

March 9, 2012

Patricia Casanova, Director of Medicaid
Indiana Office of Medicaid Policy and Planning
402 West Washington Street, Room W382
Indianapolis, Indiana 46204

ATTN: Audie Gilmer

Dear Ms. Casanova:

Enclosed for your records is an approved copy of the following State Plan Amendment (SPA).

Transmittal #08-009 - Approves Indiana's amendment to implement targeted case management and environmental lead investigation services for individuals who tested positive for elevated blood lead levels.

--Effective Date: June 18, 2009

If you have any questions, please have a member of your staff contact Shelley Rania at (317) 614-0036 or by email at Shelley.Rania@cms.hhs.gov

Sincerely,



Verlon Johnson
Associate Regional Administrator
Division of Medicaid and Children's Health Operations

Enclosure

TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL	1. TRANSMITTAL NUMBER: 08-009	2. STATE Indiana
	3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL SECURITY ACT (MEDICAID)	
FOR: HEALTH CARE FINANCING ADMINISTRATION	4. PROPOSED EFFECTIVE DATE June 18, 2009	
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: Section 1905(r) of The Act	7. FEDERAL BUDGET IMPACT: a. FFY 2008 \$ 47,442 b. FFY 2009 \$ 194,519 <i>Per state request 2/2/12</i>
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT: Attachment 3.1A, Addendum Page 7a Attachment 3.1A, Addendum Page 12 Supplement to Attachment 3.1A Pages 20 to 22 Attachment 4.19B, Page 4b Attachment 4.19B, Page 8	9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable): Attachment 3.1A, Addendum Page 7a Attachment 3.1A, Addendum Page 12 Attachment 4.19B, Page 8

10. SUBJECT OF AMENDMENT:
This amendment proposes implementation of lead case management and environmental lead investigation services for individuals who tested for elevated blood lead levels.

11. GOVERNOR'S REVIEW (Check One):

GOVERNOR'S OFFICE REPORTED NO COMMENT OTHER, AS SPECIFIED:
 COMMENTS OF GOVERNOR'S OFFICE ENCLOSED
 NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL

Indiana's Medicaid State Plan does not require the Governor's review. See Section 7.4 of the State Plan

12. SIGNATURE OF STATE AGENCY OFFICIAL: 	16. RETURN TO: Patricia Casanova Director of Medicaid Indiana Office of Medicaid Policy and Planning 402 West Washington Street, Room W382 Indianapolis, IN 46204 ATTN: Jennifer Jenvey, State Plan Coordinator
13. TYPED NAME: Patricia Casanova	
14. TITLE: Director of Medicaid	
15. DATE SUBMITTED: September 19, 2008	

FOR REGIONAL OFFICE USE ONLY

17. DATE RECEIVED: 09-19-08	18. DATE APPROVED: MAR - 9 2012
PLAN APPROVED - ONE COPY ATTACHED	
19. EFFECTIVE DATE OF APPROVED MATERIAL: 06-18-09	20. SIGNATURE OF REGIONAL OFFICIAL:
21. TYPED NAME: VERLON JOHNSON	22. TITLE: ASSOCIATE REGIONAL ADMINISTRATOR
23. REMARKS:	

- 12.b. Dentures Provided with limitations.
Prior review and authorization by the agency is required for all dentures, partials and repairs. Reimbursement is subject to the limitations set out in 405 IAC 5.

- 12.c. Prosthetic devices Prior authorization by the Office of Medicaid Policy and Planning is required for all prosthetic devices, except for all customizing features, once the basic prosthesis is approved.

Coverage is not available for prosthetic devices dispensed for purely cosmetic reasons.

- 12.d. Eyeglasses Covered for medically reasonable and necessary eyeglasses, with the following limitations:
 - (1) Eyeglasses provided to a recipient under 21 years of age will be limited to a maximum of 1 pair per year.
 - (2) Eyeglasses provided to a recipient 21 years of age or over will be limited to a maximum of 1 pair every 5 years.

Medically necessary and reasonable is defined as a covered service required for the care or well being of the patient and is provided in accordance with generally accepted standards of medical or professional practice.

Coverage is not available for:

 - (1) Lenses with decorative designs.
 - (2) Fashion tints, gradient tints, sunglasses and photochromatic lenses.
 - (3) Oversized lenses larger than 61 mm, except when medically necessary.

- 13. Other diagnostic, screening preventive and rehabilitative services Covered for medically necessary diagnostic preventative, therapeutic, and rehabilitative services.

Medically necessary is defined as a covered service required for the care or well being of the patient and is provided in accordance with generally accepted standards of medical or professional practice.

- 13.a. Diagnostic services Covered for medically necessary diagnostic preventative, therapeutic, and rehabilitative services.

Coverage for environmental lead investigations is available for a one-time, on-site environmental lead investigation of a child's home (or primary residence) for a child with an elevated blood lead level. This environmental lead investigation will be provided by a licensed risk assessor or licensed lead inspector.

Medically necessary is defined as a covered service required for the care or well being of the patient and is provided in accordance with generally accepted standards of medical or professional practice.

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| 19. Targeted Case Management for:
Persons with HIV | Provided with limitations.
Coverage is limited to a maximum of 32 hours per calendar quarter per recipient. Reimbursement is subject to the criteria set out in the Care Coordination Services section of the Indiana Health Coverage Programs Provider Manual. |
| Pregnant Women | Services are limited to one initial assessment per pregnancy, one reassessment per trimester following the trimester in which the initial assessment is completed and one postpartum assessment per child per pregnancy. Mileage reimbursement is limited to a maximum of two round trips per initial assessment and reassessment completed, and one round trip per postpartum assessment completed. |
| Individuals identified as
Seriously Mentally Ill or
Seriously Emotionally
Disturbed | Coverage is limited to services provided by or under the supervision/direction of a qualified mental health professional who is an employee of a provider agency approved by the Division of Mental Health under IC 12-25. Reimbursement is subject to the limitations set out in 405 IAC 5. |
| Individuals with Developmental
Disabilities | Reimbursement is available subject to the criteria set out in Supplement 1 to Attachment 3.1-A, pages 11-16. |
| Elderly and Disabled being diverted
or deinstitutionalized from NFs | Coverage is limited to services set out in Supplement 1 to Attachment 3.1-A, pages 17 through 19. |
| Individuals with
Elevated Blood Lead Levels | Coverage and reimbursement subject to criteria set out in Supplement 1 to Attachment 3.1-A, Pages 20-22 and prior authorization as set out in 405 IAC 5. |
| 20. Extended Services for
Pregnant Women | Provided with limitations. |
| 20.a. Pregnancy-related and postpartum
services for 60 days after the
pregnancy ends | Coverage is limited to legend and non-legend drugs, prescribed for indications directly related to the pregnancy and routine prenatal, delivery and postpartum care, including family planning services. Additionally, transportation services, to and from the aforementioned services, will be provided. Payment for pregnancy-related services is subject to prior authorization in accordance with the guidelines set out in 405 IAC 5. |
| Additional services provided
to pregnant women only | Case management services as described in #19 above. |
| 20.b. Services for any other
medical conditions that
may complicate pregnancy | Reimbursement is available subject to the limitations set out in 405 IAC 5. A service for any other medical condition that may complicate pregnancy is a service provided to a pregnant woman for the treatment of a chronic or abnormal disorder, as identified by ICD-9 diagnosis codes 630 through 648.9 and 652 through 676.9, as well as urgent care. Urgent care means a service provided to a pregnant woman after the onset of a medical condition manifesting itself by symptoms of sufficient severity that the absence of medical attention could reasonably be expected to result in a deterioration of the patient's condition, or a need for a higher level of care. |

TN No. 08-009
Supersedes
TN No. 02-018

Approval Date MAR - 9 2012

Effective Date July 1, 2008 June 18, 2009

Per state request
2/3/12

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

TARGETED CASE MANAGEMENT SERVICES
CHILDREN WITH ELEVATED BLOOD LEAD LEVELS

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

Medicaid enrolled individuals who, through a blood lead screening conducted in accordance with the EPSDT periodicity schedule, are found with a confirmed elevated blood lead level (CEBL) as defined by the Centers for Disease Control and Prevention (CDC).

___ Target group includes individuals transitioning to a community setting. Case management services will be made available for up to ___ 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):

- Entire State
___ Only in the following geographic 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.
 Services are not comparable in amount duration and scope (§1915(g)(1)).

Definition of services (42 CFR 440.169): Consistent with the Deficit Reduction Act (DRA) of 2005, the term "Targeted Case Management" means services which will assist individuals eligible under the plan in gaining access to needed medical, educational, social and other services relevant to elevated blood lead levels (EBLL) and other identified issues. Targeted Case management services are goal-oriented activities that provide, oversee, and coordinate services to lead poisoned individuals. This includes but is not limited to identifying resources, planning services, implementing and coordinating lead treatment and services, and monitoring the delivery of such services. Components of the service include: assessment of the impairment, treatment planning, and monitoring of the overall service delivery; provision of services in a setting accessible and appropriate to the recipient. Targeted Case Management for children with EBLI includes the following assistance:

- ❖ **Assessment:** Initiating a risk assessment of the individual's primary address to determine possible sources of lead exposure as well as identification of other risk factors (including, but not limited to, medical, educational, social, developmental, and behavioral); gathering information on the individual's history by interviewing the individual, his/her family, medical providers, social workers and other professionals; completing necessary documentation.
- ❖ **Care Planning:** Development of a care plan specific to the individual based on information gathered during the Assessment; through specific goals and objectives, the care plan will address the medical, social, educational and other service needs related to the individual's lead exposure and other identified issues; the care plan will also include objectives related to active participation from the individual and his/her family.
- ❖ **Referral and Linkage:** Referrals for necessary services, including but not limited to services to address medical, educational, social and nutritional needs, as appropriate; this includes activities that link the individual with needed services.

TN No. 08-009
Supersedes
TN No. NEW

Approval Date: MAR - 9 2012

Effective Date: July 1, 2008

June 18, 2009
Per state request
2/2/12

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

TARGETED CASE MANAGEMENT SERVICES
CHILDREN WITH ELEVATED BLOOD LEAD LEVELS

- ◆ **Monitoring:** Follow-up activities and contacts with the individual and his/her family to ensure effective implementation of the care plan and that the care plan is addressing the individual's needs. Adjustments to the care plan will be made as necessary. Follow-up services must be provided as appropriate to the individual's case and not less frequently than one (1) contact every three (3) months.
- ◆ **Case Closure:** The case manager will terminate case management services in accordance with case closure guidelines set out in 410 IAC 29-2-2.

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)):

Case managers have, at a minimum, either a bachelor's degree in social work (or a related field) or are a Registered Nurse (RN) and are authorized by a local health department (LHD) through a provider agreement. Case managers receive specialized training through the Indiana State Department of Health (ISDH) within six (6) months of hire. Case managers must provide services in accordance with 410 IAC 29-1 and §1915(g) of the Social Security Act. Case managers report to the County Health Officer, a Medical Doctor (MD) licensed by the State of Indiana.

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 §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.
3. Individuals of the target population may choose whether or not to receive targeted case management services.
4. Any person or entity meeting the State's requirements who wishes to become a Medicaid provider of targeted case management services may be given the opportunity to do so.
5. Targeted case management will not be used to restrict the access to other services available 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.

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:

1. Case management (including targeted case management) services will not be used to restrict an individual's access to other services under the plan.
2. 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
3. Providers of case management services do not exercise the agency's authority to authorize or deny the provision of other services under the plan.

TN No. 08-009

Supersedes

TN No. NEW

Approval Date: MAR - 9 2012

Effective Date: July 1, 2008

June 18, 2009

Per state request
2/3/12

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

TARGETED CASE MANAGEMENT SERVICES
CHILDREN WITH ELEVATED BLOOD LEAD LEVELS

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:

1. The name of the individual;
2. The dates of the case management services;
3. The name of the provider agency (if relevant) and the person providing the case management service;
4. The nature, content, units of the case management services received and whether goals specified in the care plan have been achieved;
5. Whether the individual has declined services in the care plan;
6. The need for, and occurrences of, coordination with other case managers;
7. A timeline for obtaining needed services;
8. 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))

EPSDT Assurance:

Under the EPSDT benefit, TCM services will be provided to any individual determined to meet the medical necessity for the service.

TN No. 08-009
Supersedes
TN No. NEW

Approval Date: MAR - 9 2012

Effective Date: July 1 2008

June 18, 2009

Per state request
2/2/12

Targeted Case Management

7. Targeted case management (TCM) for individuals who, through a blood lead screening conducted in accordance with the EPSDT periodicity schedule, are found with a confirmed elevated blood lead level as defined by the Centers for Disease Control and Prevention (CDC)

Reimbursement Methodology:**Rate(s):**

The rate for reimbursement of lead case management services is a fee-for-service rate. The statewide rate was derived by using the average cost of salary, fringe benefits, for employed and contracted registered nurse and social worker case managers. The cost rate of 8% includes the indirect costs and transportation.

Unit Definition:

A unit of service is equivalent to fifteen (15) minutes. Minutes of service provided to a specific individual can be accrued over one calendar day. The number of units that may be billed during a day is equivalent to the total number of minutes of Targeted Case Management provided during the day for a specific individual divided by fifteen minutes plus one additional unit if the remaining number of minutes is eight or greater.

Claims Payment Process:

Providers will submit claims to the Local Health Departments (LHD). The LHD will submit claims, via the Medicaid Management Information System (MMIS) claims processing system, for adjudication. Providers of TCM may not bill more than 26, 15-minute units per recipient, per rolling twelve (12) month period of time. If additional units of TCM are medically necessary, the provider must submit a prior authorization request for additional units of service.

The State developed fee schedule rates are the same for both governmental and private providers of targeted case management services. The State developed fee schedule rate for environmental lead investigations is effective for services provided on or after June 18, 2009. All rates are published on www.indianamedicaid.com.

TN No. 08-009
Supersedes
TN No. New

Approval Date MAR - 9 2012

Effective Date June 18, 2009

Diagnostic Services**Environmental Lead Investigations**

Reimbursement is provided for a one-time, on-site environmental lead investigation of a child's home or primary residence for a child with elevated blood lead level. This environmental lead investigation will be provided by a licensed risk assessor or licensed lead inspector, certified by a local health department. These services must be provided through coordination with the local health department (LHD).

Medicaid fees paid by other states and providers' costs (when available) will be considered when establishing a rate. *Except as otherwise noted in the plan, the State developed fee schedule rates are the same for both governmental and private contracted providers of lead investigation services. The State developed fee schedule rate for environmental lead investigations is effective for services provided on or after June 18, 2009. All rates are published on www.indianamedicaid.com.*

Limitations on reimbursement:

Medicaid reimbursement for an environmental lead investigation is available for a licensed risk assessor's or inspector's time and activities performed during the one-time on-site investigation of the poisoned child's home or primary residence. The reimbursement rate includes the time associated with collection of specimens and associated paperwork. Medicaid reimbursement is not available for the testing of environmental substances such as water, paint, or soil which are sent to a laboratory for analysis.

Initial Comprehensive Environmental Lead Investigation may include the following:

- (A) Visual assessment of the probable contaminated site,*
- (B) Interview of the occupants,*
- (C) Dust examination,*
- (D) On-site X-ray fluorescence (XRF) analysis of lead paint content, and*
- (E) Collection of soil sample.*

All Environmental Lead Investigations include the following:

Assessment of lead hazards from any structural source by a licensed risk assessor or inspector to include:

- (A) A complete assessment including recommendations to mitigate identified lead hazards.
- (B) A written report to the family and the owner if the family does not own the site of contamination.

Identification of lead hazards from any nonstructural sources by licensed risk assessors or inspector to include:

- (A) Identification and evaluation of nonstructural exposure sources within the individual's environment.
- (B) Presentation of the environmental investigation results, including recommendations for reducing or eliminating exposure.

A written report must be provided to the family, owner of the contaminated site, and Local Health Department.