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

OPTIONAL TARGETED CASE MANAGEMENT SERVICES

REIMBURSEMENT METHODOLOGY

Targeted case management services are reimbursed at a prospective rate for each approved unit of service provided to the recipient. 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. All services must be prior authorized.

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:

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

Case management agencies shall provide annual cost reports based on the state fiscal year, starting with the state fiscal year July 1, 2008 through June 30, 2009. Completed reports are due within 90 calendar days after the end of each fiscal 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](http://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: Louisiana  
Date Received: August 22, 2014  
Date Approved: February 10, 2015  
Date Effective: July 1, 2014  
Transmittal Number: 14-0027

STATE OF LOUISIANA

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<u>CITATION</u>	<u>Medical and Remedial Care and Services</u>	<u>OPTIONAL TARGETED CASE MANAGEMENT SERVICES</u>
42 CFR 447.201 447.302	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 recipients 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 recipient.

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) recipients;
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: Louisiana  
Date Received: 12-6-17  
Date Approved : 1-9-18  
Date Effective: 4-1-18  
Transmittal Number: 17-0031

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TN 17-0031

Approval Date January 9, 2018

Effective Date April 1, 2018

Supersedes

TN 14-27

STATE OF LOUISIANA

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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:

<u>CITATION</u>	<u>Medical and Remedial Care and Services</u>	<u>OPTIONAL TARGETED CASE MANAGEMENT SERVICES</u>
42 CFR 447.201 447.302	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: Louisiana  
Date Received: 12-6-17  
Date Approved : 1-9-18  
Date Effective: 4-1-18  
Transmittal Number: 17-0031

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TN 17-0031  
Supersedes  
TN 14-27

Approval Date January 9, 2018

Effective Date April 1, 2018