

DEPARTMENT OF HEALTH SERVICES

714 P Street, Room 1640
P.O. Box 942732
Sacramento, CA 94234-7320
(916) 657-1460



August 16, 2001

TO: Local Governmental Agencies (LGAs)
Targeted Case Management (TCM) Coordinators

PPL NO. 01-011

SUBJECT: APPROVAL OF THE COMMUNITY STATE PLAN AMENDMENT

The purpose of this transmittal is to inform each LGA that the Centers for Medicaid and Medicare (formerly known as the Health Care Financing Administration or HCFA) approved the Community State Plan Amendment (SPA).

Enclosed is a copy of the SPA, which defines the target population, case manager, and provider qualifications. To be reimbursed for services provided to this target population in fiscal year 2001-02, please submit the TCM Participation Survey with the Community box marked. If you have already submitted your Participation Survey, please submit a revised survey and e-mail your TCM analyst to alert them of the change by September 10, 2001. A blank survey can be found at: <http://www.dhs.ca.gov/mcs/mcpd/MBB/ACSS/PPL2001/PPL%2001-005.pdf>

If you have any questions, please contact Ms. Elizabeth Touhey, Chief of the Administrative Claiming Policy and Systems Unit, at (916) 657-0716 or by e-mail at etouhey@dhs.ca.gov.

Sincerely,

Original signed by P. Morrison

Patricia L. Morrison, Chief
Administrative Claiming and
Support Section

Enclosure

cc: Ms Linda Minamoto
Associate Regional Administrator
Department of Health and Human Services
Centers for Medicaid and Medicare
Division of Medicaid Region IX
75 Hawthorne Street, Fourth Floor
San Francisco, CA 94705-3903

Mr. Larry Lee, Accountant
Division of Medicaid
801 I Street, Room 210
Sacramento CA 95814

**SURVEY OF LOCAL GOVERNMENTAL AGENCIES (LGAs)
PARTICIPATING IN TARGETED CASE MANAGEMENT (TCM)**

The purpose of this survey is to identify the LGAs who will be participating in the TCM program during Fiscal Year (FY) 2001/2002. Defined below are five TCM programs in the State Plan Amendment (SPA) approved by the federal Health Care Financial Administration (HCFA). The proposed Community program is also included. Please indicate on this survey whether your LGA will or will not participate in each TCM program during the FY 2001/2002. This survey form should be completed and signed by the TCM Coordinator then mailed to the Dept. of Health Services by June 30, 2001. LGAs who do not return this signed survey by **June 30, 2001** will be ineligible to claim reimbursements for FY 2001/2002.

Name of LGA:			
Target Group	Description	Will Participate	Will Not Participate
Public Health (6)	Medi-Cal eligible high-risk persons identified as having a need for public health case management services including the following individuals: - Women, infants, children, and young adults to age 21 - Persons with HIV/AIDS - Persons with reportable communicable diseases - Pregnant women - Persons who are technology dependent - Persons who are medically fragile - Persons with multiple diagnoses	<input type="checkbox"/>	<input type="checkbox"/>
Outpatient Clinics(7)	Medi-Cal eligible persons who are in need of outpatient clinic medical services and who need case management services in connection with their treatment because they are unable to access or appropriately utilize services themselves, including the following - Persons who have demonstrated non-compliance with their medical regimen - Persons who are unable to understand medical directions because of language or other comprehensive barriers - Persons with no community support system to assist in follow-up care at home - Persons who require services from multiple health/social services providers in order to maximize health outcomes	<input type="checkbox"/>	<input type="checkbox"/>
Public Guardian (9)	Medi-Cal Eligible individuals, 18 years or older, who have exhibited an inability to handle personal, medical, or other affairs, who are under conservatorship of person and/or estate or a representation payee.	<input type="checkbox"/>	<input type="checkbox"/>
Linkages (10)	Medi-Cal eligible individuals, 18 years and older, in frail health and in need of assistance to access services in order to prevent institutionalization.	<input type="checkbox"/>	<input type="checkbox"/>
Adult Probation (11)	Medi-Cal eligible persons who are 18 years of age and older on probation who have a medical and/or mental condition and are in need of assistance in accessing and coordination of medical, social, and other services.	<input type="checkbox"/>	<input type="checkbox"/>
Community (13)	Medi-Cal eligible adults and children at risk of abuse and unfavorable developmental, behavioral, psychological, or social outcomes including the following individuals: - Persons abusing alcohol or drugs, or both - Persons at risk of physical, sexual, or emotional abuse - Persons at risk of neglect This target population is not approved by the Health Care Financing Administration (HCFA). Please indicate your intention to provide services to this target population in fiscal year 2001-02, if approved	<input type="checkbox"/>	<input type="checkbox"/>

TCM Coordinator

Telephone Number

Signature of TCM Coordinator

Date

Department of Health Services
Medi-Cal Benefits Branch
Administrative Claiming Policy and Systems Unit
Attention: Mr. Charles Gray
714 P Street, Room 1640
Sacramento, CA 95814