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State/Territory Name: California

State Plan Amendment (SPA) #: 20-0031

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) 20-0031, which was submitted to the Centers for Medicare & Medicaid Services (CMS) on June 2, 2020. This SPA will remove Alameda, Imperial and Los Angeles Counties from and add Mariposa County to 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, 2020. 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 at 415-744-3598 or via email at Cheryl.Young@cms.hhs.gov.

Sincerely,
Ruth A.
Hughes

Digitally signed by Ruth A.
Hughes
Date: 2020.08.25
16:55:39 -05'00'

Ruth A. Hughes, Acting Director
Division of Program Operations

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>31</u>	2. STATE California
3. PROGRAM IDENTIFICATION: Title XIX of the Social Security Act (Medicaid)	
4. PROPOSED EFFECTIVE DATE July 1, 2020	

TO: REGIONAL ADMINISTRATOR
CENTERS FOR MEDICARE & MEDICAID SERVICES
DEPARTMENT OF HEALTH AND HUMAN SERVICES

5. TYPE OF PLAN MATERIAL (*Check One*)

- NEW STATE PLAN AMENDMENT TO BE CONSIDERED AS NEW PLAN AMENDMENT

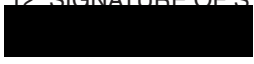
COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (*Separate transmittal for each amendment*)

6. FEDERAL STATUTE/REGULATION CITATION 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} \$ 1,595,000 \$398,750 b. FFY 2021-22 \$ 1,595,000
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT Supplement 1f To Attachment 3.1-A Page 1	9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (<i>If Applicable</i>) Supplement 1f To Attachment 3.1-A Page 1

10. SUBJECT OF AMENDMENT
Targeted Case Management Services - Individuals with a Communicable Disease

11. GOVERNOR'S REVIEW (*Check One*)

- GOVERNOR'S OFFICE REPORTED NO COMMENT OTHER, AS SPECIFIED
 COMMENTS OF GOVERNOR'S OFFICE ENCLOSED
 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
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PLAN APPROVED - ONE COPY ATTACHED

19. EFFECTIVE DATE OF APPROVED MATERIAL July 1, 2020	20. SIGNATURE OF REGIONAL OFFICIAL Ruth A. Hughes <small>Digitally signed by Ruth A. Hughes Date: 2020.08.25 16:55:59 -05'00'</small>
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 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.

Only in the following geographic areas: Counties of Contra Costa, Humboldt, Mariposa, Mendocino, 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.

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: