



State of California—Health and Human Services Agency  
Department of Health Care Services



EDMUND G. BROWN JR.  
GOVERNOR

MAR 08 2012

Gloria Nagle, Ph.D., M.P.A.  
Associate Regional Administrator  
Division of Medicaid & Children's Health Operations  
Centers for Medicare & Medicaid Services, Region IX  
90 7<sup>th</sup> Street, Suite 5-300 (5W)  
San Francisco, CA 94103-6707

Dear Ms. Nagle:

The Department of Health Care Services (DHCS) is submitting State Plan Amendment (SPA) 12-009 to address a same page review question that Centers for Medicare and Medicaid Services (CMS) raised when it issued a companion letter with its approval of SPA 11-019. On February 3, 2012, DHCS responded to CMS's questions in the companion letter for SPA 11-019. However, DHCS stated, that it would submit SPA number 12-009 to answer questions d. and e. in the Payment Methodology for Case Management Services section of the letter.

In response to Question d., DHCS is amending Supplement 1c to Attachment 3.1-A to remove "Individualized Health and Support Plan" (IHSP) from the State Plan because it no longer pays for targeted case management services for children under an IHSP. Deleting IHSP from the State Plan does not have a federal budget impact for federal budget years 2011 or 2012, and it does not have a direct impact on Indian Health Programs and Urban Indian Organizations. In an email dated February 9, 2012, Cindy Lemesh of CMS confirmed that SPA 12-009 did not require a tribal notice.

In the response to question e. in the February 3, 2012, companion letter, DHCS stated that SPA 12-009 would confirm payment methodologies for individuals identified as lead poisoned, as described in Attachment 4.19-B on pages 5g-5i. However, during the development of SPA 12-009, DHCS determined that we require additional time to notify the tribal organizations and issue a public notice; this requires a separation of the issues into two SPAs. DHCS will complete the required notifications and submit a new SPA (12-015) in the second quarter of 2012 to amend these pages.

Ms. Gloria Nagle  
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If you have any questions regarding the information provided, please contact Mr. Stephen Halley, Acting Chief, Medi-Cal Benefits and Waiver Analysis Division, at (916) 552-9400 or email at [Stephen.Halley@dhcs.ca.gov](mailto:Stephen.Halley@dhcs.ca.gov).

ORIGINAL SIGNED


Toby Douglas  
Director

Enclosures

cc: Donald A. Novo  
Medicaid Program Branch Manager  
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Health Care Benefits & Eligibility  
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Benefits and Waiver Analysis Division  
Department of Health Care Services  
P.O. Box 997417, MS 4600  
Sacramento, CA 95899-7417

<b>TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL</b>		1. TRANSMITTAL NUMBER: <b>12-009</b>	2. STATE California
<b>FOR: HEALTH CARE FINANCING ADMINISTRATION</b>		3. PROGRAM IDENTIFICATION; TITLE XIX OF THE SOCIAL SECURITY ACT (MEDICAID)	
TO: REGIONAL ADMINISTRATOR HEALTH CARE FINANCING ADMINISTRATION DEPARTMENT OF HEALTH AND HUMAN SERVICES		4. PROPOSED EFFECTIVE DATE January 1, 2012	
5. TYPE OF PLAN MATERIAL (Check One): <input type="checkbox"/> NEW STATE PLAN <input type="checkbox"/> AMENDMENT TO BE CONSIDERED AS NEW PLAN <input checked="" type="checkbox"/> AMENDMENT COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (Separate Transmittal for each amendment)			
6. FEDERAL STATUTE/REGULATION CITATION: Social Security Act 1915(g)		7. FEDERAL BUDGET IMPACT: a. FFY 2012      \$0 b. FFY 2013      \$0	
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT: Supplement 1c to Attachment 3.1-A, page 1 Supplement 1c to Attachment 31.-A, page 4		9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable): Supplement 1c to Attachment 3.1-A, page 1 Supplement 1c to Attachment 31.-A, page 4	
10. SUBJECT OF AMENDMENT: Remove Individualized Health and Support Plan from Case Management Services			
11. GOVERNOR'S REVIEW (Check One): <input type="checkbox"/> GOVERNOR'S OFFICE REPORTED NO COMMENT <input checked="" type="checkbox"/> OTHER, AS SPECIFIED: <input type="checkbox"/> COMMENTS OF GOVERNOR'S OFFICE ENCLOSED      The Governor's Office does not <input type="checkbox"/> NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL      wish to review the State Plan Amendment.			
12. SIGNATURE OF STATE AGENCY OFFICIAL: 		16. RETURN TO:  Department of Health Care Services Attn: State Plan Coordinator 1501 Capitol Avenue, Suite 71.3.26 P.O. Box 997417 Sacramento, CA 95899-7417	
13. TYPED NAME: Toby Douglas			
14. TITLE: Director			
15. DATE SUBMITTED: 3/6/12			
<b>FOR REGIONAL OFFICE USE ONLY</b>			
17. DATE RECEIVED:		18. DATE APPROVED:	
<b>PLAN APPROVED - ONE COPY ATTACHED</b>			
19. EFFECTIVE DATE OF APPROVED MATERIAL:		20. SIGNATURE OF REGIONAL OFFICIAL:	
21. TYPED NAME:		22. TITLE:	
23. REMARKS:			

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State/Territory California

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CASE MANAGEMENT SERVICES

A. Target Group:

Title XIX eligible individuals:

Children with an Individualized Education Plan (IEP) or an Individualized Family Service Plan (IFSP).

Payment for case management services will not duplicate payments made to public agencies or private entities under other program authorities for the same purposes.

Case management services provided in accordance with Section 1915(g) of the Social Security Act will not duplicate case management services provided under any home and community-based services waiver.

There shall be a county-wide system to ensure coordination among providers of case management services provided to beneficiaries who are eligible to receive case management services from two or more programs.

B. Areas of State in which services will be provided:

Entire State.

Only in the following geographic areas (authority of Section 1915(g)(l) of the Act is invoked to provide services less than Statewide.

C. Comparability of Services

Services are provided in accordance with Section 1902(a)(10)(B) of the Act

Services are not comparable in amount, duration, and scope. Authority of Section 1915(g)(l) of the Act is invoked to provide services without regard to the requirements of Section 1902(a)(10)(B) of the Act.

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State/Territory California

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E. Qualifications of Providers:

1. Case Management Agencies:
  - a. Agencies with five years experience in developing and implementing IEPs, or IFSPs; and
  - b. Must have demonstrated the ability to collaborate with public and private service providers; and
  - c. Employ qualified Case Managers as identified in E.2 below; and
  - d. Must have demonstrated direct experience in the coordination of educational support services (e.g. EPSDT, Social Services, Counseling Services, Psychological Services, Student Assistance, Special Education and Nutritional Service); and
  - e. Have an administrative capacity to ensure quality of services in accordance with state and federal requirements; and
  - f. Have a financial management capacity and system that provides documentation of services and costs in accordance with OMB A-87 principles; and
  - g. Have a capacity to document and maintain individual case records in accordance with state and federal requirements; and
  - h. Have demonstrated ability to meet all state and federal laws governing the participation of providers in the state Medicaid program, including but not limited to, the ability to meet federal and state requirements for documentation, billing and audits.
2. Case Managers employed by the case management agency must meet the following requirements for education and experience:
  - a. Must meet the qualifications under Part B or Part H of Public Law 99-457; and

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State/Territory California

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CASE MANAGEMENT SERVICES

A. Target Group:

Title XIX eligible individuals:

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STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State/Territory California

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E. Qualifications of Providers:

1. Case Management Agencies:
  - a. Agencies with five years experience in developing and implementing IEPs, or IFSPs, ~~or IHSPs~~; and
  - b. Must have demonstrated the ability to collaborate with public and private service providers; and
  - c. Employ qualified Case Managers as identified in E.2 below; and
  - d. Must have demonstrated direct experience in the coordination of educational support services (e.g. EPSDT, Social Services, Counseling Services, Psychological Services, Student Assistance, Special Education and Nutritional Service); and
  - e. Have an administrative capacity to ensure quality of services in accordance with state and federal requirements; and
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