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 13, 2016

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) 16-042. SPA 16-042 was submitted to my office on September 29, 2016 to remove the following counties from the list of geographic areas offering Targeted Case Management (TCM) services for the "Individuals with a Communicable Disease" TCM group: Butte, El Dorado, Fresno, Marin, Merced, Monterey, Napa, Placer, San Francisco, San Luis Obispo, San Mateo, Santa Barbara, Santa Cruz, Tulare, Tuolumne, and Yolo. The SPA also adds Los Angeles to the list of geographic areas providing this service.

The effective date of this SPA is July 1, 2016. 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/

Henrietta Sam-Louie Acting Associate Regional Administrator Division of Medicaid & Children's Health Operations

Enclosure

cc: John Mendoza, California Department of Health Care Services Shelly Taunk, California Department of Health Care Services Nathaniel Emery, California Department of Health Care Services

	_ 1. TRANSMITTAL NUMBER 2. STATE
TRANSMITTAL AND NOTICE OF APPROVAL OF	The state of the s
STATE PLAN MATERIAL FOR: CENTERS FOR MEDICARE & MEDICAID SERVICES	3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL SECURITY ACT (MEDICAID)
TO: REGIONAL ADMINISTRATOR	4. PROPOSED EFFECTIVE DATE
CENTERS FOR MEDICARE & MEDICAID SERVICES DEPARTMENT OF HEALTH AND HUMAN SERVICES	July 1, 2016
5. TYPE OF PLAN MATERIAL (Check One)	
☐ NEW STATE PLAN ☐ AMENDMENT TO BE CON	SIDERED AS NEW PLAN
COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AM	ENDMENT (Separate transmittal for each amendment)
6. FEDERAL STATUTE/REGULATION CITATION	7. FEDERAL BUDGET IMPACT
Section 1915(g)(1) Social Security Act	a. FFY 2016/2017 \$\frac{17,025}{22,870}\$
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT	9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION
Supplement 1f To Attachment 3.1-A Page 1	OR ATTACHMENT (If Applicable)
Supplement if To Attachment 6.1 Att age 1	Supplement 1f To Attachment 3.1-A Page 1
<u> </u>	
10. SUBJECT OF AMENDMENT	
Targeted Case management - Individuals with a Com	municable 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
ORIGINAL SIGNED	16. RETURN TO
	Department of Health Care Services
	Attn: State Plan Coordinator
	1501 Capitol Avenue, Suite 71.3.26
14. TITLE	P.O. Box 997417
State Medicaid Director 15. DATE SUBMITTED CED 2 9 2016	Sacramento, CA 95899-7417
15. DATE SUBMITTED SEP 2 9 2016	
	OFFICE USE ONLY
17. DATE RECEIVED September 29, 2016	18. DATE APPROVED December 13, 2016
PLAN APPROVED -	ONE COPY ATTACHED
19. EFFECTIVE DATE OF APPROVED MATERIAL	20. SIGNATURE OF REGIONAL OFFICIAL
July 1, 2016	/s/
21. TYPED NAME Henrietta Sam-Louie	22. TITLE Associate Regional Administrator
23. REMARKS	
Updated Geographic Area where Targeted Case Mar	nagement services will be offered
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Los Angeles County	

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 communable 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.

X Only in the following geographic areas: Counties of Alameda, Amador, Contra Costa, Humboldt, Imperial, Kern, Kings, Lake, Los Angeles, Madera, Mendocino, Orange, Riverside, Sacramento, San Diego, San Joaquin, Santa Clara, Solano, Sonoma, Stanislaus, Ventura, Yuba, 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)).

<u>Definition of Services (42 CFR 440.169)</u>: 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.<u>16-042</u> Approval Date <u>12/13/2016</u> Effective Date <u>07/01/2016</u> Supersedes TN No. 15-030