

Medicaid and CHIP Operations Group

August 25, 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. Cooper:

Enclosed is an approved copy of California State Plan Amendment (SPA) 20-0031, which was submitted to the Centers for Medicare & Medicaid Services (CMS) on June 2, 2020. This SPA will remove Alameda, Imperial and Los Angeles Counties from and add Mariposa County to 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, 2020. 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 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 & MEDICAID SERVICES		OMD 140: 0300-0135	
TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL FOR: CENTERS FOR MEDICARE & MEDICAID SERVICES	1. TRANSMITTAL NUMBER	2. STATE	
	2 0 - 0 31	California	
	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 CONSID	ERED AS NEW PLAN	AMENDMENT	
COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENI			
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> 7/1/20-9/30/20 b. FFY <u>2021-22</u> \$ <u>1,595,000</u> <u>\$398,750</u> \$ <u>1,595,000</u>		
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 PAGE NUMBER OF THE SUPERSEDED PLAN SECTION	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 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	OTHER, AS SPECIFIED		
COMMENTS OF GOVERNOR'S OFFICE ENCLOSED			
NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL			
12. SIGNATURE OF STATE AGENCY OFFICIAL	6. RETURN TO		
D	epartment of Health Care Services		
IS. THED NAME	tn: Director's Office		
	O. Box 997413, MS 0000		
14. TITLE State Medicaid Director	acramento, CA 95899-7413		
15. DATE SUBMITTED			
June 2, 2020			
FOR REGIONAL OFFICE USE ONLY			
17. DATE RECEIVED 18 June 2, 2020	3. DATE APPROVED August 25, 2020		
PLAN APPROVED - ONE	COPY ATTACHED		
19. EFFECTIVE DATE OF APPROVED MATERIAL 20). SIGN		
July 1, 2020			
21. TYPED NAME 22	2. TITLE		
Ruth A. Hughes	Division of Program Operations,		
23. REMARKS			
For Box 11 "Other, As Specified," Please note: The Gov	ernor's Office does not wish to	review the State	
Plan Amendment.			

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 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, 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 Contra Costa, Humboldt, Mariposa, Mendocino, 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)).

<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: