

Table of Contents

State/Territory Name: California

State Plan Amendment (SPA) #: 20-0029

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
601 E. 12th St., Room 355
Kansas City, Missouri 64106



Medicaid and CHIP Operations Group

August 25, 2020

Jacey Cooper
Chief Deputy Director, Health Care Programs
California Department of Health Care Services
P.O. Box 997413, MS 0000
Sacramento, CA 95899-7413

Dear Ms. Cooper:

Enclosed is an approved copy of California State Plan Amendment (SPA) 20-0029, which was submitted to the Centers for Medicare & Medicaid Services (CMS) on June 2, 2020. This SPA will remove Humboldt, Imperial, and Sacramento Counties from and add Mariposa and Placer Counties to the list of geographic areas offering Targeted Case Management (TCM) services for the "Individuals at Risk of Institutionalization" TCM group.

The effective date of this SPA is July 1, 2020. Enclosed is the following approved SPA page that should be incorporated into your approved State Plan:

- Supplement 1d to Attachment 3.1-A, page 1

If you have any questions, please contact Cheryl Young at 415-744-3598 or via email at Cheryl.Young@cms.hhs.gov.


Sincerely,
Ruth A.
Hughes

Ruth A. Hughes, Acting Director
Division of Program Operations

Digitally signed by Ruth A.
Hughes
Date: 2020.08.25
16:51:26 -05'00'

Enclosure

cc: Anastasia Dodson, Department of Health Care Services (DHCS)
Gillian Mongetta, DHCS
Shelly Taunk, DHCS
Angeli Lee, DHCS
Amanda Font, DHCS

TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL FOR: CENTERS FOR MEDICARE & MEDICAID SERVICES		1. TRANSMITTAL NUMBER <u>20</u> — <u>00</u> <u>29</u>	2. STATE California
		3. PROGRAM IDENTIFICATION: Title XIX of the Social Security Act (Medicaid)	
TO: REGIONAL ADMINISTRATOR CENTERS FOR MEDICARE & MEDICAID SERVICES DEPARTMENT OF HEALTH AND HUMAN SERVICES		4. PROPOSED EFFECTIVE DATE July 1, 2020	
5. TYPE OF PLAN MATERIAL (<i>Check One</i>)			
<input type="checkbox"/> NEW STATE PLAN <input type="checkbox"/> AMENDMENT TO BE CONSIDERED AS NEW PLAN <input checked="" type="checkbox"/> AMENDMENT			
COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (<i>Separate transmittal for each amendment</i>)			
6. FEDERAL STATUTE/REGULATION CITATION 42 U.S.C. § 1396n(g)(1); 42 C.F.R. § 440.169(b)		7. FEDERAL BUDGET IMPACT a. FFY 2020-21 ^{7/1/20-9/30/20} \$ <u>921,000</u> \$230,250 b. FFY 2021-22 \$ <u>921,000</u>	
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT Supplement 1d To Attachment 3.1-A Page 1		9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (<i>If Applicable</i>) Supplement 1d To Attachment 3.1-A Page 1	
10. SUBJECT OF AMENDMENT Targeted Case Management Services - Individuals at Risk of Institutionalization			
11. GOVERNOR'S REVIEW (<i>Check One</i>)			
<input type="checkbox"/> GOVERNOR'S OFFICE REPORTED NO COMMENT <input checked="" type="checkbox"/> OTHER, AS SPECIFIED <input type="checkbox"/> COMMENTS OF GOVERNOR'S OFFICE ENCLOSED <input type="checkbox"/> NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL			
12. SIGNATURE OF STATE AGENCY OFFICIAL 		16. RETURN TO Department of Health Care Services Attn: Director's Office P.O. Box 997413, MS 0000 Sacramento, CA 95899-7413	
13. TYPED NAME Jacey Cooper			
14. TITLE State Medicaid Director			
15. DATE SUBMITTED June 2, 2020			
FOR REGIONAL OFFICE USE ONLY			
17. DATE RECEIVED June 2, 2020		18. DATE APPROVED August 25, 2020	
PLAN APPROVED - ONE COPY ATTACHED			
19. EFFECTIVE DATE OF APPROVED MATERIAL July 1, 2020		20. SIGNATURE OF REGIONAL OFFICIAL Ruth A. Hughes Hughes Digital signed by Ruth A. Hughes Date: 2020.08.25 16:51:45 -05'00'	
21. TYPED NAME Ruth A. Hughes		22. TITLE Acting Director, Division of Program Operations,	
23. REMARKS For Box 11 "Other, As Specified," Please note: The Governor's Office does not wish to review the State Plan Amendment. Box 7: CMS pen & ink revision made per DHCS written response dated 6/26/20. These figures are reported in whole dollars.			

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State/Territory: CALIFORNIA

**TARGETED CASE MANAGEMENT SERVICES
INDIVIDUALS AT RISK OF INSTITUTIONALIZATION**

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 in frail health, and meet the following criteria:

- a) Have been identified as needing assistance due to one of the following reasons:
 - i) Are in need of assistance to access services in order to prevent medical institutionalization, or
 - ii) Exhibits an inability to independently handle personal, medical or other affairs, or
 - iii) Are transitioning to a community setting, who due to socioeconomic status, substance abuse, neglect or violence have failed to take advantage of necessary health care services; and
- b) 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
- c) In need of assistance in accessing necessary medical, social, educational, or other services, when comprehensive case management is not being provided elsewhere.

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.

Areas of State in which services will be provided (§1915(g)(1) of the Act):

Entire State.

Only in the following geographic areas: Counties of Alameda, Contra Costa, Mariposa, Mendocino, Orange, Placer, Riverside, San Diego, Santa Clara, Sonoma, Stanislaus, Sutter, Tuolumne, Ventura, City of Berkeley, and City of Long Beach.