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State Name: California

State Plan Amendment (SPA) #: 18-0049

This file contains the following documents in the order

listed:

- 1) Approval Letter
- 2) CMS 179 Form
- 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 11, 2018

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) 18-0049. This SPA was submitted to my office on September 27, 2018 to remove Kings and Yuba counties from the list of geographic areas offering Targeted Case Management (TCM) services for the "Individuals with a Communicable Disease" TCM group.

The effective date of this SPA is July 1, 2018. Enclosed is the following approved SPA page that should be incorporated into your approved State Plan:

• Supplement 1f 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/

Dzung Hoang 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
 Angeli Lee, DHCS

TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL FOR: CENTERS FOR MEDICARE & MEDICAID SERVICES	1. TRANSMITTAL NUMBER <u>1</u> 8 00 4 9 3. PROGRAM IDENTIFICATION: TITLE XIX SECURITY ACT (MEDICAID)	2. STATE CA OF THE SOCIAL
TO: REGIONAL ADMINISTRATOR CENTERS FOR MEDICARE & MEDICAID SERVICES DEPARTMENT OF HEALTH AND HUMAN SERVICES	4. PROPOSED EFFECTIVE DATE JUly 1, 2018	
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 2018-19 \$ 0.00	
Section 1915(g)(1) Social Security Act and 42 CFR 440.169(b)	b. FFY_2019-20 \$ 0.00	
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT	9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable)	
Supplement 1f To Attachment 3.1-a Page 1	Supplement 1f To Attachment	t 3.1-a Page 1
10. SUBJECT OF AMENDMENT Targeted Case Management Services - Individuals with a	a Communicable Disease	
11. GOVERNOR'S REVIEW <i>(Check One)</i> GOVERNOR'S OFFICE REPORTED NO COMMENT COMMENTS OF GOVERNOR'S OFFICE ENCLOSED NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL	OTHER, AS SPECIFIED	
12. SIGNATURE OF STATE AGENCY OFFICIAL	. RETURN TO	
De	epartment of Health Care Services	
	tn: State Plan Coordinator	
	01 Capitol Avenue, Suite 71.3.26	
	O. Box 997417	
15. DATE SUBMITTED 9/27/2018	acramento, CA 95899-7417	
FOR REGIONAL OFFICE USE ONLY		
	DATE APPROVED cember 11, 2018	
PLAN APPROVED - ONE	COPY ATTACHED	
	SIGNATURE OF REGIONAL OFFICIAL S/	
Ar	TITLE ting Associate Regional Administrator, Division of Medicaid &	
	ildren's Health Operations	
23. REMARKS	•	
Box 6: CMS made a pen & ink change to add a regulator	y citation per DHCS email date	d 12/5/18.

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

TARGETED CASE MANAGEMENT SERVICES INDIVIDUALS WITH A COMMUNICABLE DISEASE

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

Medi-Cal eligible individuals infected with a communicable disease, including tuberculosis, HIV/AIDS etc.; or individuals who have been exposed to communicable diseases, until the risk of exposure has passed. Such individuals must also be:

- a) At high risk for medical compromise due to one of the following conditions:
 - i) Failure, or inability 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, Lake, Los Angeles, Madera, Orange, Riverside, San Diego, Santa Clara, Solano, Sonoma, Stanislaus, Sutter, 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.
- 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 an other services. Targeted Case Management includes the following assistance: