

## **Table of Contents**

**State/Territory Name: California**

**State Plan Amendment (SPA) #: 16-041**

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) 16-041. SPA 16-041 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 "Individuals in Jeopardy of Negative Health or Psycho-Social Outcomes" TCM group: Fresno, Merced, San Francisco, Santa Barbara, Tulare and Yolo. The SPA also adds Nevada County as a geographical area which provides this service.

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 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: John Mendoza, California Department of Health Care Services (DHCS)  
Shelly Taunk, DHCS  
Nathaniel Emery, DHCS

<b>TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL</b> <b>FOR: CENTERS FOR MEDICARE &amp; MEDICAID SERVICES</b>		1. TRANSMITTAL NUMBER <div style="text-align: center;">1 6 — 0 4 1</div>	2. STATE <div style="text-align: center; font-size: 1.2em;">California</div>
TO: REGIONAL ADMINISTRATOR CENTERS FOR MEDICARE & MEDICAID SERVICES DEPARTMENT OF HEALTH AND HUMAN SERVICES		3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL SECURITY ACT (MEDICAID)	
5. TYPE OF PLAN MATERIAL (Check One) <div style="display: flex; justify-content: space-between; margin-top: 10px;"> <span><input type="checkbox"/> NEW STATE PLAN</span> <span><input type="checkbox"/> AMENDMENT TO BE CONSIDERED AS NEW PLAN</span> <span><input checked="" type="checkbox"/> AMENDMENT</span> </div>		4. PROPOSED EFFECTIVE DATE <div style="text-align: center; font-size: 1.2em;">July 1, 2016</div>	
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 <sup>2016/2017</sup> \$ 571,545 b. FFY <sup>2017/2018</sup> \$ 767,775	
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) <div style="display: flex; justify-content: space-between; margin-top: 10px;"> <div> <input type="checkbox"/> GOVERNOR'S OFFICE REPORTED NO COMMENT  <input type="checkbox"/> COMMENTS OF GOVERNOR'S OFFICE ENCLOSED  <input type="checkbox"/> NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL         </div> <div><input checked="" type="checkbox"/> OTHER, AS SPECIFIED</div> </div>			
12. SIGNATURE OF STATE AGENCY OFFICIAL <div style="text-align: center; height: 30px; background-color: black; margin-top: 10px;"></div>		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	
13. TYPED NAME Mari Cantwell		14. TITLE State Medicaid Director	
15. DATE SUBMITTED <div style="text-align: center; font-size: 1.1em;">SEP 29 2016</div>		17. DATE RECEIVED September 29, 2016	
FOR REGIONAL OFFICE USE ONLY			
19. EFFECTIVE DATE OF APPROVED MATERIAL July 1, 2016		20. SIGNATURE OF REGIONAL OFFICIAL <div style="text-align: center;">/s/</div>	
21. TYPED NAME Henrietta Sam-Louie		22. TITLE Associate Regional Administrator Division of Medicaid and 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, Humboldt, Imperial, Kern, Kings, Lake, Los Angeles, Madera, Marin, Mendocino, Monterey, Napa, Nevada, Orange, Placer, Riverside, Sacramento, San Diego, San Luis Obispo, San Mateo, Santa Clara, Santa Cruz, Shasta, Solano, Sonoma, Stanislaus, Trinity, 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))

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: