



State of Louisiana
Department of Health and Hospitals
Office of the Secretary

June 29, 2015

Bill Brooks
Associate Regional Administrator
Division of Medicaid & Children's Health
DHHS/Centers for Medicare and Medicaid Services
1301 Young Street, Room #833
Dallas, Texas 75202

Dear Mr. Brooks:

**RE: Louisiana Title XIX State Plan
Transmittal No. 15-0018**

I have reviewed and approved the enclosed Louisiana Title XIX State Plan material.

I recommend this material for adoption and inclusion in the body of the State Plan.

Sincerely,

A handwritten signature in blue ink, appearing to read "Kathy H. Kliebert", with a date stamp "Approved 6/29/15" written next to it.

Kathy H. Kliebert
Secretary

Attachments (3)

KHK:WJR:JH

**TRANSMITTAL AND NOTICE OF APPROVAL OF
STATE PLAN MATERIAL**

FOR: HEALTH CARE FINANCING ADMINISTRATION

1. TRANSMITTAL NUMBER:

15-0018

2. STATE

Louisiana

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

July 1, 2015

5. TYPE OF PLAN MATERIAL (Check One):

NEW STATE PLAN AMENDMENT TO BE CONSIDERED AS NEW PLAN AMENDMENT

COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (Separate Transmittal for each amendment)

6. FEDERAL STATUTE/REGULATION CITATION:

42 CFR 447.201 and 447.302

7. FEDERAL BUDGET IMPACT:

a. FFY 2016 **\$24,032.50**
b. FFY 2017 **\$19,883.69**

8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:

Attachment 3.1-A, Item 19, Page 1a
Attachment 3.1-A, Item 19, Page 2
Attachment 4.19-B, Item 19, Page 2
Attachment 4.19-B, Item 19, Page 3

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 PAGE NUMBER OF THE SUPERSEDED PLAN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

SAME (TN 13-09)
SAME (TN 08-13)
SAME (TN 14-0027)
NONE (New Page)

10. SUBJECT OF AMENDMENT: **The SPA proposes to amend the provisions governing targeted case management (TCM) in order to provide reimbursement to the Department of Children and Family Services (DCFS) for Medicaid eligible TCM services.**

11. 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:
The Governor does not review state plan material.

12. SIGNATURE OF STATE AGENCY OFFICIAL:

13. TYPED NAME:

Kathy H. Kliebert

14. TITLE:

Secretary

15. DATE SUBMITTED:

June 29, 2015

16. RETURN TO:

J. Ruth Kennedy, Medicaid Director
State of Louisiana
Department of Health and Hospitals
628 N. 4th Street
PO Box 91030
Baton Rouge, LA 70821-9030

FOR REGIONAL OFFICE USE ONLY

17. DATE RECEIVED:

18. DATE APPROVED:

PLAN APPROVED – ONE COPY ATTACHED

19. EFFECTIVE DATE OF APPROVED MATERIAL:

20. SIGNATURE OF REGIONAL OFFICIAL:

21. TYPED NAME:

22. TITLE:

23. REMARKS:

LOUISIANA TITLE XIX STATE PLAN

TRANSMITTAL #: 15-0018

TITLE: TCM - Foster Care and Family Support Worker Services

EFFECTIVE DATE July 1, 2015

FISCAL IMPACT:

Increase

	year		*# mos	range of mos.	state fiscal year years
1st SFY	2016		12	July 2015- June 2016	\$30,800,271
2nd SFY	2017		12	July 2016 - June 2017	\$31,724,279
3rd SFY	2018		12	July 2017 - June 2018	\$32,676,007

*#mos-Months remaining in fiscal year

Total Increase in Cost FFY 2016

State Fiscal Year 2016 \$30,800,271 for 12 months July 2015- June 2016 \$30,800,271
 Federal Fiscal Year

State Fiscal Year 2017 \$31,724,279 for 12 months July 2016 - June 2017
 Federal Fiscal Year \$31,724,279 / 12 X 3 July 2017 - September 2017 = \$7,931,070
\$38,731,341

FFP (FFY 2016) = \$38,731,341 X 62.05% = \$24,032,797

Total Increase in Cost FFY 2017

State Fiscal Year 2017 \$31,724,279 for 12 months July 2016 - June 2017
 Federal Fiscal Year \$31,724,279 / 12 X 9 October 2017 - June 2018 = \$23,793,209

State Fiscal Year 2018 \$32,676,007 for 12 months July 2017 - June 2018
 Federal Fiscal Year \$32,676,007 / 12 X 3 July 2018 - September 2018 = \$8,169,002
\$31,962,211

FFP (FFY 2017) = \$31,962,211 X 62.21% = \$19,883,691

AMOUNT DURATION AND SCOPE OF MEDICAL AND REMEDIAL CARE AND SERVICES
PROVIDED

LIMITATIONS OF THE AMOUNT, DURATION, AND SCOPE OF CERTAIN ITEMS OF PROVIDED
MEDICAL AND REMEDIAL CARE AND SERVICES ARE DESCRIBED AS FOLLOWS:

EPSDT Recipients on the DD Request for Services Registry

A minimum of one face-to-face visit per quarter with each recipient (and their guardian) is required. More frequent face-to-face visits shall be required to be performed if indicated in the recipient's Comprehensive Plan of Care. Additional face-to-face visits may be performed if needed to obtain services.

DCFS Medicaid Eligible Foster Children

The Medicaid Program shall provide reimbursement to the Department of Children and Family Services (DCFS) for the following case management services provided to Medicaid eligible foster children and their families:

1. comprehensive assessment of individual needs;
2. periodic reassessment of individual needs;
3. development and periodic revision of a specific care plan;
4. referral and related activities; and
5. monitoring and follow-up activities.

Covered services and activities may be rendered to the child, the foster family, family or other significant figures in the child's life.

The following DCFS services shall be excluded:

1. research gathering and completion of documentation for foster care program;
2. assessing adoption placement;
3. recruiting/interviewing potential foster parents;
4. serving legal papers;
5. home investigations;
6. providing transportation;
7. administering foster care subsidies;
8. making placement arrangements;
9. court related activities pertaining to foster care; and
10. medical provider referrals to IV-E Children.

TN _____

Approval Date _____

Effective Date _____

Supersedes

TN _____

AMOUNT DURATION AND SCOPE OF MEDICAL AND REMEDIAL CARE AND SERVICES
PROVIDED

LIMITATIONS OF THE AMOUNT, DURATION, AND SCOPE OF CERTAIN ITEMS OF PROVIDED
MEDICAL AND REMEDIAL CARE AND SERVICES ARE DESCRIBED AS FOLLOWS:

III. Selection of Case Management Agency

Recipients have the right to select the provider of their case management services from among those available agencies enrolled for participation.

IV. Standards for Participation

- A. In order to participate as a case management services provider in the Medicaid Program, an agency must comply with licensure and certification requirements, provider enrollment requirements, case management manual, and when applicable, the specific terms of individual contractual agreements.

NOTE: The Department of Health and Hospitals, Office of Aging and Adult Services (OAAS) support coordination service providers and DCFS foster care and family support workers are exempt from case management licensing standards since OAAS and DCFS will provide certification for support coordination/case management services rendered by their workers.

- B. Separate enrollment is required for each population and DHH designated region that the agency plans to serve, as well as for each office site it plans to operate. The agency may provide services only in the parishes of the DHH region for which approval has been granted.

V. Discharge

Discharge from a case management agency must occur when the recipient no longer requires services, desires to terminate services, becomes ineligible for services, or chooses to transfer to another case management agency.

TN _____

Approval Date _____

Effective Date _____

Supersedes

TN _____

METHODS AND STANDARDS FOR ESTABLISHING PAYMENT RATES--OTHER TYPES OF CARE OR SERVICE LISTED IN SECTION 1905 (A) OF THE ACT THAT ARE INCLUDED IN THE PROGRAM UNDER THE PLAN ARE DESCRIBED AS FOLLOWS:

CITATION
42 CFR
447.201
447.302

Medical and Remedial
Care and Services
Item 19 (cont)

OPTIONAL TARGETED CASE MANAGEMENT SERVICES

REIMBURSEMENT METHODOLOGY (continued)

Effective for dates of service on or after February 1, 2013, the Department shall terminate Medicaid reimbursement of targeted case management services to first-time mothers in the Nurse Family Partnership Program.

Effective for dates of service on or after February 1, 2013, reimbursement shall not be made for case management services rendered to HIV disabled individuals.

Effective for dates of service on or after July 1, 2014, reimbursement for case management services provided to participants in the New Opportunities Waiver shall be reimbursed at a flat rate for each approved unit of service. The standard unit of service is equivalent to one month and covers both service provision and overhead costs.

The licensing regulations for Support Coordination stipulate that the providers must have monthly contact with participants.

Effective for dates of service on or after July 1, 2015, reimbursement shall be made to the Department of Children and Family Services (DCFS) for case management services provided by foster care and family support workers to Medicaid eligible foster children. Payment shall be a one monthly fee-for-service payment.

- A. The Department shall utilize a random moment sampling (RMS) procedure as the cost allocation process to determine the reimbursement for services rendered by DCFS staff.
- B. RMS will statistically validate the method for determining the percentage of effort expended by DCFS foster care and family support workers for allowable case management services rendered to Medicaid eligible children.
- C. DCFS foster care and family support workers who render case management services will be randomly selected at a date, time, and frequency designated by the Department to participate in a survey, or other process, to determine the amount of time and efforts expended on the targeted population for Medicaid covered services. The RMS

TN _____

Approval Date _____ Effective Date _____

Supersedes
TN _____

METHODS AND STANDARDS FOR ESTABLISHING PAYMENT RATES--OTHER TYPES OF CARE OR SERVICE LISTED IN SECTION 1905 (A) OF THE ACT THAT ARE INCLUDED IN THE PROGRAM UNDER THE PLAN ARE DESCRIBED AS FOLLOWS:

responses will be compiled and tabulated using a methodology determined by the Department. DHH will obtain the cost for administering this program from DCFS and the time study results will be used to determine the allowable cost associated with administering the Medicaid covered TCM services, and the final fee-for-service rate of reimbursement to DCFS for the services rendered.

- D. As part of its oversight responsibilities, the Department reserves the right to develop and implement any audit and reviewing procedures that it deems are necessary to ensure that payments to DCFS for case management services are accurate and are reimbursement for only Medicaid allowable costs.

TN _____ Approval Date _____ Effective Date _____

Supersedes
TN _____

AUTHORITY NOTE: Promulgated in accordance with R.S. 36:254 and R.S. 40:2009.

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Bureau of Health Services Financing, LR 38:376 (February 2012), amended LR 41:

§9025. Notice and Appeal of License Denial, License Revocation, License Non-Renewal, and Appeal of Provisional License

A. - B. ...

1. The PRTF shall request the informal reconsideration within 15 calendar days of the receipt of the notice of the license denial, license revocation, or license non-renewal. The request for informal reconsideration must be in writing and shall be forwarded to the Health Standards Section.

2. - D. ...

E. If a timely administrative appeal has been filed by the facility on a license denial, license non-renewal, or license revocation, the Division of Administrative Law shall conduct the hearing pursuant to the Louisiana Administrative Procedure Act.

E.1. - G.2. ...

3. The provider shall request the informal reconsideration in writing, which shall be received by the Health Standards Section within five days of receipt of the notice of the results of the follow-up survey from the department.

a. Repealed.

4. The provider shall request the administrative appeal within 15 days of receipt of the notice of the results of the follow-up survey from the department. The request for administrative appeal shall be in writing and shall be submitted to the Division of Administrative Law, or its successor.

a. Repealed.

H. - H.1. ...

I. If a timely administrative appeal has been filed by a facility with a provisional initial license that has expired or by an existing provider whose provisional license has expired under the provisions of this Chapter, the Division of Administrative Law shall conduct the hearing pursuant to the Louisiana Administrative Procedure Act.

1. - 2. ...

AUTHORITY NOTE: Promulgated in accordance with R.S. 36:254 and R.S. 40:2009.

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Bureau of Health Services Financing, LR 38:377 (February 2012), amended LR 41:

§9027. Complaint Surveys

A. - J.1. ...

a. The offer of the administrative appeal, if appropriate, as determined by the Health Standards Section, shall be included in the notification letter of the results of the informal reconsideration. The right to administrative appeal shall only be deemed appropriate and thereby afforded upon completion of the informal reconsideration.

2. ...

AUTHORITY NOTE: Promulgated in accordance with R.S. 36:254 and R.S. 40:2009.

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Bureau of Health Services Financing, LR 38:378 (February 2012), amended LR 41:

§9029. Statement of Deficiencies

A. - C.1. ...

2. The written request for informal reconsideration of the deficiencies shall be submitted to the Health Standards Section and will be considered timely if received by HSS within 10 calendar days of the provider's receipt of the statement of deficiencies.

3. - 5. ...

AUTHORITY NOTE: Promulgated in accordance with R.S. 36:254 and R.S. 40:2009.

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Bureau of Health Services Financing, LR 38:379 (February 2012), amended LR 41:

Subchapter H. Additional Requirements for Mental Health PRTFs

§9093. Personnel Qualifications, Responsibilities, and Requirements

A. - 2.a.iv. ...

b. The clinical director is responsible for the following:

i. providing clinical direction for each resident at a minimum of one hour per month, either in person on-site, or via telemedicine pursuant to R.S. 37:1261-1292 et seq., and LAC 46:XLV.408 and Chapter 75 et seq.;

(a). - 3.a.iv. ...

b. A LMHP or MHP shall provide for each resident a minimum weekly total of 120 minutes of individual therapy.

3.c. - B. ...

AUTHORITY NOTE: Promulgated in accordance with R.S. 36:254 and R.S. 40:2009.

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Bureau of Health Services Financing, LR 38:397 (February 2012), amended LR 39:2511 (September 2013), LR 41:

Interested persons may submit written comments to Cecile Castello, Health Standards Section, P.O. Box 3767, Baton Rouge, LA 70821, or by email to MedicaidPolicy@la.gov. Ms. Castello is responsible for responding to inquiries regarding this Emergency Rule. A copy of this Emergency Rule is available for review by interested parties at parish Medicaid offices.

Kathy H. Kliebert
Secretary

1506#043

DECLARATION OF EMERGENCY

**Department of Health and Hospitals
Bureau of Health Services Financing**

Targeted Case Management
Foster Care and Family Support Worker Services
(LAC 50:XV.Chapter 115)

The Department of Health and Hospitals, Bureau of Health Services Financing adopts LAC 50:XV.Chapter 115 in the Medical Assistance Program as authorized by R.S. 36:254 and pursuant to Title XIX of the Social Security Act. This Emergency Rule is promulgated in accordance with the provisions of the Administrative Procedure Act, R.S. 49:953(B)(1) et seq., and shall be in effect for the maximum period allowed under the Act or until adoption of the final Rule, whichever occurs first.

The Department of Health and Hospitals, Bureau of Health Services Financing provides reimbursement for case management services rendered to targeted Medicaid populations, including Medicaid eligible children under the age of 21. Foster care and family support workers employed by the Department of Children and Family Services (DCFS) provides case management services that qualify for Medicaid reimbursement under the Targeted Case Management (TCM) Program.

The department now proposes to amend the Rule governing targeted case management in order to adopt provisions for reimbursing DCFS for Medicaid eligible TCM services.

This action is being taken to secure federal funding for Medicaid eligible services rendered to children in the care of DCFS, and to promote the health and welfare of these children by ensuring continued access to Medicaid covered services. It is estimated that implementation of this Emergency Rule will increase expenditures in the Medicaid Program by approximately \$30,800,271 for state fiscal year 2015-2016.

Effective July 1, 2015, the Department of Health and Hospitals, Bureau of Health Services Financing adopts provisions governing the reimbursement of targeted case management services delivered to Medicaid eligible children by foster care and family support workers with the Department of Children and Family Services.

Title 50

PUBLIC HEALTH—MEDICAL ASSISTANCE

Part XV. Services for Special Populations

Subpart 7. Targeted Case Management

Chapter 115. Foster Care and Family Support Worker Services

§11501. Introduction

A. Effective for dates of service on or after July 1, 2015, the department shall reimburse the Department of Children and Family Services (DCFS) for case management and case management supervision services, provided by DCFS foster care and family support workers, which qualify for Medicaid reimbursement under the Targeted Case Management Program.

AUTHORITY NOTE: Promulgated in accordance with R.S. 36:254 and Title XIX of the Social Security Act.

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Bureau of Health Services Financing, LR 41:

§11503. Covered Services

A. The Medicaid Program shall provide reimbursement to DCFS for the following case management services:

1. comprehensive assessment of individual needs;
2. periodic reassessment of individual needs;
3. development and periodic revision of a specific care plan;
4. referral and related activities; and
5. monitoring and follow-up activities.

B. Covered services and activities may be rendered to the child, the foster family, or biological family.

C. Case management functions provided by DCFS family support workers include, but are not limited to:

1. completing a safety and risk assessment of the child;
2. completing assessment of family functioning-initial and on-going to include trauma screening as well as

screenings for mental health, domestic violence and substance abuse issues;

3. developing a written care plan, jointly with the family, within the first 30 days;

4. providing on-going service planning;

5. providing on-going monitoring of the care plan through home visits, phone calls, etc.; and

6. providing a link to community resources for parents and children including:

- a. referrals to substance abuse;
- b. mental health services;
- c. domestic violence;
- d. daycare services;
- e. the Early Steps program;
- f. medical services;
- g. family resource center services;
- h. parenting services;
- i. visit coaching; and
- j. skills building.

D. Case management functions provided by DCFS foster care workers include, but are not limited to:

1. completing a social history and assessment;
2. arranging an initial medical, dental and communicable disease screening upon entry into foster care;
3. obtaining the medical history of child upon entering foster care, as well as immunization records;
4. completing a behavioral health screening within 15 days of child entering foster care;
5. exploring all federal benefits for the child (SSI, death benefits, etc.);
6. developing case plans and objectives with the family;
7. preparing cases for presentation to the multi-disciplinary team for consultation;
8. coordinating with other professionals regarding the needs of the child, family, and/or parent;
9. continuously assessing the safety of the child and service needs of the child(ren) and families through interviews, observations and other information sources; and
10. providing supportive services for clients and arranges for the provision of services from community resources based on the case plan.

E. The following DCFS services shall not be covered:

1. research gathering and completion of documentation for foster care program;
2. assessing adoption placement;
3. recruiting/interviewing foster parents;
4. serving legal papers;
5. home investigations;
6. transportation;
7. administering foster care subsidies; and
8. making placement arrangements.

AUTHORITY NOTE: Promulgated in accordance with R.S. 36:254 and Title XIX of the Social Security Act.

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Bureau of Health Services Financing, LR 41:

§11505. Reimbursement

A. The department shall utilize a random moment sampling (RMS) procedure as the cost allocation process to determine the reimbursement for services rendered by DCFS staff.

B. RMS will statistically validate the method for determining the percentage of effort expended by DCFS

foster care and family support workers for case management services rendered to Medicaid eligible children.

C. DCFS foster care and family support workers who render case management services will be randomly selected at a date, time, and frequency designated by the department to participate in a survey, or other process, to determine the amount of time and efforts expended on the targeted population for Medicaid covered services. The RMS responses will be compiled and tabulated using a methodology determined by the department. The results will be used to determine the cost associated with administering the Medicaid covered TCM services, and the final reimbursement to DCFS for the services rendered.

D. As part of its oversight responsibilities, the department reserves the right to develop and implement any audit and reviewing procedures that it deems are necessary to ensure that payments to DCFS for case management services are accurate and are reimbursement for only Medicaid allowable costs.

AUTHORITY NOTE: Promulgated in accordance with R.S. 36:254 and Title XIX of the Social Security Act.

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Bureau of Health Services Financing, LR 41:

Implementation of the provisions of this Rule may be contingent upon the approval of the U.S. Department of Health and Human Services, Centers for Medicare and Medicaid Services (CMS), if it is determined that submission to CMS for review and approval is required.

Interested persons may submit written comments to J. Ruth Kennedy, Bureau of Health Services Financing, P.O. Box 91030, Baton Rouge, LA 70821-9030 or by email to MedicaidPolicy@la.gov. Ms. Kennedy is responsible for responding to inquiries regarding this Emergency Rule. A copy of this Emergency Rule is available for review by interested parties at parish Medicaid offices.

Kathy H. Kliebert
Secretary

1506#034

DECLARATION OF EMERGENCY

Department of Health and Hospitals Bureau of Health Services Financing

Targeted Case Management
Reimbursement Methodology
(LAC 50:XV.10701)

The Department of Health and Hospitals, Bureau of Health Services Financing amends LAC 50:XV.10701 in the Medical Assistance Program as authorized by R.S. 36:254 and pursuant to Title XIX of the Social Security Act. This Emergency Rule is promulgated in accordance with the provisions of the Administrative Procedure Act, R.S. 49:953(B)(1) et seq., and shall be in effect for the maximum period allowed under the Act or until adoption of the final Rule, whichever occurs first.

As a result of a budgetary shortfall in state fiscal year 2013, the Department of Health and Hospitals, Bureau of Health Services Financing amended the provisions governing the reimbursement methodology for targeted case management (TCM) services to reduce the reimbursement

rates and to revise these provisions as a result of the promulgation of the January 2013 Emergency Rules which terminated Medicaid reimbursement of TCM services provided to first-time mothers in the Nurse Family Partnership Program and TCM services rendered to HIV disabled individuals (*Louisiana Register*, Volume 39, Number 12).

The department promulgated an Emergency Rule which amended the provisions governing the reimbursement methodology for TCM services provided to New Opportunities Waiver (NOW) recipients in order to adopt a payment methodology based on a flat monthly rate rather than 15-minute increments (*Louisiana Register*, Volume 40, Number 6). The department has now determined that it is necessary to amend the provisions of the July 1, 2014 Emergency Rule in order to ensure that these provisions are incorporated into the *Louisiana Administrative Code* in a clear and concise manner. This action is being taken to promote the health and welfare of NOW participants by ensuring continued access to Medicaid covered services.

Effective June 20, 2015, the Department of Health and Hospitals, Bureau of Health Services Financing amends the provisions of the July 1, 2014 Emergency Rule governing the reimbursement methodology for TCM services for NOW participants.

Title 50

PUBLIC HEALTH—MEDICAL ASSISTANCE

Part XV. Services for Special Populations

Subpart 7. Targeted Case Management

Chapter 107. Reimbursement

§10701. Reimbursement

A. - J. ...

K. Effective for dates of service on or after July 1, 2014, case management services provided to participants in the New Opportunities Waiver shall be reimbursed at a flat rate for each approved unit of service.

1. The standard unit of service is equivalent to one month and covers both service provision and administrative (overhead) costs.

a. Service provision includes the core elements in:

- i. §10301 of this Chapter;
- ii. the case management manual; and
- iii. contracted performance agreements.

2. All services must be prior authorized.

AUTHORITY NOTE: Promulgated in accordance with R.S. 36:254 and Title XIX of the Social Security Act.

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Office of the Secretary, Bureau of Health Services Financing, LR 30:1040 (May 2004), amended LR 31:2032 (August 2005), LR 35:73 (January 2009), amended by the Department of Health and Hospitals, Bureau of Health Services Financing, LR 35:1903 (September 2009), LR 36:1783 (August 2010), amended by the Department of Health and Hospitals, Bureau of Health Services Financing and the Office of Public Health, LR 39:97 (January 2013), amended by the Department of Health and Hospitals, Bureau of Health Services Financing, LR 39:3302 (December 2013), LR 40:1700,1701 (September 2014), LR 41:

Interested persons may submit written comments to J. Ruth Kennedy, Bureau of Health Services Financing, P.O. Box 91030, Baton Rouge, LA 70821-9030 or by email to MedicaidPolicy@la.gov. Ms. Kennedy is responsible for responding to inquiries regarding this Emergency Rule. A



State of Louisiana

Department of Health and Hospitals
Bureau of Health Services Financing

VIA ELECTRONIC MAIL ONLY

June 12, 2015

Karen Matthews, Health Director
Chitimacha Health Clinic
3231 Chitimacha Trail
Jeanerette, LA 70544

Angela Martin
Chitimacha Tribe of Louisiana
P. O. Box 640
Jeanerette, LA 70544

Anita Molo
Chitimacha Tribe of Louisiana
P. O. Box 640
Jeanerette, LA 70544

Marshall Pierite, Chairman
Misty Hutchby, Health Director
Tunica-Biloxi Tribe of Louisiana
P. O. Box 1589
Marksville, LA 71351-1589

Lovelin Poncho, Chairman
Paula Manuel, Health Director
Coushatta Tribe of Louisiana
P. O. Box 818
Elton, LA 70532

Chief Beverly Cheryl Smith
Holly Vanhoozen, Health Director
The Jena Band of Choctaw Indians
P. O. Box 14
Jena, LA 71342

Dear Louisiana Tribal Contact:

RE: Notification of Louisiana Medicaid State Plan Amendments

In compliance with the provisions of the American Recovery and Reinvestment Act (ARRA) of 2009, the Department of Health and Hospitals, Bureau of Health Services Financing is taking the opportunity to notify you of State Plan amendments (SPAs) that may have an impact on your tribe.

Attached for your review and comments is a summary of the proposed State Plan amendments. Please provide any comments you may have by June 19, 2015 to Mrs. Darlene Budgewater via email to Darlene.Budgewater@la.gov or by postal mail to:

Department of Health and Hospitals
Bureau of Health Services Financing
Medicaid Policy and Compliance
P.O. Box 91030
Baton Rouge, LA 70821-9030

Louisiana Tribal Notice
June 11, 2015
Page 2

Should you have additional questions about Medicaid policy, Mrs. Budgewater will be glad to assist you. You may reach her by email or telephone at (225) 342-3881. Thanks for your continued support of the tribal consultation process.

Sincerely,

Dee A. Budgewater

for
J. Ruth Kennedy
Medicaid Director

Attachment (1)

JRK/DB/RJ

c: Ford J. Blunt, III
Stacey Shuman

State Plan Amendment for submittal to CMS

Request for Tribal Comments

June 12, 2015

Targeted Case Management (TCM) - Department of Children and Family Services (DCFS) Effective July 1, 2015

The SPA proposes to revise the provisions governing targeted case management in order to adopt provisions for reimbursing DCFS for Medicaid eligible TCM services.

Early and Periodic Screening, Diagnostic and Treatment (EPSDT)- School Based Nursing Effective July 1, 2015

The SPA proposes to revise the provisions governing school-based nursing services covered in the EPSDT program to remove the Individualized Education Plan (IEP) requirement.

Medicaid Eligibility – Louisiana Health Insurance Premium Payment Program (LaHIPP Termination) - Effective July 1, 2015

The SPA proposes to terminate the LaHIPP program and to enroll the program's participants into the comprehensive Managed Care for Physical and Basic Behavioral Health Program.