

June 19, 2025

*THIS LETTER SENT VIA EMAIL*

Ms. Courtney Miller, Director  
Division of Program Operations  
Medicaid and CHIP Operations Group  
Centers for Medicare & Medicaid Services  
601 East 12th Street, Suite 0300  
Kansas City, MO 64106-2898

**STATE PLAN AMENDMENT 25-0019: TARGETED CASE MANAGEMENT SERVICES  
– INDIVIDUALS AT RISK OF INSTITUTIONALIZATION**

Dear Ms. Miller:

The Department of Health Care Services (DHCS) is submitting State Plan Amendment (SPA) 25-0019 for your review and approval. This SPA proposes to update the geographic area offering Targeted Case Management (TCM) services for the “Individuals at Risk of Institutionalization” TCM group. DHCS seeks an effective date of July 1, 2025, for this SPA.

The revisions were made based on Contra Costa, Mariposa, Mendocino, Orange, Placer, San Diego, Santa Clara, Sonoma, Tuolumne, and Ventura counties’ requests to no longer participate in this TCM target population.

Neither a Tribal Notice nor Public Notice is required for SPA 25-0019.

DHCS is submitting the following documents:

- CMS 179 - Transmittal and Notice of Approval of State Plan Material
- Supplement 1d to Attachment 3.1-A (Clean)
- Supplement 1d to Attachment 3.1-A (Redline)
- CMS Approval for No Tribal Notice



Ms. Miller  
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If you have any questions or need additional information, please contact Mr. Charles Anders, Acting Chief, Local Governmental Financing Division, at (916) 764-6327 or by email at [Charles.Anders@dhcs.ca.gov](mailto:Charles.Anders@dhcs.ca.gov).

Sincerely,



Tyler Sadwith  
State Medicaid Director  
Chief Deputy Director, Health Care Programs  
California Department of Health Care Services

Enclosures

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**TRANSMITTAL AND NOTICE OF APPROVAL OF  
STATE PLAN MATERIAL  
FOR: CENTERS FOR MEDICARE & MEDICAID SERVICES**

1. TRANSMITTAL NUMBER ____ _	2. STATE ____
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3. PROGRAM IDENTIFICATION: TITLE OF THE SOCIAL SECURITY ACT XIX XXI
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TO: CENTER DIRECTOR  
CENTERS FOR MEDICAID & CHIP SERVICES  
DEPARTMENT OF HEALTH AND HUMAN SERVICES

4. PROPOSED EFFECTIVE DATE
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5. FEDERAL STATUTE/REGULATION CITATION
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6. FEDERAL BUDGET IMPACT (Amounts in WHOLE dollars)
a. FFY _____ \$ _____
b. FFY _____ \$ _____

7. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT
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8. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable)
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9. SUBJECT OF AMENDMENT
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10. GOVERNOR'S REVIEW (Check One)	
<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	<input type="checkbox"/> OTHER, AS SPECIFIED: Please note: The Governor's Office does not wish to review the State Plan Amendment.

11. SIGNATURE OF STATE AGENCY OFFICIAL 
12. TYPED NAME
13. TITLE
14. DATE SUBMITTED June 19, 2025

15. RETURN TO
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<b>FOR CMS USE ONLY</b>	
16. DATE RECEIVED	17. DATE APPROVED

<b>PLAN APPROVED - ONE COPY ATTACHED</b>	
18. EFFECTIVE DATE OF APPROVED MATERIAL	19. SIGNATURE OF APPROVING OFFICIAL
20. TYPED NAME OF APPROVING OFFICIAL	21. TITLE OF APPROVING OFFICIAL

22. REMARKS
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## STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

STATE: California


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**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, Riverside, Stanislaus, Sutter, City of Berkeley, and City of Long Beach.

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 TN No. 25-0019

Supersedes

TN No. 20-0029

Approval Date: \_\_\_\_\_

Effective Date: July 1, 2025