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 7, 2017

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) 17-035. This SPA was submitted to my office on September 25, 2017 to remove Amador, Kern and Mendocino counties from the list of geographic areas offering Targeted Case Management (TCM) services for the "Medically Fragile Individuals" TCM group. This SPA also adds Sutter County to the list of geographic areas providing this service.

The effective date of this SPA is July 1, 2017. 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 by phone at (415) 744-3598 or by email at Cheryl.Young@cms.hhs.gov.

Sincerely,

Henrietta Sam-Louie 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

	1. TRANSMITTAL NUMI	BER 2. STATE	
TRANSMITTAL AND NOTICE OF APPROVAL OF	1 7 — 0	3 5 California	
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 EFFECT	TIVE DATE	
CENTERS FOR MEDICARE & MEDICAID SERVICES DEPARTMENT OF HEALTH AND HUMAN SERVICES		July 1, 2017	
5. TYPE OF PLAN MATERIAL (Check One)			
NEW STATE PLAN AMENDMENT TO BE CON	SIDERED AS NEW PLAN	■ AMENDMENT	
COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMI	NDMENT (Separate transmit	ttal for each amendment)	
6. FEDERAL STATUTE/REGULATION CITATION	7. FEDERAL BUDGET I		
Section 1915(g)(1) Social Security Act	a. FFY 2017-18 b. FFY 2018-19	\$ 520,537 \$ 0	
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT	9. PAGE NUMBER OF T	HE SUPERSEDED PLAN SECTION	
Supplement 1b To Attachment 3.1-a Page 1	OR ATTACHMENT (II	f Applicable)	
	Supplement 1b To	Attachment 3.1-a Page 1	
10. SUBJECT OF AMENDMENT			
Targeted Case Management - Medically Fragile Indivi	duale		
Targeted Case Management - Medically Fragile maivi	addio		
11. GOVERNOR'S REVIEW (Check One)			
GOVERNOR'S OFFICE REPORTED NO COMMENT	OTHER, AS SPE	CIFIED	
COMMENTS OF GOVERNOR'S OFFICE ENCLOSED			
☐ NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL			
T1	16. RETURN TO		
ORIGINAL SIGNED		epartment of Health Care Services	
	•	tn: State Plan Coordinator	
Mari Cantwell		01 Capitol Avenue, Suite 71.3.26	
14. TITLE	P.O. Box 997417	•	
State Medicaid Director		acramento, CA 95899-7417	
15. DATE SUBMITTED 9/25/2017			
FOR REGIONAL C	FFICE USE ONLY		
17. DATE RECEIVED	18. DATE APPROVED		
September 25, 2017	December 7, 20	<u> </u>	
PLAN APPROVED - C			
19. EFFECTIVE DATE OF APPROVED MATERIAL	20. SIGNATURE OF REGIO	NAL OFFICIAL	
July 1, 2017	00 Tive b		
21. TYPED NAME	22. TITLE Associate Regional Administrator I	ULLE polate Regional Administrator, Division of Medicaid & Children's Health Operations	
Henrietta Sam-Louie		Division of Medicald & Official of Fleatin Operation	
23. REMARKS			

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.

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, El Dorado, Humboldt, Imperial, Kings, Lake, Los Angeles, Madera, Monterey, Napa, Orange, Placer, Riverside, Sacramento, San Diego, San Luis Obispo, San Mateo, Santa Clara, Santa Cruz, Solano, Sonoma, Stanislaus, Sutter, Tuolumne, 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)).

TN No. 17-035 Approval Date: <u>12/07/2017</u> Effective Date: <u>07/01/2017</u>

Supersedes TN No. 16-039