

March 26, 2025

THIS LETTER SENT VIA EMAIL

Mr. James G. Scott, Director
Division of Program Operations
Medicaid and CHIP Operations Group
Centers for Medicare & Medicaid Services
601 East 12th Street, Suite 0300
Kansas City, MO 64106-2898

STATE PLAN AMENDMENT (SPA) 25-0006: JUSTICE-INVOLVED JUVENILE SERVICES

Dear Mr. Scott:

The Department of Health Care Services (DHCS) is submitting SPA 25-0006 for your review and approval. In this SPA, the state attests that it will provide eligible juveniles (under 21 years of age and former foster children ages up to age 26 years) who are post adjudication in a public institution certain screenings and diagnostic services in the 30 days prior to scheduled release, and targeted case management (TCM) in the 30 days leading up to their release and for 30 days after release from a public institution. DHCS seeks an effective date of January 1, 2025.

Because of service definition and operational approach overlap across the Consolidated Appropriations Act of 2023 (CAA) and California's Reentry Section 1115 Demonstration, on October 2, 2024, CMS approved DHCS' intent to subsume CAA requirements in the recently approved Reentry Implementation Plan; this Implementation Plan also serves as the State's internal operational plan for CAA Section 5121. As outlined in this approval, DHCS will subsume the Section 5121 requirement into the State's Reentry Section 1115 Demonstration and has aligned the go-live dates for CAA Section 5121 and the Reentry Section 1115 Demonstration; all correctional facilities will be required to go-live with the required pre-release services during the two-year implementation period from October 2024 to October 2026.

DHCS attests to partial compliance with Section 5121 requirements, as outlined in State Health Official Letter 24-006. As part of the State's readiness work, DHCS has determined that the majority of CAA eligible post-disposition youth in California's correctional facilities already receive some level of screening, diagnostic, and case management services as part of their reentry planning process. However, DHCS will need until October 2026 to ensure that all required screening, diagnostic and pre- and

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State of California
Gavin Newsom, Governor



California Health and Human Services Agency

Mr. Scott
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post-release case management is provided, correctional staff providing services are enrolled in Medicaid, and that appropriate billing and claiming systems are in place.

DHCS will maintain clear documentation for each facility as part of its Readiness Assessment process and will document where DHCS has determined that it is not feasible for the correctional facilities to provide the required screening and diagnostic services during the pre-release period. The state assures that eligible juveniles who did not receive required screening and diagnostic services pre-release will receive them within one week, or as soon as practical, after release.

The costs of the CAA are incorporated into the State's cost estimates from the approved Reentry Initiative under the Section 1115 Demonstration. As such, the CAA-related SPAs do not include a federal fiscal impact since those costs were included in the Section 1115 Demonstration. In addition, this SPA does not change the rate methodology for these services, so a public notice is not required. DHCS published the tribal notice for SPA 25-0006 on February 21, 2025, and held the tribal webinar on February 26, 2025.

The following documents are included for submission of SPA 25-0006:

- CMS Form 179
- Tribal Notice
- Attachment 3.1-M, Pages 1-2 (new)
- Supplement 8 to Attachment 3.1-A, Pages 1-7 (new)

If you have any questions or need additional information, please contact Autumn Boylan, by telephone at (916) 345-7957, or by email at Autumn.Boylan@dhcs.ca.gov.

Sincerely,



Tyler Sadwith
State Medicaid Director
Chief Deputy Director, Health Care Programs
California Department of Health Care Services

Enclosures and cc: See next page

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**TRANSMITTAL AND NOTICE OF APPROVAL OF
STATE PLAN MATERIAL
FOR: CENTERS FOR MEDICARE & MEDICAID SERVICES**

1. TRANSMITTAL NUMBER ____ _	2. STATE ____
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3. PROGRAM IDENTIFICATION: TITLE OF THE SOCIAL SECURITY ACT XIX XXI

TO: CENTER DIRECTOR
CENTERS FOR MEDICAID & CHIP SERVICES
DEPARTMENT OF HEALTH AND HUMAN SERVICES

4. PROPOSED EFFECTIVE DATE

5. FEDERAL STATUTE/REGULATION CITATION

6. FEDERAL BUDGET IMPACT (Amounts in WHOLE dollars)
a. FFY _____ \$ _____
b. FFY _____ \$ _____

7. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT

8. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable)

9. SUBJECT OF AMENDMENT

10. GOVERNOR'S REVIEW (Check One)	
<input type="checkbox"/> GOVERNOR'S OFFICE REPORTED NO COMMENT <input type="checkbox"/> COMMENTS OF GOVERNOR'S OFFICE ENCLOSED <input type="checkbox"/> NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL	<input type="checkbox"/> OTHER, AS SPECIFIED: Please note: The Governor's Office does not wish to review the State Plan Amendment.

11. SIGNATURE OF STATE AGENCY OFFICIAL 
12. TYPED NAME
13. TITLE
14. DATE SUBMITTED March 26, 2025

15. RETURN TO

FOR CMS USE ONLY	
16. DATE RECEIVED	17. DATE APPROVED

PLAN APPROVED - ONE COPY ATTACHED	
18. EFFECTIVE DATE OF APPROVED MATERIAL	19. SIGNATURE OF APPROVING OFFICIAL
20. TYPED NAME OF APPROVING OFFICIAL	21. TITLE OF APPROVING OFFICIAL

22. REMARKS

**Mandatory Coverage for
Eligible Juveniles who are Inmates of a Public Institution
Post Adjudication of Charges**

State/Territory: California

General assurances. State must indicate compliance with all four items below with a check.

In accordance with section 1902(a)(84)(D) of the Social Security Act, the state has an internal operational plan and, in accordance with such plan, provides for the following for eligible juveniles as defined in 1902(nn) (individuals who are under 21 years of age and determined eligible for any Medicaid eligibility group, or individuals determined eligible for the mandatory eligibility group for former foster care children age 18 up to age 26, immediately before becoming an inmate of a public institution or while an inmate of a public institution) who are within 30 days of their scheduled date of release from a public institution following adjudication:

In the 30 days prior to release (or not later than one week, or as soon as practicable, after release from the public institution), and in coordination with the public institution, any screenings and diagnostic services which meet reasonable standards of medical and dental practice, as determined by the state, or as otherwise indicated as medically necessary, in accordance with the Early and Periodic Screening, Diagnostic, and Treatment requirements, including a behavioral health screening or diagnostic service.

In the 30 days prior to release and for at least 30 days following release, targeted case management services, including referrals to appropriate care and services available in the geographic region of the home or residence of the eligible juvenile, where feasible, under the Medicaid state plan (or waiver of such plan).

The state acknowledges that a correctional institution is considered a public institution and may include prisons, jails, detention facilities, or other penal settings (e.g., boot camps or wilderness camps).

Additional information provided (optional):

- No
 Yes [provide below]

PRA Disclosure Statement - This use of this form is mandatory and the information is being collected to assist the Centers for Medicare & Medicaid Services in implementing Section 5121 of the Consolidated Appropriations Act, 2023. Under the Privacy Act of 1974, any personally identifying information obtained will be kept private to the extent of the law. An agency may not conduct or sponsor, and a person is not required to respond to a collection of information unless it displays a currently valid Office of Management and Budget (OMB) control number. The OMB control number for this project is 0938-1148 (CMS-10398 #85). Public burden for all of the collection of information requirements under this control number is estimated to take about 50 hours per response. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to CMS, 7500 Security Boulevard, Attn: Paperwork Reduction Act Reports Clearance Officer, Mail Stop C4-26-05, Baltimore, Maryland 21244-1850.

TN: 25-0006
Supersedes TN: NEW

Approval Date: _____
Effective Date: 1/1/2025

On December 16, 2024, DHCS received approval from CMS for California’s request to amend its Medicaid section 1115(a) demonstration entitled, “California Advancing and Innovating Medi-Cal (CalAIM)” (Project Numbers 11-W-00193/9 and 21-W-00077/0) (the “demonstration”) The approval included a waiver of section 1902(a)(84)(D) and section 2102(d)(2) to permit the state to cover at least the same services for the same beneficiaries under the state’s demonstration as required in Section 5121 of the CAA. DHCS received approval for the [Reentry Demonstration Implementation Plan](#) on October 2, 2024. This plan also serves as the state’s internal operational plan for CAA Section 5121. As outlined in these approvals, DHCS will subsume the Section 5121 requirement into the state’s Reentry Section 1115 Demonstration and has aligned the go-live dates for CAA Section 5121 and the Reentry Section 1115 Demonstration. All correctional facilities will be required to go-live with the required pre-release services during the two-year implementation period from October 2024 to October 2026. DHCS attests to compliance with Section 5121 requirements, as outlined in State Health Official letter [24-006](#), and will work with CMS to maintain clear documentation for each facility and/or circumstances where the DHCS has determined that it is not feasible to provide for the required screening and diagnostic services during the pre-release period. The state assures that eligible juveniles who did not receive required screening and diagnostic services pre-release will receive them within one week, or as soon as practical, after release.

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State Plan under Title XIX of the Social Security Act
State/Territory: California

TARGETED CASE MANAGEMENT SERVICES FOR ELIGIBLE JUVENILES

Target Group (42 Code of Federal Regulations 441.18(a)(8)(i) and 441.18(a)(9)):

Eligible juveniles as defined in §1902(nn) (individuals who are under 21 years of age and determined eligible for any Medicaid eligibility group, or individuals determined eligible for the mandatory eligibility group for former foster care children age 18 up to age 26, immediately before becoming an inmate of a public institution or while an inmate of a public institution) who are within 30 days of their scheduled date of release from a public institution **following adjudication**, and for at least 30 days following release.

Post Release TCM Period beyond 30 day post release minimum requirement:

State will provide TCM beyond the 30 day post release requirement. **[explain]:** Click or tap here to enter text.

Areas of State in which services will be provided (§1915(g)(1) of the Act):

Entire state

Comparability of services (§§1902(a)(10)(B) and 1915(g)(1))

Services are not comparable in amount duration and scope (§1915(g)(1)).

Definition of services (42 CFR 440.169): Targeted case management (TCM) services are defined as services furnished to assist individuals, eligible under the State Plan, in gaining access to needed medical, social, educational and other services.

Targeted Case Management includes the following assistance:

- ❖ Comprehensive assessment and periodic reassessment of individual needs, to determine the need for any medical, educational, social or other services. These assessment activities include:
 - taking client history;
 - identifying the individual's needs and completing related documentation; and
 - gathering information from other sources such as family members, medical providers, social workers, and educators (if necessary), to form a complete assessment of the eligible individual;

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TARGETED CASE MANAGEMENT SERVICES FOR ELIGIBLE JUVENILES

The periodic reassessment is conducted every (check all that apply):

- 1 month
- 3 months
- 6 months
- 12 months
- Other frequency [**explain**]: Medi-Cal members who are determined eligible for Enhanced Care Management will be re-assessed every 12 months.

- ❖ Development (and periodic revision) of a specific care plan that is based on the information collected through the assessment that:
 - specifies the goals and actions to address the medical, social, educational, and other services needed by the individual;
 - includes activities such as ensuring the active participation of the eligible individual, and working with the individual (or the individual's authorized health care decision maker) and others to develop those goals; and
 - identifies a course of action to respond to the assessed needs of the eligible individual;
- ❖ Referral and related activities, including referrals to appropriate care and services available in the geographic region of the home or residence of the eligible juvenile, where feasible (such as scheduling appointments for the individual) to help the eligible individual obtain needed services including:
 - activities that help link the individual with medical, social, educational providers, or other programs and services that are capable of providing needed services to address identified needs and achieve goals specified in the care plan; and
- ❖ Monitoring and follow-up activities are:
activities and contacts that are necessary to ensure the care plan is implemented and adequately addresses the eligible individual's needs, and which may be with the individual, family members, service providers, or other entities or individuals and conducted as frequently as necessary, and including at least one annual monitoring, to determine whether the following conditions are met:

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State/Territory: California

TARGETED CASE MANAGEMENT SERVICES FOR ELIGIBLE JUVENILES

- services are being furnished in accordance with the individual's care plan;
- services in the care plan are adequate; and
- changes in the needs or status of the individual are reflected in the care plan.

Monitoring and follow-up activities include making necessary adjustments in the care plan and service arrangements with providers.

Frequency of additional monitoring:

Specify the type and frequency of monitoring (check all that apply)

Telephonic. Frequency: [Click or tap here to enter text.](#)

In-person. Frequency: [Click or tap here to enter text.](#)

Other **[explain]**: Post-release case managers must conduct a follow-up appointment either in-person or via synchronous telehealth, including telephonic, with the recently released individual within one week of release.

Case management includes contacts with non-eligible individuals that are directly related to identifying the eligible individual's needs and care, for the purposes of helping the eligible individual access services; identifying needs and supports to assist the eligible individual in obtaining services; providing case managers with useful feedback, and alerting case managers to changes in the eligible individual's needs. For instance, a case manager might also work with state children and youth agencies for children who are involved with the foster care system.
(42 CFR 440.169(e))

If another case manager is involved upon release or for case management after the 30-day post release mandatory service period, states should ensure a warm hand off to transition case management and support continuity of care of needed services that are documented in the person-centered care plan. A warm handoff should include a meeting between the eligible juvenile, and both the pre-release and post-release case manager. It also should include a review of the person-centered care plan and next steps to ensure continuity of case management and follow-up as the eligible juvenile transitions into the community.

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TARGETED CASE MANAGEMENT SERVICES FOR ELIGIBLE JUVENILES

Qualifications of providers (42 CFR 441.18(a)(8)(v) and 42 CFR 441.18(b)):

Pre-Release Care Management Providers include:

- A Registered Nurse, or a Public Health Nurse with a license in active status to practice as a registered nurse in California; individual shall have met the educational and clinical experience requirements as defined by the California Board of Registered Nursing.
- A Drug Medi-Cal (DMC) certified provider.
- An individual with at least a Bachelor's degree from an accredited college or university who has completed an agency-approved case management training course.
- An individual with at least an Associate of Arts degree from an accredited college who has completed an agency-approved case management training course and has two years of experience performing case management duties in the health or human services field.
- An individual who has completed an agency-approved case management training course and has four years of experience performing case management duties in a health or human services field.
- An unlicensed correctional facility staff person/contractor or a Medi-Cal enrolled provider of Enhanced Care Management services with training and/or experience in case management. Unlicensed staff must be supervised by a licensed medical professional who participates in the completion of pre-release needs assessments, including at least one meeting with the incarcerated individual consistent with State sub-regulatory guidance.

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TARGETED CASE MANAGEMENT SERVICES FOR ELIGIBLE JUVENILES

Freedom of choice (42 CFR 441.18(a)(1)):

The State assures that the provision of case management services will not restrict an individual's free choice of providers in violation of section 1902(a)(23) of the Act.

1. Eligible individuals will have free choice of any qualified Medicaid provider within the specified geographic area identified in this plan.
2. Eligible individuals will have free choice of any qualified Medicaid providers of other medical care under the plan.

Freedom of Choice Exception (§1915(g)(1) and 42 CFR 441.18(b)):

Target group consists of eligible individuals with developmental disabilities or with chronic mental illness. Providers are limited to qualified Medicaid providers of case management services capable of ensuring that individuals with developmental disabilities or with chronic mental illness receive needed services:

[Identify any limitations to be imposed on the providers and specify how these limitations enable providers to ensure that individuals within the target groups receive needed services below.]

Click or tap here to enter text.

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TARGETED CASE MANAGEMENT SERVICES FOR ELIGIBLE JUVENILES

Access to Services (42 CFR 441.18(a)(2), 42 CFR 441.18(a)(3), 42 CFR 441.18(a)(6)):

The state assures the following:

- Case management (including targeted case management) services will not be used to restrict an individual's access to other services under the plan.
- Individuals will not be compelled to receive case management services, condition receipt of case management (or targeted case management) services on the receipt of other Medicaid services, or condition receipt of other Medicaid services on receipt of case management (or targeted case management) services; and
- Providers of case management services do not exercise the agency's authority to authorize or deny the provision of other services under the plans.
- Delivery of TCM and the policies, procedures, and processes developed to support implementation of these provisions are built in consideration of the individuals release and will not effectuate a delay of an individual's release or lead to increased involvement in the juvenile and adult justice systems.

Payment (42 CFR 441.18(a)(4)):

The state assures payment for case management or targeted case management services under the plan does not duplicate payments made to public agencies or private entities under other program authorities for this same purpose.

Case Records (42 CFR 441.18(a)(7)):

The state assures providers maintain case records that document for all individuals receiving case management as follows: (i) The name of the individual; (ii) The dates of the case management services; (iii) The name of the provider agency (if relevant) and the person providing the case management service; (iv) The nature, content, units of the case management services received and whether goals specified in the care plan have been achieved; (v) Whether the individual has declined services in the care plan; (vi) The need for, and occurrences of, coordination with other case managers; (vii) A timeline for obtaining needed services; (viii) A timeline for reevaluation of the plan.

Limitations:

The state assures that case management does not include, and Federal Financial Participation (FFP) is not available in expenditures for, services defined in §440.169 when the case management activities are an integral and inseparable component of another covered Medicaid service (State Medicaid Manual (SMM) 4302.F).

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TARGETED CASE MANAGEMENT SERVICES FOR ELIGIBLE JUVENILES

Case management does not include, and Federal Financial Participation (FFP) is not available in expenditures for, services defined in §440.169 when the case management activities constitute the direct delivery of underlying medical, educational, social, or other services to which an eligible individual has been referred, including for foster care programs, services such as, but not limited to, the following: research gathering and completion of documentation required by the foster care program; assessing adoption placements; recruiting or interviewing potential foster care parents; serving legal papers; home investigations; providing transportation; administering foster care subsidies; making placement arrangements. (42 CFR 441.18(c))

FFP only is available for case management services or targeted case management services if there are no other third parties liable to pay for such services, including as reimbursement under a medical, social, educational, or other program except for case management that is included in an individualized education program or individualized family service plan consistent with §1903(c) of the Act. (§§1902(a)(25) and 1905(c))

State has additional limitations **[Specify any additional limitations.]**

Click or tap here to enter text.

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