


TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL		1. TRANSMITTAL NUMBER: 09-27	2. STATE Louisiana
FOR: HEALTH CARE FINANCING ADMINISTRATION		3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL SECURITY ACT (MEDICAID)	
TO: REGIONAL ADMINISTRATOR HEALTH CARE FINANCING ADMINISTRATION DEPARTMENT OF HEALTH AND HUMAN SERVICES		4. PROPOSED EFFECTIVE DATE July 1, 2009	
5. TYPE OF PLAN MATERIAL (Check One): <input type="checkbox"/> NEW STATE PLAN <input type="checkbox"/> AMENDMENT TO BE CONSIDERED AS NEW PLAN <input checked="" type="checkbox"/> AMENDMENT COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (Separate Transmittal for each amendment)			
6. FEDERAL STATUTE/REGULATION CITATION: 42 CFR Part 447 Subpart B 1915 (g) of the Social Security Act		7. FEDERAL BUDGET IMPACT: a. FFY <u>2009</u> (\$586.55) b. FFY <u>2010</u> (\$2,363.80)	
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT: Attachment 3.1-A, Item 19, Pages 6 and 7 Supplement 1 to Attachment 3.1-A, Page 1F Attachment 4.19-B, Item 19, Page 2 ★ Supplement 1 to Attachment 3.1-A Page 1F (1)		9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable): Same (TN 03-31) Same (TN 03-31) Same (Pending TN 09-09) New Page	
10. SUBJECT OF AMENDMENT: The purpose of this amendment is to revise the reimbursement methodology for Nurse Family Partnerships targeted case management services, to expand Nurse Family Partnership targeted case management services statewide, and to remove obsolete language.			
11. GOVERNOR'S REVIEW (Check One): <input type="checkbox"/> GOVERNOR'S OFFICE REPORTED NO COMMENT <input type="checkbox"/> COMMENTS OF GOVERNOR'S OFFICE ENCLOSED <input type="checkbox"/> NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL		<input checked="" type="checkbox"/> OTHER, AS SPECIFIED: The Governor does not review state plan material.	
12. SIGNATURE OF STATE AGENCY OFFICIAL: 		16. RETURN TO: State of Louisiana Department of Health and Hospitals 628 N. 4th Street PO Box 91030 Baton Rouge, LA 70821-9030	
13. TYPED NAME: Alan Levine			
14. TITLE: Secretary			
15. DATE SUBMITTED: September 29, 2009			
FOR REGIONAL OFFICE USE ONLY			
17. DATE RECEIVED: 29 September, 2009		18. DATE APPROVED: 14 October, 2010	
PLAN APPROVED - ONE COPY ATTACHED			
19. EFFECTIVE DATE OF APPROVED MATERIAL: 1 July, 2009		20. SIGNATURE OF REGIONAL OFFICIAL:	
21. TYPED NAME: Bill Brooks		22. TITLE: Associate Regional Administrator Div of Medicaid & Children's Health	
23. REMARKS: Pen + Ink Change made per State's E-mail Dated 10-20-10.			

AMOUNT, DURATION AND SCOPE OF MEDICAL AND REMEDIAL CARE AND SERVICES PROVIDED

- a hearing impairment, the determination of special needs must be made by a licensed audiologist or physician.
2. Documentation that substantiates that the EPSDT recipient meets the definition of special needs includes but is not limited to:
- a. receipt of special education services through the state or local education agency; or
 - b. receipt of regular services from one or more physicians; or
 - c. receipt of or application for financial assistance such as SSI because of a medical condition, or the unemployment of the parent due to the need to provide specialized care for the child; or
 - d. a report by the recipient's physician of multiple health or family issues that impact the recipient's ongoing care; or
 - e. a determination of developmental delay based upon the Parents' Evaluation of Pediatric Status, the Brignance Screens, the Child Development Inventories, Denver Developmental Assessment, or any other nationally recognized diagnostic tool.
- F. Nurse-Family Partnership Program (First Time Mothers)
1. A recipient must not be beyond the 28th week of pregnancy and must attest that she meets one of the following definitions of a first-time mother in order to receive case management services:
- a. is expecting her first live birth and has never parented a child; or

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DATE EFF	<u>7-1-09</u>	
HCFA 179	<u>09-27</u>	

SUPERSEDES: TN- 03-31

TN# 09-27 Approval Date 10-14-10 Effective Date 7-1-09
Supersedes
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STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT
MEDICAL ASSISTANCE PROGRAM
STATE OF LOUISIANA

Attachment 3.1-A
Item 19, Page 7

AMOUNT, DURATION AND SCOPE OF MEDICAL AND REMEDIAL CARE AND SERVICES PROVIDED

- b. has previously been pregnant, but experienced a stillbirth; or
 - c. is expecting her first live birth, but has parented stepchildren or younger siblings.
2. Nurse Family Partnership (NFP) case management is available in all Department of Health and Hospitals (DHH) administrative regions.
 3. A physician's statement, medical records, legal documents, or birth and death certificates will be required as verification of first-time mother status.
 4. Case management services rendered in the Nurse Family Partnership Program shall be limited to prenatal and postnatal services only.

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

TARGETED CASE MANAGEMENT SERVICES

Nurse Family Partnership Program

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 Nurse Family Partnership program is a program of prenatal and infancy visits which begin during pregnancy and continue until 60 days post partum. The targeted population consists of Medicaid recipients who are pregnant with their first child and are not beyond the 28th week of pregnancy. The recipient must reside in the service delivery area. The recipient must attest that she meets one of the following definitions of a first time mother in order to receive case management services:

1. Is expecting her first live birth and has never parented a child;
2. Has previously been pregnant, but experienced a stillbirth, miscarriage, or had an abortion;
3. Is expecting her first live birth, but has parented stepchildren or younger siblings;
4. Had previously delivered a child, but her parental rights were legally terminated within the first six months of that child's life; or
5. Has delivered a child, but the child died within the first six months of life.

___ 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):

- Entire State
 Only in the following geographic areas: *[Specify areas]*

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TARGETED CASE MANAGEMENT SERVICES

Nurse Family Partnership Program

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 conducted 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

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Outline Version 9.15.2009

SUPERSEDES: NONE - NEW PAGE

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> 42 CFR 447.201	Medical and Remedial Care and Services Item 19 (Cont'd)	OPTIONAL TARGETED CASE MANAGEMENT SERVICES REIMBURSEMENT METHODOLOGY
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Nurse Family Partnership-

Rate:

The Louisiana statewide rate for Nurse-Family Partnership (NFP) Program was established based on cost. Medicaid has cost data from providers from SFY 2007-2008. Categories include: Direct Care Costs, Care Related Costs, Administrative and Operating Costs, and Property and Equipment. The rate was then adjusted for inflation factor applied to non property and equipment costs.

The cost was then adjusted down to apply only to the Medicaid portion of the visit.

Governmental and private providers are paid the same rate. The rate is published on the agency's provider website, www.lamedicaid.com.

Effective for service dates on or after July 1, 2009, the reimbursement for case management services provided to participants in the Nurse Family Partnership Program shall be \$115.93 per unit.

Unit Definition:

A unit of service is equivalent to one home visit which is approximately one hour.

Prior Authorization

All services must be prior authorized by BHSF or its designee. All prior authorization requests will be reviewed to ensure that no practitioner bills for more than 6.5 hours per day. All units above this amount will not be approved. A prior authorization number will be issued for each approved service. This number must be included on the claim form.

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