John Bel Edwards
GOVERNOR

Dr. Courtney N. Phillips
SECRETARY

State of Louisiana

Louisiana Department of Health
Office of the Secretary

VIA ELECTRONIC MAIL ONLY

December 23, 2021

James G. Scott, Director
Division of Program Operations
Medicaid & CHIP Operations Group
601 East 12th Street, Room 0300
Kansas City, Missouri 64106-2898

Dear Mr. Scott:

RE: LA SPA TN 21-0021 RAI Response
Targeted Case Management

Please refer to our proposed amendment to the Medicaid state plan submitted under transmittal number (TN) 21-0021 with a proposed effective date of August 20, 2021. This amendment seeks approval to revise the provisions governing the targeted case management program in order to repeal the agency caseload limitations regarding the maximum number of beneficiaries that any one agency may serve in a region and to update language to reflect current practices.

We are providing the following in response to your request for additional information (RAI) dated December 15, 2021.

Section 9817 of the American Rescue Plan Act Comments/Questions

In accordance with Section 9817 of the American Rescue Plan Act, states must preserve covered HCBS, including the services themselves and the amount duration, and scope of those services, in effect as of April 1, 2021. On Supplement 1 to Attachment 3.1-A Page 1B, the state proposes to remove the requirement that individuals in the target group have a documented established medical condition determined by a licensed medical doctor. Additionally, the state is proposing to add a requirement that individuals have an established medical condition associated with a high probability of resulting in a development delay in accordance with part C of the Individuals with Disabilities Education Act, Sec.635 (a) (1) [20 USC 1435 (a) (1)] and as further defined in Title 34 of the Code of Federal Regulations, Part 303, Section 21 (infant or toddler with a disability).

The current target group, individuals with a documented established medical condition determined by a licensed medical doctor, would allow a large pool of individuals who can access the services, while requiring individuals to have a medical condition associated with a high probability of resulting in a developmental delay in accordance with part C of individuals with Disabilities Education Act, and further defined in Title 34 of the Code of Federal Regulations would narrow the pool of individuals who can access services. Would individuals with a documented established medical condition as determined by a licensed medical doctor still be eligible for the TCM services or would individuals need to meet a stricter requirement? Please clarify.

LDH RESPONSE:
Individuals with a documented established medical condition as determined by a licensed medical doctor would still be eligible for TCM services. The language has been added back to the page. Please see revised Supplement 1 to Attachment 3.1-A Page 1B.

Effective April 20, 2016, the minimum hourly rate paid to personal care workers shall be at least the current federal minimum hourly rate. Should a change in the federal minimum hourly rate result in a rate that is above the minimum hourly rate paid to personal care workers, the minimum hourly rate paid to personal care workers will adjust to the federal minimum hourly rate the date that federal rate becomes effective.

LDH RESPONSE:
A change in the federal minimum hourly rate will result in an adjustment to the minimum hourly rate paid to personal care workers the date the federal rate change becomes effective.

Please consider this as a formal request to begin the 90-day clock. As always, we appreciate the assistance of CMS in resolving these issues and we trust this RAI response will result in the approval of the pending SPA. If additional information is required, you may contact Karen H. Barnes at Karen.Barnes@la.gov or by phone (225) 342-3881.

Sincerely,

Patrick Gillies
Medicaid Executive Director

PG:KHB:KS

c: Karen Barnes
Tobias Griffin
Tamara Sampson

STATE OF LOUISIANA

AMOUNT DURATION AND SCOPE OF MEDJCAL 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:

CITATION
1915(g) of the
Social Security Act

Medical and Remedial Care and Services
Item 19

The Department utilizes a broker model of case management in which beneficiaries are referred to other agencies for specific services they need. These services are determined by individualized planning with the beneficiary and/or the beneficiary's family, and other persons/professionals deemed appropriate and provided according to a written comprehensive plan of care that includes measurable person centered outcomes.

Case Management Supervisor

Staff who provide supervision of case management services shall meet the following criteria for education and experience qualifications:

1. Bachelor's or master's degree in social work from a program accredited by the Council on Social Work Education and two years of paid post degree experience in providing support coordination services; or
2. Currently licensed RN with at least two years of paid nursing experience, or
3. Bachelor's or master's degree in a human services related field, which includes psychology, education, counseling, social services, sociology, philosophy, family and consumer sciences, criminal justice, rehabilitation services, child development, substance abuse, gerontology, and vocational rehabilitation, and two years of paid post degree experience in providing support coordination services, or
4. Bachelor's degree in liberal arts or general studies with concentration of at least 16 hours in one of fields listed in No. 3 above and two years of paid post degree experience in providing support coordination services.

The provider shall ensure that there is only one primary case manager for each eligible beneficiary.

Electronic Visit Verification
Case management providers identified by the Department shall use an electronic visit verification (EVV) system designated by the Department for verifying in-home or face-to-face visit requirements for case management services.

STATE OF LOUISIANA

AMOUNT DURATION AND SCOPE OF MEDJCAL 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:

Standards for Participation

Case management agencies shall comply with the following:

1. licensure and certification requirements,
2. provider enrollment requirements,
3. case management manual, and
4. specific terms of individual contractual performance agreements, when applicable.

STATE OF LOUISIANA

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	Medical and Remedial Care and Services Item 19 (cont)	OPTIONAL TARGETED CASE MANAGEMENT SERVICES
42 CFR 447.201		
42 CFR 447.302		

REIMBURSEMENT METHODOLOGY

Case management services for the Infant and Toddler Program (EarlySteps) shall be prior authorized. The standard unit of service covers both service provision and overhead costs. Contacts are on a one-to-one basis between a case manager and a participant or between a case manager and others when this contact is for the benefit of the participant.

Reimbursement for Targeted Case Management is based on cost using an independent cost model approach to rate setting. In this approach, a model of the costs providers incur in delivering a particular service is constructed. In constructing the models, the primary cost drivers include the following:

1. Direct service staff wages;
2. Direct service staff employee related expenses (ERE);
3. The productivity of direct service staff, i.e. the amount of a direct service staff's time in each workday that can be billed;
4. Supervisory costs;
5. Key Staff costs;
6. Travel and office space costs;
7. Program support costs; and
8. Overhead expenses.

Case management agencies shall provide annual cost reports based on the state fiscal year, July 1 through June 30. Completed reports are due within 90 calendar days after the end of each state fiscal year or by September 28 of each calendar year.

Except as otherwise noted in the plan, state developed fee schedule rates are the same for both governmental and private providers of case management and the fee schedule and any annual/periodic adjustments to the fee schedule are published on the agency's provider website at www.lamedicaid.com. The agency's fee schedule rate was set as of May 21, 2008 and is effective for services provided on or after that date. All rates are published on the agency's website.

STATE OF LOUISIANA

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	Medical and Remedial	OPTIONAL TARGETED CASE MANAGEMENT SERVICES
42 CFR 447.201	Care and Services Item 19 (continued)	

Reimbursement Methodology (continued)

Payments made to targeted case management providers do not duplicate payments for the same or similar services furnished by other providers or under other authority as an administrative function or as an integral part of a covered service.

Reimbursement is not available for case management services that are furnished to beneficiaries without charge by any other agency or entity. With the statutory exceptions of case management services included in Individualized Educational Programs (IEPs) or Individualized Family Service Plans (IFSPs) and services furnished through Title V public health agencies, payment for case management services cannot be made when another third party payor is liable, nor may payments be made for services for which no payment liability is incurred by the beneficiary.

Effective for dates of service on or after September 1, 2008 the reimbursement rate for targeted case management services rendered to infants and toddlers with special needs shall be increased by 25 percent of the rate in effect on August 31, 2008.

Effective for dates of service on or after February 1, 2009, the reimbursement for case management services provided to the following targeted populations shall be reduced by 3.5 percent of the rates on file as of January 31, 2009:

1. New Opportunities Waiver (NOW) beneficiaries;
2. HIV disabled individuals; and
3. Nurse Family Partnership participants.

Effective for dates of service on or after July 1, 2012, the reimbursement for case management services provided to the following targeted populations shall be reduced by 1.5 percent of the rates on file as of June 30, 2012:

1) participants in the Nurse Family Partnership program;
2) participants in the Early and Periodic Screening, Diagnosis, and Treatment (EPSDT) program;
3) individuals diagnosed with HIV; and
4) individuals with developmental disabilities who participate in the NOW.

STATE OF LOUISIANA

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	Medical and Remedial	OPTIONAL TARGETED CASE MANAGEMENT SERVICES
42 CFR 447.201 447.302	Care and Services Item 19 (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 NOW 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 April 1, 2018, case management services provided to participants in the EPSDT program shall be reimbursed at a flat rate for each approved unit of service. The standard unit of service is equivalent to one month.

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

TARGETED CASE MANAGEMENT SERVICES

NOW Waiver Beneficiaries

Target Group *(42 Code of Federal Regulations 441.18(8)(i) and 441.18(9))*:
***[Describe target group and any subgroups. If any of the following differs among the subgroups, submit a separate State plan amendment describing case management services furnished; qualifications of case management providers; or methodology under which case management providers will be paid*.]**

The targeted population consists of individuals with intellectual or developmental disabilities who are participants the New Opportunities Waiver (NOW) program. The NOW waiver is a 1915(c) waiver and all participants meet the requirement of the waiver.

___ Target group includes individuals transitioning to a community setting. Case-management services will be made available for up to _____ *[insert a number; not to exceed 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)*:
XX Entire State
___ Only in the following geographic areas: *[Specify areas]*

Comparability of services *(§§1902(a)(10)(B) and 1915(g)(1))*
___ Services are provided in accordance with §1902(a)(10)(B) of the Act.
XX 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
  - taking client history;
  - identifying the individual's needs and completing related documentation; and
  - gathering information from other sources such as family members, medical providers, social workers, and educators (if necessary), to form a complete

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

TARGETED CASE MANAGEMENT SERVICES

NOW Waiver Beneficiaries

- assessment of the eligible individual;

[Specify and justify the frequency of assessments.]

After the initial assessment is completed, reassessments are done annually and as needed when significant changes in circumstances occur.

❖ Development (and periodic revision) of a specific care plan that is based on the information collected through the assessment that
- specifies the goals and actions to address the medical, social, educational, and other services needed by the individual;
- includes activities such as ensuring the active participation of the eligible individual, and working with the individual (or the individual's authorized health care decision maker) and others to develop those goals; and
- identifies a course of action to respond to the assessed needs of the eligible individual;

❖ Referral and related activities (such as scheduling appointments for the individual) to help the eligible individual obtain needed services including
- activities that help link the individual with medical, social, educational providers, or other programs and services that are capable of providing needed services to address identified needs and achieve goals specified in the care plan; and

❖ Monitoring and follow-up activities:
- activities and contacts that are necessary to ensure the care plan is implemented and adequately addresses the eligible individual's needs, and which may be with the individual, family members, service providers, or other entities or individuals and conducted as frequently as necessary, and including at least one annual monitoring, to determine whether the following conditions are met:
  - services are being furnished in accordance with the individual's care plan;
  - services in the care plan are adequate; and
  - changes in the needs or status of the individual are reflected in the care plan. Monitoring and follow-up activities include making necessary adjustments in the care plan and service arrangements with providers.
    [Specify the type of monitoring and justify the frequency of monitoring.]

    A minimum of one home visit per quarter to each beneficiary is required. More frequent home visits shall be required to be performed if indicated in the beneficiary's Comprehensive Plan of Care.

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

TARGETED CASE MANAGEMENT SERVICES

NOW Waiver Beneficiaries

___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)):
[Specify provider qualifications that are reasonably related to the population being served and the case management services furnished.]

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

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

1. **Bachelor's degree or master's degree in a human service-related field, which includes psychology education, counseling, social services, sociology, philosophy, family and consumer sciences, criminal justice, rehabilitation services, child development, substance abuse, gerontology, and vocational rehabilitation; or**
2. **Currently licensed registered nurse; or**
3. **A bachelor's degree in liberal arts or general studies with a concentration of at least 16 hours in one of the fields listed in No. #1; or**
4. **Bachelor or master's degree in social work from a program accredited by the Council on Social Work Education.**

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

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

TARGETED CASE MANAGEMENT SERVICES

NOW Waiver Beneficiaries

management services capable of ensuring that individuals with developmental disabilities or with chronic mental illness receive needed services: ***[Identify any limitations to be imposed on the providers and specify how these limitations enable providers to ensure that individuals within the target groups receive needed services.]***

Access to Services (42 CFR 441.18(a)(2), 42 CFR 441.18(a)(3), 42 CFR 441.18(a)(6):
The State assures the following:

- Case management (including targeted case management) services will not be used to restrict an individual's access to other services under the plan.
- Individuals will not be compelled to receive case management services, condition receipt of case management (or targeted case management) services on the receipt of other Medicaid services, or condition receipt of other Medicaid services on receipt of case management (or targeted case management) services; and
- Providers of case management services do not exercise the agency's authority to authorize or deny the provision of other services under the plan.

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 §441.169 when the case management activities are an integral and inseparable component of another covered Medicaid service (State Medicaid Manual (SMM) 4302.F).

Case management does not include, and Federal Financial Participation (FFP) is not available in expenditures for, services defined in §441.169 when the case management

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

TARGETED CASE MANAGEMENT SERVICES

NOW Waiver Beneficiaries

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.]

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

TARGETED CASE MANAGEMENT SERVICES

Infants and Toddlers With Special Needs

Target Group *(42 Code of Federal Regulations 441.18(8)(i) and 441.18(9))*:
[Describe target group and any subgroups. If any of the following differs among the subgroups, submit a separate State plan amendment describing case management services furnished; qualifications of case management providers; or methodology under which case management providers will be paid.]

The targeted population consists of infants and toddlers from birth through age two years, inclusive (0 – 36 months) who have one of the following:

1. **A documented established medical condition determined by a licensed medical doctor, or that is associated with a high probability of resulting in a developmental delay according to the definition contained in part C of the Individuals with Disabilities Education Act, Sec.635 (a) (1) [20 USSC 1435 (a) (1)] and as further defined in Title 34 of the Code of Federal Regulations, Part 303, Section 21 (infant or toddler with a disability). In the case of a hearing impairment, licensed audiologist or licensed medical doctor must make the determination. This includes an established medical condition; or**

2. **Developmental delay in one or more of the following areas:**
   - **Cognitive development;**
   - **Physical development, including vision and hearing. Eligibility must be based on a documented diagnosis made by a licensed medical doctor (vision) or a licensed medical doctor or licensed audiologist (hearing);**
   - **Communication development;**
   - **Social or emotional development;**
   - **Adaptive development; or**

The case management services shall be included on the beneficiary's Individualized Family Service Plan (IFSP).

___ Target group includes individuals transitioning to a community setting. Case-management services will be made available for up to _____ *[insert a number; not to exceed 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)*:

XX Entire State

___ Only in the following geographic areas: *[Specify areas]*

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

TARGETED CASE MANAGEMENT SERVICES

Infants and Toddlers With Special Needs

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

___ Services are provided in accordance with §1902(a)(10)(B) of the Act.
XX 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
  - taking client history;
  - identifying the individual's needs and completing related documentation; and
  - gathering information from other sources such as family members, medical providers, social workers, and educators (if necessary), to form a complete assessment of the eligible individual;

  [Specify and justify the frequency of assessments.]

  After the initial assessment is completed, reassessments are done annually and as needed when significant changes in circumstances occur.

- Development (and periodic revision) of a specific care plan that is based on the information collected through the assessment that
  - specifies the goals and actions to address the medical, social, educational, and other services needed by the individual;
  - includes activities such as ensuring the active participation of the eligible individual, and working with the individual (or the individual's authorized health care decision maker) and others to develop those goals; and
  - identifies a course of action to respond to the assessed needs of the eligible individual;

- Referral and related activities (such as scheduling appointments for the individual) to help the eligible individual obtain needed services including
  - activities that help link the individual with medical, social, educational providers, or other programs and services that are capable of providing needed services to address identified needs and achieve goals specified in the care plan; and

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

TARGETED CASE MANAGEMENT SERVICES

Infants and Toddlers with Special Needs

❖ 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, and which may be with the individual, family members, service providers, or other entities or individuals and conducted as frequently as necessary, and including at least one annual monitoring, to determine whether the following conditions are met:
  - services are being furnished in accordance with the individual's care plan;
  - services in the care plan are adequate; and
  - changes in the needs or status of the individual are reflected in the care plan. Monitoring and follow-up activities include making necessary adjustments in the care plan and service arrangements with providers. ***[Specify the type of monitoring and justify the frequency of monitoring.]***

A minimum of one face-to-face meeting per quarter with each beneficiary's family is required. More frequent face-to-face meetings shall be required to be performed if indicated in the beneficiary's Individualized Family Service Plan (IFSP).

___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)):
[Specify provider qualifications that are reasonably related to the population being served and the case management services furnished.]

Each Medicaid enrolled provider shall ensure that all case management services are provided by qualified individuals who meet the following licensure, education, and experience requirements:

1. **Bachelor's or master's degree in social work from a program accredited by the Council on Social Work Education; or**
2. **Currently licensed registered nurse (RN); or**
3. **Bachelor's or master's degree in a human services related field, which includes psychology, education, counseling, social services, sociology, philosophy, family and consumer sciences, criminal justice, rehabilitation services, child development, substance abuse, gerontology, and vocational**

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

TARGETED CASE MANAGEMENT SERVICES

Infants and Toddlers with Special Needs

rehabilitation; or

4. **Bachelor's degree in liberal arts or general studies with concentration of at least 16 hours in one of the fields listed in No. 3 above.**

Freedom of choice (42 CFR 441.18(a)(1)):
The State assures that the provision of case management services will not restrict an individual's free choice of providers in violation of section 1902(a)(23) of the Act.

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

Freedom of Choice Exception (§1915(g)(1) and 42 CFR 441.18(b)):
____ Target group consists of eligible individuals with developmental disabilities or with chronic mental illness. Providers are limited to qualified Medicaid providers of case management services capable of ensuring that individuals with developmental disabilities or with chronic mental illness receive needed services: ***[Identify any limitations to be imposed on the providers and specify how these limitations enable providers to ensure that individuals within the target groups receive needed services.]***

Access to Services (42 CFR 441.18(a)(2), 42 CFR 441.18(a)(3), 42 CFR 441.18(a)(6)):
The State assures the following:

- Case management (including targeted case management) services will not be used to restrict an individual's access to other services under the plan.
- Individuals will not be compelled to receive case management services, condition receipt of case management (or targeted case management) services on the receipt of other Medicaid services, or condition receipt of other Medicaid services on receipt of case management (or targeted case management) services; and
- Providers of case management services do not exercise the agency's authority to authorize or deny the provision of other services under the plan.

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

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

TARGETED CASE MANAGEMENT SERVICES

Infants and Toddlers with Special Needs

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 §441.169 when the case management activities are an integral and inseparable component of another covered Medicaid service (State Medicaid Manual (SMM) 4302.F).

> Case management does not include, and Federal Financial Participation (FFP) is not available in expenditures for, services defined in §441.169 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.]

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

TARGETED CASE MANAGEMENT SERVICES

EPSDT Beneficiaries on the Request for Services Registry

Target Group *(42 Code of Federal Regulations 441.18(8)(i) and 441.18(9))*:
***[Describe target group and any subgroups. If any of the following differs among the subgroups, submit a separate State plan amendment describing case management services furnished; qualifications of case management providers; or methodology under which case management providers will be paid*.]**

The targeted population consists of Early and Periodic Screening, Diagnosis and Treatment (EPSDT) beneficiaries between the ages of zero (0) and twenty-one (21) years who meet one of the following criteria:

1. **Placement on the Request for Services Registry and determined to be eligible for Office for Citizens with Developmental Disability (OCDD) services through the statement of approval process; or**
2. **For those who do not meet eligibility, or who are not undergoing eligibility determination, they may still receive case management services if they meet the definition of a person with special needs as a documented, established medical condition, as determined by a licensed physician or other qualified licensed health care practitioner who is acting within the scope of practice of his/her respective licensing board(s) and/or certifications(s), that has a high probability of resulting in a developmental delay or that gives rise to a need for multiple medical, social, educational, and other services. In the case of a hearing impairment, the determination of special needs must be made by a licensed audiologist, physician, or other qualified licensed health care practitioner who is acting within the scope of practice of his/her respective licensing board(s) and/or certifications(s).**

___ Target group includes individuals transitioning to a community setting. Case-management services will be made available for up to _____ *[insert a number; not to exceed 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)*:
XX Entire State
___ Only in the following geographic areas: *[Specify areas]*

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

TARGETED CASE MANAGEMENT SERVICES

EPSDT Beneficiaries on the Request for Services Registry

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

___ Services are provided in accordance with §1902(a)(10)(B) of the Act.
XX 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
  - taking client history;
  - identifying the individual's needs and completing related documentation; and
  - gathering information from other sources such as family members, medical providers, social workers, and educators (if necessary), to form a complete assessment of the eligible individual;

  [Specify and justify the frequency of assessments.]

  After the initial assessment is completed, reassessments are done annually and as needed when significant changes in circumstances occur.

- Development (and periodic revision) of a specific care plan that is based on the information collected through the assessment that
  - specifies the goals and actions to address the medical, social, educational, and other services needed by the individual;
  - includes activities such as ensuring the active participation of the eligible individual, and working with the individual (or the individual's authorized health care decision maker) and others to develop those goals; and
  - identifies a course of action to respond to the assessed needs of the eligible individual;

- Referral and related activities (such as scheduling appointments for the individual) to help the eligible individual obtain needed services including
  - activities that help link the individual with medical, social, educational providers, or other programs and services that are capable of providing needed services to address identified needs and achieve goals specified in the care plan; and

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

TARGETED CASE MANAGEMENT SERVICES

EPSDT Beneficiaries on the Request for Services Registry

❖ 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, and which may be with the individual, family members, service providers, or other entities or individuals and conducted as frequently as necessary, and including at least one annual monitoring, to determine whether the following conditions are met:
  - services are being furnished in accordance with the individual's care plan;
  - services in the care plan are adequate; and
  - changes in the needs or status of the individual are reflected in the care plan. Monitoring and follow-up activities include making necessary adjustments in the care plan and service arrangements with providers. ***[Specify the type of monitoring and justify the frequency of monitoring.]***

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

___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)):
[Specify provider qualifications that are reasonably related to the population being served and the case management services furnished.]

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

Case Managers shall meet one of the following minimum education and experience qualifications:

- **Bachelor's degree or master's in a human service-related field, which includes psychology, education, counseling, social services, sociology, philosophy, family and consumer sciences, criminal justice, rehabilitation services, child development, substance abuse, gerontology, and vocational**

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

TARGETED CASE MANAGEMENT SERVICES

EPSDT Beneficiaries on the Request for Services Registry

- **rehabilitation; or**
- **Currently licensed registered nurse; or**
- **Bachelor's or master's degree in social work from a social work program accredited by the Council on Social Work Education.**

Freedom of choice (42 CFR 441.18(a)(1):
The State assures that the provision of case management services will not restrict an individual's free choice of providers in violation of section 1902(a)(23) of the Act.

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

Freedom of Choice Exception (§1915(g)(1) and 42 CFR 441.18(b)):
____ Target group consists of eligible individuals with developmental disabilities or with chronic mental illness. Providers are limited to qualified Medicaid providers of case management services capable of ensuring that individuals with developmental disabilities or with chronic mental illness receive needed services: ***[Identify any limitations to be imposed on the providers and specify how these limitations enable providers to ensure that individuals within the target groups receive needed services.]***

Access to Services (42 CFR 441.18(a)(2), 42 CFR 441.18(a)(3), 42 CFR 441.18(a)(6):
The State assures the following:

- Case management (including targeted case management) services will not be used to restrict an individual's access to other services under the plan.
- Individuals will not be compelled to receive case management services, condition receipt of case management (or targeted case management) services on the receipt of other Medicaid services, or condition receipt of other Medicaid services on receipt of case management (or targeted case management) services; and
- Providers of case management services do not exercise the agency's authority to authorize or deny the provision of other services under the plan.

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**.**

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

TARGETED CASE MANAGEMENT SERVICES

EPSDT Beneficiaries on the Request for Services Registry

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 §441.169 when the case management activities are an integral and inseparable component of another covered Medicaid service (State Medicaid Manual (SMM) 4302.F).

Case management does not include, and Federal Financial Participation (FFP) is not available in expenditures for, services defined in §441.169 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.]