

NOTICE OF INTENT

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

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

The Department of Health and Hospitals, Bureau of Health Services Financing proposes to adopt LAC 50:XV.Chapter 115 in the Medical Assistance Program as authorized by R.S. 36:254 and pursuant to Title XIX of the Social Security Act. This proposed Rule is promulgated in accordance with the provisions of the Administrative Procedure Act, R.S. 49:950 et seq.

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

The department promulgated an Emergency Rule which amended the Rule governing targeted case management in order to adopt provisions for reimbursing DCFS for Medicaid eligible TCM services (*Louisiana Register*, Volume 41, Number 6). This

proposed Rule is being promulgated in order to continue the provisions of the July 1, 2015 Emergency Rule.

Title 50

**PUBLIC HEALTH-MEDICAL ASSISTANCE
Part XV. Services for Special Populations
Subpart 7. Targeted Case Management**

Chapter 115. Foster Care and Family Support Worker Services

§11501. Introduction

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

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

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

§11503. Covered Services

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

1. comprehensive assessment of individual needs;
2. periodic reassessment of individual needs;
3. development and periodic revision of a specific care plan;

4. referral and related activities; and

5. monitoring and follow-up activities.

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

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

1. completing a safety and risk assessment of the child;

2. completing assessment of family functioning- initial and on-going to include trauma screening as well as screenings for mental health, domestic violence and substance abuse issues;

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

4. providing on-going service planning;

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

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

a. referrals to substance abuse;

b. mental health services;

c. domestic violence;

d. daycare services;

e. the Early Steps program;

f. medical services;

g. family resource center services;

h. parenting services;

i. visit coaching; and

j. skills building.

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

1. completing a social history and assessment;

2. arranging an initial medical, dental and communicable disease screening upon entry into foster care;

3. obtaining the medical history of child upon entering foster care, as well as immunization records;

4. completing a behavioral health screening within 15 days of child entering foster care;

6. exploring all federal benefits for the child (SSI, death benefits, etc.);

6. developing case plans and objectives with the family;

7. preparing cases for presentation to the multi-disciplinary team for consultation;

8. coordinating with other professionals regarding the needs of the child, family, and/or parent;

9. continuously assessing the safety of the child and service needs of the child(ren) and families through

interviews, observations and other information sources; and
10. providing supportive services for clients and
arranges for the provision of services from community resources
based on the case plan.

E. The following DCFS services shall not be covered:

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

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

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

§11505. Reimbursement

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

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

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

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

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

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

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

Implementation of the provisions of this Rule may be contingent upon the approval of the U.S. Department of Health and Human Services, Centers for Medicare and Medicaid Services

(CMS), if it is determined that submission to CMS for review and approval is required.

In compliance with Act 1183 of the 1999 Regular Session of the Louisiana Legislature, the impact of this proposed Rule on the family has been considered. It is anticipated that this proposed Rule will have no impact on family functioning, stability or autonomy as described in R.S. 49:972.

In compliance with Act 854 of the 2012 Regular Session of the Louisiana Legislature, the poverty impact of this proposed Rule has been considered. It is anticipated that this proposed Rule will have no impact on child, individual, or family poverty in relation to individual or community asset development as described in R.S. 49:973.

In compliance with House Concurrent Resolution (HCR) 170 of the 2014 Regular Session of the Louisiana Legislature, the provider impact of this proposed Rule has been considered. It is anticipated that this proposed Rule will have no impact on the staffing level requirements or qualifications required to provide the same level of service, but may reduce the total direct and indirect cost to the provider to provide the same level of service, and may enhance the provider's ability to provide the same level of service as described in HCR 170 since these provisions establish reimbursement to the provider for the same services they already render.

Interested persons may submit written comments to J. Ruth Kennedy, Bureau of Health Services Financing, P.O. Box 91030, Baton Rouge, LA 70821-9030 or by email to MedicaidPolicy@la.gov. Ms. Kennedy is responsible for responding to inquiries regarding this proposed Rule. A public hearing on this proposed Rule is scheduled for Thursday, July 30, 2015 at 9:30 a.m. in Room 173, Bienville Building, 628 North Fourth Street, Baton Rouge, LA. At that time all interested persons will be afforded an opportunity to submit data, views or arguments either orally or in writing. The deadline for receipt of all written comments is 4:30 p.m. on the next business day following the public hearing.

Kathy H. Kliebert

Secretary