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State/Territory Name: CA

State Plan Amendment (SPA) #: 22-0032

This file contains the following documents in the order

- listed:
- 1) Approval Letter
 - 2) CMS 179 Form/Summary Form (with 179-like data)
 - 3) Approved SPA Pages

DEPARTMENT OF HEALTH & HUMAN SERVICES

Centers for Medicare & Medicaid Services
Center for Medicaid & CHIP Services
233 North Michigan Ave., Suite 600
Chicago, Illinois 60601



Financial Management Group

November 10, 2022

Jacey Cooper
Chief Deputy Director, Health Care Programs
California Department of Health Care Services
P.O. Box 997413, MS 0000
Sacramento, CA 95899-7413

RE: TN 22-0032

Dear Ms. Cooper:

We have reviewed the proposed California State Plan Amendment (SPA) to Attachment 4.19-B, CA-22-0032, which was submitted to the Centers for Medicare & Medicaid Services (CMS) on October 24, 2022. This SPA amends the definition of a Targeted Case Management (TCM) encounter to include the provision of TCM services appropriately provided face-to-face, as well as through video synchronous and audio-only synchronous telehealth interactions.

Based upon the information provided by the State, we have approved the amendment with an effective date of January 1, 2023. We are enclosing the approved CMS-179 and a copy of the new state plan pages.

If you have any additional questions or need further assistance, please contact Blake Holt at 303-844-6218 or blake.holt@cms.hhs.gov.

Sincerely,

Todd McMillion

Todd McMillion
Director
Division of Reimbursement Review

Enclosures

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

1. TRANSMITTAL NUMBER _____	2. STATE _____
3. PROGRAM IDENTIFICATION: TITLE OF THE SOCIAL SECURITY ACT XIX XXI	
4. PROPOSED EFFECTIVE DATE	
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 PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable)

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

5. FEDERAL STATUTE/REGULATION CITATION

9. SUBJECT OF AMENDMENT

10. GOVERNOR'S REVIEW (Check One)

GOVERNOR'S OFFICE REPORTED NO COMMENT	OTHER, AS SPECIFIED:
COMMENTS OF GOVERNOR'S OFFICE ENCLOSED	Please note: The Governor's Office does not wish to review the State Plan Amendment.
NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL	

11. SIGNATURE OF STATE AGENCY OFFICIAL
Jacey Cooper

12. TYPED NAME

13. TITLE

14. DATE SUBMITTED
October 24, 2022

15. RETURN TO

FOR CMS USE ONLY

16. DATE RECEIVED October 24, 2022	17. DATE APPROVED November 10, 2022
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PLAN APPROVED - ONE COPY ATTACHED

18. EFFECTIVE DATE OF APPROVED MATERIAL January 1, 2023	19. SIGNATURE OF APPROVING OFFICIAL <i>Todd McMillion</i>
20. TYPED NAME OF APPROVING OFFICIAL Todd McMillion	21. TITLE OF APPROVING OFFICIAL Director, Division of Reimbursement Review

22. REMARKS

State pen and ink concurrence 10/31/22: Box 6 : Striking "2022" and adding "2024"

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

TARGETED CASE MANAGEMENT REIMBURSEMENT METHODOLOGY

Reimbursement Methodology for Case Management Services as Described in Supplements 1a, 1b, 1d, 1e, 1f, and 1h to Attachment 3.1-A

This segment of the State Plan sets forth reimbursement for Targeted Case Management (TCM) services provided to eligible Medi-Cal beneficiary target populations identified in Supplements 1a, 1b, 1d, 1e, 1f, and 1h of Attachment 3.1-A.

A. General Applicability

(1) Definitions

- (a) The “unit of service” will be an encounter.
- (b) An “encounter” means the rendering of one or more targeted case management service components by a case manager to beneficiaries of target populations. Targeted case management services can be appropriately provided face-to-face, as well as through video synchronous and audio-only synchronous telehealth interactions.
- (c) The “Department” means the California Department of Health Care Services.
- (d) “Target population” means those Medi-Cal beneficiaries described in Supplements 1a, 1b, 1d, 1e, 1f, and 1h of Attachment 3.1-A.
- (e) “A&I” means the Department’s Audits & Investigations Division.
- (f) “CMS” means the Centers for Medicare & Medicaid Services.
- (g) “LGA” means Local Governmental Agency.
- (h) “CPE” means Certified Public Expenditure as defined in 42 C.F.R. 433.51.
- (i) “TCM provider” means public and private entities contracted with an LGA to provide TCM services on behalf of the LGA under a CMS- approved contractual arrangement.
- (j) “Contributing public agency” means the LGA or another State or local governmental entity which provides funding for TCM services provided to target populations.