		
5. TYPE OF PLAN MATERIAL (Check One)			
☐ NEW STATE PLAN ☐ AMENDMENT TO BE CONS	SIDERED AS NEW PLAN	AMENDMENT	
COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AME	ENDMENT (Separate transmittal for each ame	endment)	
6. FEDERAL STATUTE/REGULATION CITATION	7. FEDERAL BUDGET IMPACT		
Section 1915(g)(1) Social Security Act	a. FFY 2016/2017 \$ 0 b. FFY 2017/2018 \$ 0		
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT	9. PAGE NUMBER OF THE SUPERSED	DED PLAN SECTION	
Supplement 1a To Attachment 3.1-A Page 1	OR ATTACHMENT (If Applicable)	OR ATTACHMENT (If Applicable)	
	Supplement 1a To Attachmen	it 3.1-A Page 1	
		*	
10. SUBJECT OF AMENDMENT			
Targeted Case management - 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	is officially to or conficient		
☐ NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL			
12. SIGNATURE OF STATE AGENCY OFFICIAL	16. RETURN TO		
D	Department of Health Care Servi	ces	
13. TYPED NAME	Attn: State Plan Coordinator		
Mari Cantwell		01 Capitol Avenue, Suite 71.3.26	
14. TITLE State Medicaid Director	P.O. Box 997417 Sacramento, CA 95899-7417		
15 DATE SUBMITTED	Sacramento, CA 95699-7417	iciamento, CA 93699-7417	
SEP 29 20% FOR REGIONAL O	SECONO CONTRACTOR OF STATE OF		
17. DATE RECEIVED	18. DATE APPROVED		
September 29, 2016	December 13, 2016		
PLAN APPROVED - O			
19. EFFECTIVE DATE OF APPROVED MATERIAL  July 1, 2016	20. SIGNATURE OF REGIONAL OFFICIAL	/s/	
21. TYPED NAME Henrietta Sam-Louie	Associate Regional Administrator		
23. REMARKS			
Updated Geographic Area where Targeted Case Mana	agement services will be offered.		

# 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, Amador, Contra Costa, Humboldt, Imperial, Kern, Kings, Lake, Los Angeles, Madera, Mendocino, Monterey, Napa, Orange, Placer, Riverside, Sacramento, San Diego, San Luis Obispo, San Mateo, Santa Clara, Santa Cruz, Solano, Sonoma, Stanislaus, 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.

 $\underline{X}$  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.16-038 Approval Date 12/13/2016 Effective Date 07/01/2016 Supersedes TN No. 15-026