

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:

CITATION      Medical and Remedial Care and Services  
1915(g) of      Item 19  
the Social  
Security Act

**I.      Definition**

Case management is defined as services provided to individuals to assist them in gaining access to the full range of needed services including medical, social, educational, and other support services. The Department utilizes a broker model of case management in which recipients are referred to other agencies for specific services they need. These services are determined by individualized planning with the recipient and/or the recipient's family, and other persons/professionals deemed appropriate and provided according to a written comprehensive plan of care which includes measurable person centered outcomes. All case management services must be provided by qualified staff. The provider must ensure that there is no duplication of payment, that there is only one primary case manager for each eligible recipient and that the recipient is not receiving other case management services from any other provider. Procedures are detailed in the Case Management Provider Manual.

**II.     Services To Be Provided**

All Medicaid enrolled case management agencies are required to perform the core elements of intake, assessment, service planning, linkage, follow-up/monitoring, reassessment, transition/closure, and maintenance of records.

NOW Waiver Recipients

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

Infants and Toddlers with Special Needs

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

State: Louisiana  
Date Received: 3/11/13  
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STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT  
MEDICAL ASSISTANCE PROGRAM

ATTACHMENT 4.19-B  
Item 19, Page 2

STATE OF LOUISIANA

PAYMENTS FOR MEDICAL AND REMEDIAL CARE AND SERVICES

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</u>	<u>OPTIONAL TARGETED CASE MANAGEMENT SERVICES</u>
42 CFR	Care and Services	
447.201	Item 19 (cont)	<b><u>REIMBURSEMENT METHODOLOGY (continued)</u></b>
447.302		

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.

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TN# <u>13-09</u>		

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

TARGETED CASE MANAGEMENT SERVICES

THIS PAGE IS RESERVED (13-10 TERMINATED HIV REIMBURSEMENT)

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