

Medicaid and CHIP Operations Group

September 8, 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. Cantwell:

Enclosed is an approved copy of California State Plan Amendment (SPA) 20-0028, which was submitted to the Centers for Medicare & Medicaid Services (CMS) on June 2, 2020. This SPA will remove Imperial, Los Angeles and Sacramento Counties from and add Mariposa and Placer Counties to the list of geographic areas offering Targeted Case Management (TCM) services for the "Medically Fragile Individuals" 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 1b to Attachment 3.1-A, page 1

If you have any questions, please contact Cheryl Young at 415-744-3598 or via email at <u>Cheryl.Young@cms.hhs.gov.</u>

Sincerely,



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

CENTERS FOR MEDICARE & MEDICARD SERVICES			
TRANSMITTAL AND NOTICE OF APPROVAL OF	1. TRANSMITTAL NUMBER	2. STATE	
STATE PLAN MATERIAL FOR: CENTERS FOR MEDICARE & MEDICAID SERVICES	<u>2_00_28</u>	California	
	3. PROGRAM IDENTIFICATION:	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, 2020		
5. TYPE OF PLAN MATERIAL (Check One)			
NEW STATE PLAN AMENDMENT TO BE CONSI	IDERED AS NEW PLAN	AMENDMENT	
COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AME	NDMENT (Separate transmittal for each a	mendment)	
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 <u>2020-21</u>		
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT Supplement 1b To Attachment 3.1-A Page 1	9. PAGE NUMBER OF THE SUPERSE OR ATTACHMENT (If Applicable)	9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable)	
Supplement to To Attachment 3.1-A Fage 1	Supplement 1b To Attachment 3.1-A Page 1		
10. SUBJECT OF AMENDMENT			
Targeted Case Management Services - Medically Frag	ile Individuals		
11. GOVERNOR'S REVIEW (Check One)			
	OTHER, AS SPECIFIED		
COMMENTS OF GOVERNOR'S OFFICE ENCLOSED			
12. SIGNATURE OF STATE AGENCY OFFICIAL	16. RETURN TO		
	epartment of Health Care Services		
	Attn: Director's Office		
	.O. Box 997413, MS 0000		
14. TITLE State Medicaid Director	Sacramento, CA 95899-7413		
15. DATE SUBMITTED			
June 2, 2020			
FOR REGIONAL OF			
	18. DATE APPROVED August 25, 2020		
June 2, 2020 PLAN APPROVED - ON	0		
	20. SIGN		
July 1, 2020			
	. TITLE Acting Director,		
Ruth A. Hughes	.	Division of Program Operations	
23. REMARKS	5 1		
For Box 11 "Other, As Specified," Please note: The Go	vernor's Office doos not wich to	review the State	
Plan Amendment.	ventor a Onice does not wish to		

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 MEDICALLY FRAGILE INDIVIDUALS

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 medically fragile, and have multiple diagnoses. Such individuals must also be:

- a) At high risk for medical compromise due to one of the following conditions:
 - i) Failure 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.

X 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.

<u>Areas of State in which services will be provided (§1915(g)(1) of the Act)</u>: ____ Entire State.

X Only in the following geographic areas: Counties of Alameda, Contra Costa, Humboldt, Mariposa, Mendocino, Monterey, Napa, Orange, Placer, Riverside, San Diego, San Luis Obispo, San Mateo, Santa Clara, Santa Cruz, Shasta, Solano, Sonoma, Stanislaus, Sutter, Tuolumne, 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)).