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State/Territory Name California

State Plan Amendment (SPA) #: 25-0019

This file contains the following documents in the order listed:

- 1) Approval Letter
- 2) CMS Form 179
- 3) Approved SPA Page

DEPARTMENT OF HEALTH & HUMAN SERVICES

Centers for Medicare & Medicaid Services 601 E. 12th St., Room 355 Kansas City, Missouri 64106



Medicaid and CHIP Operations Group

September 5, 2025

Tyler Sadwith
State Medicaid Director
Department of Health Care Services
P.O. Box 997413, MS 0000
Sacramento, CA 95899-7413
Attn: Director's Office

Re: California State Plan Amendment (SPA) 25-0019

Dear Director Sadwith:

The Centers for Medicare & Medicaid Services (CMS) reviewed your Medicaid State Plan Amendment (SPA) submitted under transmittal number (TN) 25-0019. This amendment proposes to decrease the geographic areas offering Targeted Case Management services for the following target population: Individuals at Risk of Institutionalization.

We conducted our review of your submittal according to statutory requirements at 42 CFR 440.169(b). This letter is to inform you that California Medicaid SPA 25-0019 was approved on September 5, 2025, with an effective date of July 1, 2025.

Enclosed are copies of CMS Form 179 and approved SPA pages to be incorporated into the California State Plan.

If you have any questions, please contact Nikki Lemmon at Nicole.Lemmon@cms.hhs.gov.

Sincerely,

Shantrina Roberts, Acting Director Division of Program Operations

Enclosures

cc: Tyler Sadwith

Lindy Harrington Angeli Lee, DHCS Shanna Haysbert, DHCS

TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL FOR: CENTERS FOR MEDICARE & MEDICAID SERVICES TO: CENTER DIRECTOR CENTERS FOR MEDICAID & CHIP SERVICES DEPARTMENT OF HEALTH AND HUMAN SERVICES 5. FEDERAL STATUTE/REGULATION CITATION 42 U.S.C. § 1396n(g)(1); 42 C.F.R. § 440.169(b) 7. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT Supplement 1d To Attachment 3.1-A Page 1	1. TRANSMITTAL NUMBER 2 5 — 0 0 1 9 CA 3. PROGRAM IDENTIFICATION: TITLE OF THE SOCIAL SECURITY ACT XIX XXI 4. PROPOSED EFFECTIVE DATE July 1, 2025 6. FEDERAL BUDGET IMPACT (Amounts in WHOLE dollars) a. FFY 2025 \$ 0 b. FFY 2026 \$ 0 8. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable) Supplement 1d To Attachment 3.1-A Page 1
9. SUBJECT OF AMENDMENT Targeted Case Management Services - Individuals at Risk of Institutionalization	
10. 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: Please note: The Governor's Office does not wish to review the State Plan Amendment.
12. TYPED NAME Tyler Sadwith	5. RETURN TO Department of Health Care Services Attn: Director's Office P.O. Box 997413, MS 0000 Decaramento, CA 95899-7413
FOR CMS USE ONLY	
June 19, 2025	7. DATE APPROVED September 5, 2025
PLAN APPROVED - ON	
18. EFFECTIVE DATE OF APPROVED MATERIAL	9. SIGNATURE OF APPROVING OFFICIAL
July 1, 2025	TITLE OF ADDDOLUNG OFFICIAL
20. TYPED NAME OF APPROVING OFFICIAL	1. TITLE OF APPROVING OFFICIAL
Shantrina Roberts	Acting Director, Division of Program Operations
22. REMARKS	

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT STATE: California

TARGETED CASE MANAGEMENT SERVICES INDIVIDUALS AT RISK OF INSTITUTIONALIZATION

<u>Target Group (42 Code of Federal Regulations 441.18(a)(8)(i) and 441.18(a)(9)):</u> Medi-Cal eligible individuals 18 years or older, who are in frail health, and meet the following criteria:

- a) Have been identified as needing assistance due to one of the following reasons:
 - i) Are in need of assistance to access services in order to prevent medical institutionalization, or
 - ii) Exhibits an inability to independently handle personal, medical or other affairs, or
 - iii) Are transitioning to a community setting, who due to socioeconomic status, substance abuse, neglect or violence have failed to take advantage of necessary health care services; and
- b) 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
- c) 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.

XOnly in the following geographic areas: Counties of Alameda, Riverside, Stanislaus, Sutter, City of Berkeley, and City of Long Beach.