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 Cheryl.Young@cms.hhs.gov.

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

CENTERS FOR MEDICARE & MEDICAID SERVICES	OMB NO. 0938-0193
TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL FOR: CENTERS FOR MEDICARE & MEDICAID SERVICES	1 8 — 00 4 9 CA
TO: REGIONAL ADMINISTRATOR	4. PROPOSED EFFECTIVE DATE
CENTERS FOR MEDICARE & MEDICAID SERVICES DEPARTMENT OF HEALTH AND HUMAN SERVICES	July 1, 2018
5. TYPE OF PLAN MATERIAL (Check One)	
☐ NEW STATE PLAN ☐ AMENDMENT TO BE CONS	SIDERED AS NEW PLAN AMENDMENT
COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AME	NDMENT (Separate transmittal for each amendment)
6. FEDERAL STATUTE/REGULATION CITATION Section 1915(g)(1) Social Security Act and 42 CFR 440.169(7. FEDERAL BUDGET IMPACT a. FFY 2018-19 b. FFY 2019-20 \$ 0.00 0.00
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 PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable) Supplement 1f To Attachment 3.1-a Page 1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☐ COMMENTS OF GOVERNOR'S OFFICE ENCLOSED☐ NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL	OTHER, AS SPECIFIED
12. SIGNATURE OF STATE AGENCY OFFICIAL	16. RETURN TO
	Department of Health Care Services
13. TYPED NAME	Attn: State Plan Coordinator
Mari Cantwell	1501 Capitol Avenue, Suite 71.3.26
14. TITLE	P.O. Box 997417
State Medicaid Director	Sacramento, CA 95899-7417
15. DATE SUBMITTED	
9/27/2018 FOR REGIONAL O	EFICE USE ONLY
17. DATE RECEIVED	18. DATE APPROVED
September 27, 2018	December 11, 2018
PLAN APPROVED - ONE COPY ATTACHED	
19. EFFECTIVE DATE OF APPROVED MATERIAL	20. SIGNATURE OF REGIONAL OFFICIAL
July 1, 2018	/s/
21. TYPED NAME	22. TITLE
Dzung Hoang	Acting Associate Regional Administrator, Division of Medicaid & Children's Health Operations
23. REMARKS	
Box 6: CMS made a pen & ink change to add a regulatory citation per DHCS email dated 12/5/18.	

FORM CMS-179 (07/92)

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,
 - 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)).

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 an other services. Targeted Case Management includes the following assistance:

TN No. 18-0049 Approval Date: 12/11/18 Effective Date: <u>07/01/2018</u>

Supersedes TN No. 17-038