

DEPARTMENT OF HEALTH & HUMAN SERVICES
Centers for Medicare & Medicaid Services
Dallas Regional Office
1301 Young Street
Dallas, Texas 75202



Division of Medicaid & Children's Health

17 June, 2016

Reference: **SPA – LA-15-0018**
(Targeted Case Management – Foster Care and Family Support Worker Services)

Ms. Jen Steele, Interim State Medicaid Director
Department of Health and Hospitals
628 North 4th St.
Post Office Box 91030
Baton Rouge, LA 70821-9030

Dear Ms. Jen Steele:

This is to acknowledge receipt of State's email message dated 2 June, 2016, stating Withdrawal of State Plan Transmittals No.15-0018. This action is reflected on the enclosed CMS-179. For your convenience, we are enclosing copies of the material withdrawn.

If you have any questions, please call Cheryl Rupley at 214-767-6278.

Sincerely,

A handwritten signature in black ink that reads "Marsha Marks". The signature is written in a cursive, flowing style.

Marsha Marks, Health Insurance Specialist
Centers for Medicare & Medicaid Services
Division of Medicaid and Child Health

Enclosures:
State's Withdraw Letter Dated 6-14-16
Copies of Withdrawn Material



State of Louisiana
Louisiana Department of Health
Bureau of Health Services Financing

VIA ELECTRONIC MAIL ONLY

June 14, 2016

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, Targeted Case Management-Foster Care and
Family Support Worker Services**

Please refer to the above proposed amendment submitted under transmittal number (TN) 15-0018 with an effective date of July 1, 2015. This SPA proposed to amend the provisions governing targeted case management (TCM) in order to provide reimbursement to the Department of Children and Family Services (DCFS) for TCM services rendered to Medicaid eligible foster children.

The State has decided not to pursue this State Plan amendment and requests that TN 15-0018 be withdrawn from consideration.

Sincerely,

A handwritten signature in blue ink that reads "Jen Steele".

Jen Steele
Medicaid Director

JS:DAB:JH

c: Cheryl Rupley
Tamara Sampson



Executive Division
627 North 4th Street
Baton Rouge, LA 70802

(O) 225.342.0286
(F) 225.342.8636
www.dcfsl.a.gov

John Bel Edwards, Governor
Marketa Garner Walters, Secretary

April 14, 2016

Dr. Rebekah Gee
Secretary
Department of Health and Hospitals
628 N. 4th Street
Baton Rouge, LA 70802
Via Email: Rebekah.Gee@LA.GOV

Dear Dr. Gee:

After careful consideration, the Department of Children and Family Services (DCFS) would like to request the withdrawal of the Louisiana Title XIX State Plan amendment submitted to CMS on behalf of DCFS under transmittal number 15-0018-Targeted Case Management.

DCFS has worked closely with DHH staff, specifically Darlene Budgewater, Section Chief of Medicaid Policy Development, and Mary Norris, Project Manager, as well as many others over the past year to implement this request. We appreciate the support and guidance provided by DHH to assist DCFS in this process.

Please advise if any additional information is needed.

Sincerely,

for
Marketa Garner Walters
Secretary



Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

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".

Kathy H. Kliebert
Secretary

SPA Withdrawn Per State's Email Date 6-14-16

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)

4. PROPOSED EFFECTIVE DATE

July 1, 2015

TO: REGIONAL ADMINISTRATOR
HEALTH CARE FINANCING ADMINISTRATION
DEPARTMENT OF HEALTH AND HUMAN SERVICES

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 **\$24,032.80**
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:



Approved for

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:

SPA Withdrawn Per State's Email Date 6-14-16

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

SPA Withdrawn Per State's Email Date 6-14-16

SPA Withdrawn Per State's Email Date 6-14-16

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 _____

SPA Withdrawn Per State's Email Date 6-14-16

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.

SPA Withdrawn Per State's Email Date 6-14-16

Effective for dates of service on or after February 1, 2014, 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.

SPA Withdrawn Per State's Email Date 6-14-16

TN _____ Approval Date _____ Effective Date _____

Supersedes
TN _____



State of Louisiana
Department of Health and Hospitals
Bureau of Health Services Financing

VIA ELECTRONIC MAIL ONLY

October 28, 2015

SPA Withdrawn Per State's Email Date 6-14-16

Bill Brooks
Centers for Medicare and Medicaid Services
Division of Medicaid and Children's Health Operations
Dallas Regional Office
1301 Young Street, Suite 833
Dallas, TX 75202

Dear Bill:

**RE: LA SPA TN 15-0018 RAI Response
Targeted Case Management-Foster Care and Family Service Worker Services**

Please refer to our proposed amendment to the Medicaid State Plan submitted under transmittal number (TN) 15-0018 with a proposed effective date of July 1, 2015. The purpose of this SPA is to amend the provisions governing targeted case management (TCM) in order to provide reimbursement to the Department of Children and Family Services (DCFS) for TCM services rendered to Medicaid eligible foster children. We are providing the following in response to your request for additional information (RAI) dated September 16, 2015:

CMS - 179

1. On 07/28, CMS sent the State a preprint that is used for targeted case management services. This preprint is normally located in a Supplement to Attachment 3.1-A of the State plan. If the State decides to use this preprint, it will have to amend blocks 8 and 9 of the CMS- 179 to include the correct pages being amended.

RESPONSE: Please see the attached Supplement 1 to Attachment 3.1-A, and attached pen and ink changes to CMS-179, blocks 8 and 9.

2. In block 7 of the CMS-179, the FFP is \$24,032,797 for 2016 and \$19,883,691 for 2017. Please indicate the total population for the Medicaid foster care children expected to receive these services that justifies the amount of FFP listed. Also indicate why the State feels the FFP will decrease in year 2.

RESPONSE: The average monthly number of children served is 3,919. The initial determination of the estimated costs was not accurate. DCFS and the Department of Health and Hospitals (DHH) staff have worked together on developing a new projection of the fiscal impact for TCM services provided by DCFS workers.

The revised federal financial participation (FFP) for federal fiscal year (FFY) 2016 is \$31,040,939 and \$25,605,161 for FFY 2017. The 2016 projection is higher due to claiming the last quarter of FFY 2015 in FFY 2016 Please see attached pen and ink change to CMS-179, block 7.

General Questions

3. Care Coordination is an integral part of managed care. If these foster care children fall under managed care, how does the State ensure there is no duplication of services between this reimbursement for TCM and managed care services that already include care coordination?

RESPONSE: While both managed care organizations (MCOs) and TCM programs provide case management, there is a distinction between case management provided by TCM programs and by MCOs. The MCO primarily focuses on member medical needs in providing case management as the primary provider of client medical care. This may include management of acute or chronic illness or case management related to intense behavioral health needs, such as diverting from psychiatric hospitalization or helping determine the best post-hospital placement.

In contrast, the DCFS TCM program focuses on the management of the whole client. Children in foster care experience multiple transitions among families, caretakers, and in and out of foster care. They have highly specialized needs due to childhood trauma, separation from their home, family, friends, school, etc., and have high rates of behavioral health disorders. This complex child welfare process is compounded by health, mental health, and substance abuse issues that the children or their families often experience.

Addressing the needs of foster children will require a high level of coordination within and across the larger health care and foster care system, and among many other entities involved in the child's care, such as educational, social services and legal systems. Systems that support coordination should positively impact the process of care for children in child welfare, and are likely to result in better outcomes.

DCFS and the MCOs will engage in a collaborative process to ensure that there is no duplication of services. Agreements will be established which identify roles and allow for cross collaboration so that the responsibilities of each entity are delineated.

The MCOs will identify a contact person who will work with DCFS to coordinate services.

DCFS will contact the MCO once a plan of care has been completed on the child to address the child's needs. This will also be an opportunity for the DCFS worker to discuss with the MCO contact person any other needs the child has and the plan for addressing those needs. This communication will reduce the likelihood of duplication of referrals or services.

Coverage Questions

General Comments

CMS has shared the Targeted Case Management (TCM) template with the state. The current coverage plan page language for these TCM programs are missing several key pieces of information that are linked to required elements for TCM, which are specified in the regulation at 42 CFR 441.169 and 441.18. The coverage language must be revised to include all these elements. We strongly encourage the state to use the attached draft TCM outline to ensure that all of the elements of TCM are addressed in the plan page language.

4. In accordance with 42 CFR 441.18(a)(9), "Separate plan amendments for each subgroup within a group must be included if any of the following differs among the subgroups: 1) the case management services to be furnished; 2) The qualifications of case management providers; or 3) the methodology under which case management providers will be paid." In the current state plan pages submitted, the target groups appear to be receiving unique services. Please explain if all target groups in this state plan amendment will receive the same services, have the same provider qualifications, and if the methodology for payment is the same.

RESPONSE: All of the currently approved populations covered under the State Plan for TCM have an accompanying Supplement 1 to Attachment 3.1-A which details the target groups, services to be furnished, qualifications of case management providers and methodology under which they will be paid. This SPA only seeks to add one new target group for DCFS out-of-home Medicaid eligible foster care placements. Please see Supplement 1 to Attachment 3.1-A, Page 1C.

Definitions of Target Groups

5. In accordance with federal regulation 42 CFR 441.18(a)(8)(i), the state must "define the group (and any subgroups within the group) eligible to receive case management services." The state has not provided definition for target groups, but rather has included services descriptions for each target groups on the state plan page. Please define each target group that will receive TCM services, specifically describe the populations eligible to receive TCM services.

RESPONSE: Please see Supplement 1 to Attachment 3.1-A, Page 1 C.

Practitioner Qualifications

6. In accordance with federal regulations at 42 CFR 441.18(a)(8)(v.), TCM requires the specification of “provider qualifications that are reasonably related to the population being services and the case management services.” It is unclear from the state plan page what the provider qualifications are and if there are differences between providers serving the four target groups. As a result, please address the following:

- a. Please describe all individual practitioners providing TCM services, specifically please include any licensure, certification, education, or experience requirements that must be met.

RESPONSE: Please see Supplement 1 to Attachment 3.1-A, Pages 1C(3) through 1C(4).

- b. Please describe all case management agencies providing TCM services, specifically please include any licensure, certification, or experience requirements that must be met.

RESPONSE: The organization providing case management services for Medicaid eligible foster children must meet the following requirements:

- A minimum of five years’ experience of working successfully with children and families in the target population, including a demonstrated capacity to provide all components of case management.
- A minimum of five years’ experience in responding successfully to the needs of children and families in the target population on a statewide 24 hours, seven days a week basis.
- A minimum of five years case management experience in accordance and linking community medical, social, educational, or other resources needed by the target population on a statewide basis.
- A minimum of five years working with the target population.
- A minimum of five years’ experience in documenting and maintaining individual case records that is in accordance with all applicable state and federal requirements.
- A minimum of five years’ experience of demonstrated capacity in meeting the case management service needs of the target population.
- Demonstrated capacity to provide training and supervision to individual case managers, including training pertaining to Medicaid-covered services.

7. Attachment 3.1A, Item 19, Page 2, IV. Standards for Participation:

- a. A., First sentence: T 3. In accordance with federal regulations at 42 CFR 441.18(a)(8)(v.), TCM requires the specification of “provider qualifications that are

reasonably related to the population being services and the case management services.” The state plan page currently outlines that providers must, “comply with [...] provider enrollment requirements.” Please further describe what provider enrollment requirements the state is referencing.

RESPONSE: DCFS is an enrolled Medicaid provider and will use its internal staff with the experience and knowledge to work with this special population. There will not be any specific provider enrollment requirements beyond the agency’s own licensing requirements and enrollment as a Medicaid provider. Attachment 3.1-A, Item 19, Page 1a, has been revised to further clarify the provisions governing specific provider enrollment requirements. The State requests to substitute and replace the originally submitted Attachment 3.1-A, Item 19, Page 1a and 2 with the new revised pages.

- b. A., NOTE: The state plan page currently outlines that providers from the “Office of Aging and Adult Services, as well as DCFS foster care and family support workers are exempt from case management licensing standards.” Please describe if these providers furnish services to all target groups outlined within the SPA, and why they receive exemption from case management licensing standards.

RESPONSE: According to Louisiana Revised Statute 46:1404 (B), child-placing agencies within the DCFS shall be exempt from the provisions of licensing requirements for all specialized providers. Under this exemption, DCFS is authorized and mandated to perform its child-placing functions in accordance with the standards promulgated by the Department for licensed child-placing agencies. DCFS provides staff training according to these standards.

Evoking Freedom of Choice Exception

8. Attachment 3.1A, Item 19, Page 2, IV. Standards for Participation, A., First Sentence: In accordance with 42 CFR 441.18(b), federal regulation states that “if the State limits qualified providers of case management services for target groups of individuals with developmental disability of chronic mental illness, in accordance with §431.51(a)(4) of this chapter, the plan must 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 service.” The state plan page currently outlines that providers must comply with, “[...] the specific terms of individual contractual agreements.” Please describe if this is intended to evoke the Freedom of Choice Exemption, and please note that this exemption is only applicable to developmentally disabled populations.

RESPONSE: The statement that providers must comply with specific terms of individual contractual agreements is not intended to evoke the Freedom of Choice Exemption.

Other Coverage Questions

9. Attachment 3.1A, Item 19, Page 2. V. Discharge: The state plan page currently outlines that discharge from a case management agency may occur if the individual “chooses to transfer to another case management agency.” Please explain if this other case management agency is one beyond those currently furnishing TCM services to the four target groups. In addition, please clarify if individuals receiving TCM will have to repeat all their case management service components when transferring to another agency or if the new agency will continue TCM services seamlessly from the previous agency.

RESPONSE: At this time, DCFS is the only qualified provider organization of case management services for the foster care population. Individuals receiving TCM will not have to repeat all of their case management service components when transferring to another case manager within the provider organization.

Reimbursement Questions

Attachment 4.19-B Item 19, Page 2

10. Reimbursement Methodology, fourth paragraph: The following coverage language was identified on the payment pages. The state currently has included language stating that, “The licensing regulations for Support Coordination stipulate that the providers must have monthly contact with participants.” Please confirm that support coordinators are the same as case managers, and ensure that consistent terminology and titles are used throughout the state plan for providers.

RESPONSE: Support Coordinators are staff that provide case management services to the New Opportunity Waiver (NOW) recipients. This language was intended to refer to the preceding paragraph of Attachment 4.19-B, Item 19, Page 2 and does not apply to this SPA which proposes TCM to Medicaid eligible foster children through DCFS.

11. The last sentence in the fifth paragraph states “Payment shall be a one monthly fee-for service (FFS) payment”. Did the state want to say “one-time” monthly or just monthly fee-for service (FFS) payment? Either way, please clarify this statement.

RESPONSE: The payment shall be a monthly fee-for-service payment to DCFS for services rendered. Please see revised Attachment 4.19-B, Item 19, Page 2. The State requests to substitute and replace the originally submitted Attachment 4.19-B, Item 19, Page 2 and 3 with the new revised pages.

12. These children fall under managed care. Is managed care just the service delivery model for these foster care children? Please explain how the State intends to pay a FFS rate when these children are now under managed care. If a FFS rate is going to be paid, what

are the monthly service delivery requirements that must be met to allow a monthly payment to be made?

RESPONSE: Yes, managed care is the service delivery model for the foster care children. The State intends to pay a FFS when these children are included in managed care through the coordinated approach detailed in response number three. Minimum service delivery of one face-to-face visit per month must be met to allow a monthly payment to be made.

13. Please provide the amount of the monthly rate and use the applicable language to list the fee schedule location on the plan page.

RESPONSE: The proposed rate is \$884.82 per month. The appropriate language has been added to the State Plan page about the fee schedule location. Please see revised Attachment 4.19-B, Item 19, Page 2.

14. The State of Louisiana has been providing these services for some time now. What federal funding sources were used to supplement the cost of these services before and what made the State want to use Medicaid TCM funding at this point?

RESPONSE: Prior federal funding sources used include Title IV-B, Title IV-E, Social Services Block Grant (SSBG), Medicaid Administration and Temporary Assistance for Needy Families (TANF). Existing TANF funds used to support Child Welfare are no longer available due to a State decision to move TANF to support activities within another State department. In addition, as Louisiana has begun implementation of new initiatives to coordinate services to mutual clients, it was recognized that there were opportunities to match cost claiming to work being done by each agency. DCFS would like to interweave financing around service delivery.

Standard Funding Questions

The following questions are being asked and should be answered in relation to all payments made to all providers reimbursed pursuant to a methodology described in Attachment 4.19-B of this SPA. For SPAs that provide for changes to payments for clinic or outpatient hospital services or for enhanced or supplemental payments to physician or other practitioners, the questions must be answered for all payments made under the state plan for such service.

1. Section 1903(a)(1) provides that Federal matching funds are only available for expenditures made by States for services under the approved State plan. Do providers receive and retain the total Medicaid expenditures claimed by the State (includes normal per diem, supplemental, enhanced payments, other) or is any portion of the payments returned to the State, local governmental entity, or any other intermediary organization? If providers are required to return any portion of payments, please provide a full description of the repayment process. Include in your response a full description of the

methodology for the return of any of the payments, a complete listing of providers that return a portion of their payments, the amount or percentage of payments that are returned and the disposition and use of the funds once they are returned to the State (i.e., general fund, medical services account, etc.)

RESPONSE: Providers will receive and retain 100 percent of the payments. No portion of the payments is returned to the Department.

2. Section 1902(a)(2) provides that the lack of adequate funds from local sources will not result in lowering the amount, duration, scope, or quality of care and services available under the plan. Please describe how the state share of each type of Medicaid payment (normal per diem, supplemental, enhanced, other) is funded. Please describe whether the state share is from appropriations from the legislature to the Medicaid agency, through intergovernmental transfer agreements (IGTs), certified public expenditures (CPEs), provider taxes, or any other mechanism used by the state to provide state share. Note that, if the appropriation is not to the Medicaid agency, the source of the state share would necessarily be derived through either through an IGT or CPE. In this case, please identify the agency to which the funds are appropriated. Please provide an estimate of total expenditure and State share amounts for each type of Medicaid payment. If any of the non-federal share is being provided using IGTs or CPEs, please fully describe the matching arrangement including when the state agency receives the transferred amounts from the local governmental entity transferring the funds. If CPEs are used, please describe the methodology used by the state to verify that the total expenditures being certified are eligible for Federal matching funds in accordance with 42 CFR 433.51(b). For any payment funded by CPEs or IGTs, please provide the following:
- (i) a complete list of the names of entities transferring or certifying funds;
 - (ii) the operational nature of the entity (state, county, city, other);
 - (iii) the total amounts transferred or certified by each entity;
 - (iv) clarify whether the certifying or transferring entity has general taxing authority:
and,
 - (v) whether the certifying or transferring entity received appropriations (identify level of appropriations).

RESPONSE: The state share will be certified by the State's DCFS, compliant with CMS regulations on CPEs. The amounts to be transferred are not yet known. DCFS receives state tax dollars through the legislative appropriation process.

3. Section 1902(a)(30) requires that payments for services be consistent with efficiency, economy, and quality of care. Section 1903(a)(1) provides for Federal financial participation to States for expenditures for services under an approved State plan. If supplemental or enhanced payments are made, please provide the total amount for each type of supplemental or enhanced payment made to each provider type.

RESPONSE: This SPA does not involve supplemental or enhanced payments.

4. For clinic or outpatient hospital services please provide a detailed description of the methodology used by the state to estimate the upper payment limit (UPL) for each class of providers (State owned or operated, non-state government owned or operated, and privately owned or operated). Please provide a current (i.e., applicable to the current rate year) UPL demonstration.

RESPONSE: Not applicable to this SPA.

5. Does any governmental provider receive payments that in the aggregate (normal per diem, supplemental, enhanced, other) exceed their reasonable costs of providing services? If payments exceed the cost of services, do you recoup the excess and return the Federal share of the excess to CMS on the quarterly expenditure report?

RESPONSE: Through the rate setting and cost collection process, the Department will know that no governmental provider would be paid above their cost. Once any overpayment is identified the Department would recoup such funds.

Please consider this a formal request to begin the 90-day clock. We trust that this additional information will be sufficient to result in the approval of the pending plan amendment. We look forward to negotiating with CMS to ensure approval.

As always, we appreciate the assistance of Ford Blunt in resolving these issues. If further information is required, you may contact Darlene A. Budgewater at Darlene.Budgewater@la.gov or by phone at (225) 342-3881.

Sincerely,



J. Ruth Kennedy
Medicaid Director

JRK:DAB:JH

Attachments (4)

c: Ford Blunt
Darlene Budgewater
Tamara Sampson

SPA Withdrawn Per State's Email Date 6-14-16

**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 ~~\$24,032.80~~ \$31,040.94
b. FFY 2017 ~~\$19,883.69~~ \$25,605.16

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
Supplement 1 to Attachment 3.1-A, Page 1C-1C(6)

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)
NONE (New Pages)

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: **The State requests a pen and ink change to box 7, 8 and 9 as noted above.**

SPA Withdrawn Per State's Email Date 6-14-16

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

TARGETED CASE MANAGEMENT SERVICES
Department of Children and Family Services (DCFS)
Medicaid Eligible Foster Children

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

- ❖ **The targeted population is Medicaid eligible recipients who are under age 21 and are the responsibility (custody) of the Department of Children and Family Services for foster care services and are currently residing in an in-home setting, a foster home, non-certified relative home, group home, residential care facility (excludes Institutions for Mental Disease as defined in 42 CFR 435.1010), or independent living situation.**

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)

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

- X Entire State
 Only in the following geographic areas:

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

- X Services are provided in accordance with §1902(a)(10)(B) of the Act.
 Services are not comparable in amount duration and scope (§1915(g)(1)).

Definition of services (42 CFR 440.169): Targeted case management 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, but are not limited to:
 - taking client history;
 - identifying the individual's needs and completing related documentation;

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State Plan under Title XIX of the Social Security Act
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TARGETED CASE MANAGEMENT SERVICES
Department of Children and Family Services (DCFS)
Medicaid Eligible Foster Children

- 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;
- **completing a social history and assessment;**
- **obtaining the child's medical history, as well as immunization records;**
- **coordinating with other professionals regarding the needs of the child, family, and/or parent;**
- **completing a behavioral health screening within 15 days of the child entering foster care;**
- **completing a safety and risk assessment, and**
- **completing an assessment of family functioning, initial and on-going, to include trauma screening as well as screenings for mental health, domestic violence and substance use disorder (SUD) issues.**

A case management needs assessment is initially performed to determine the recipients need for TCM services. Reassessments are performed at a minimum of every 180 days but may be performed as frequently as necessary based on a recipient's needs. Assessment and reassessment results in the initial development or revision of the individuals care plan.

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;
- identifies a course of action to respond to the assessed needs of the eligible individual;
- **developing case plans and objectives with the family; and**
- **preparing cases for presentation to the multi-disciplinary team for consultation.**

- ❖ Referral and related activities (such as scheduling appointments for the individual) to help the eligible individual obtain needed services including:

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

**TARGETED CASE MANAGEMENT SERVICES
Department of Children and Family Services (DCFS)
Medicaid Eligible Foster Children**

- 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;
 - **arranging an initial medical, dental and communicable disease screening upon entry into foster care;**
 - **providing a link to community resources for parents and children, including:**
 - **referrals to substance abuse;**
 - **mental health services;**
 - **domestic violence services;**
 - **daycare services;**
 - **the Early Steps program;**
 - **family resources center services; visit coaching and**
 - **skill building; and**
 - **exploring all federal benefits for the child (SSI, death benefits, etc).**
- ❖ **Monitoring and follow-up activities:**
- activities and contacts that are necessary to ensure the care plan is implemented and adequately addresses the eligible individual's needs. The activities may be with the individual, family members, service providers, or other entities or individuals and conducted as frequently as necessary, and includes at least one annual monitoring to determine whether the following conditions are met:
 - services are being furnished in accordance with the individual's care plan;
 - services in the care plan are adequate;
 - 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;
 - **continuously assessing the safety of the child and service needs of the child(ren) and families through interviews, observations and other information sources; and**
 - **providing supportive services for clients and arranging for the provision of services from community resources.**

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TARGETED CASE MANAGEMENT SERVICES
Department of Children and Family Services (DCFS)
Medicaid Eligible Foster Children

Case management monitoring consists of regular contacts between the case manager and the recipient, family members, service providers, or other entities or individuals to determine if goals specified in the targeted case management care plan are being met. For this target group, it is also critical that regular monitoring occurs to ensure that problems are identified and resolved in a timely manner to determine if the recipient is successfully accessing needed services and meeting identified goals. Monitoring is performed in accordance with the frequency specified in the recipient's targeted case management service plan which is based on recipient needs. A minimum of one monthly face-to-face visit will be conducted for all in state placements.

X 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.
(42 CFR 440.169(e))

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

Individual case manager qualifications:

Each Medicaid enrolled provider must ensure that all staff providing case management services meets the required qualifications prior to assuming any full caseload responsibilities. DCFS shall ensure that all foster care workers providing TCM services meets the required qualifications.

Case managers must meet one of the following minimum education and experience qualifications:

- Baccalaureate degree in social work, psychology, psychiatric nursing, psychiatry, mental health counseling, rehabilitation counseling, or sociology,

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TARGETED CASE MANAGEMENT SERVICES
Department of Children and Family Services (DCFS)
Medicaid Eligible Foster Children

applied sociology, human services counseling, education with a concentration in special education, family and consumer sciences with a concentration in child, family and social services, guidance and counseling, human development counseling, social services counseling, vocational rehabilitation, or human services; or

- **A baccalaureate degree in a non-related field plus one year of professional social services experience; or**
- **A master's degree in social work or a non-related field.**

Case managers must also meet the following conditions:

- **Individuals occupying this job who are subject to state licensing or registration laws administered by the Louisiana State Board of Social Work Examiners must possess and keep current the license or registration;**
- **Have the ability to work in and within the legal systems, including the court system;**
- **Have the ability to learn state and federal rules, laws and guidelines relating to the target population and to gain knowledge about community resources; and**
- **Complete the required training from DCFS.**

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

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**TARGETED CASE MANAGEMENT SERVICES
Department of Children and Family Services (DCFS)
Medicaid Eligible Foster Children**

these limitations enable providers to ensure that individuals within the target groups receive needed services.]

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 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 plan.

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

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)):

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:

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
Department of Children and Family Services (DCFS)
Medicaid Eligible Foster Children**

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))

Specify any additional limitations:

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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:

SPA Withdrawn Per State's Email Date 6-14-16

Early and Periodic Screening, Diagnosis and Treatment Recipients on the Intellectually Disabled 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.

Department of Children and Family Services Medicaid Eligible Foster Children

The Medicaid Program shall provide reimbursement to the Department of Children and Family Services (DCFS) for Medicaid eligible foster children. A minimum of one monthly face-to-face visit will be conducted for all in-state placements. Covered services and activities may be rendered to the child, the foster family, family or other significant figures in the child's life. Please refer to TCM Supplement 1 to Attachment 3.1-A for further details.

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, specific provider enrollment requirements (if applicable), 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 service 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.

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:

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, with the exception of case management services provided by DCFS to Medicaid eligible foster children where DCFS is the only qualified provider of these case management services.

SPA Withdrawn Per State's Email Date 6-14-16

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:

SPA Withdrawn Per State's Email Date 6-14-16

CITATION Medical and Remedial
42 CFR Care and Services
447.201 Item 19 (cont)
447.302

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.

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 services workers to Medicaid eligible foster children. Payment shall be a monthly fee-for-service payment. Please see the current fee schedule at the following link:

http://www.lamedicaid.com/provweb1/fee_schedules/feeschedulesindex.htm

- 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 services workers for allowable case management services rendered to Medicaid eligible children.
- C. DCFS foster care and family services 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.

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:

- The RMS 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.

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TN _____

Approval Date _____

Effective Date _____

Supersedes

TN _____