

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

FISCAL AND ECONOMIC IMPACT STATEMENT  
FOR ADMINISTRATIVE RULES

Person

Preparing

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Rule Title: Targeted Case Management  
Foster Care and Family  
Supports Services

Date Rule Takes Effect: July 1, 2015

SUMMARY

In accordance with Section 953 of Title 49 of the Louisiana Revised Statutes, there is hereby submitted a fiscal and economic impact statement on the rule proposed for adoption, repeal or amendment. The following summary statements, based on the attached worksheets, will be published in the Louisiana Register with the proposed agency rule.

I. ESTIMATED IMPLEMENTATION COSTS (SAVINGS) TO STATE OR LOCAL GOVERNMENTAL UNITS (SUMMARY)

*It is anticipated that the implementation of this proposed rule will result in estimated state general fund programmatic costs of \$378 for FY 14-15, \$11,651,743 for FY 15-16 and \$12,001,295 for FY 16-17. It is anticipated that \$756 (\$378 SGF and \$378 FED) will be expended in FY 14-15 for the state's administrative expense for promulgation of this proposed rule and the final rule. The numbers reflected above are based on a blended Federal Medical Assistance Percentage (FMAP) rate of 62.17 in FY 15-16.*

II. ESTIMATED EFFECT ON REVENUE COLLECTIONS OF STATE OR LOCAL GOVERNMENTAL UNITS (Summary)

*It is anticipated that the implementation of this proposed rule will increase federal revenue collections by approximately \$378 for FY 14-15, \$19,148,528 for FY 15-16 and \$19,722,984 for FY 16-17. It is anticipated that \$378 will be expended in FY 14-15 for the federal administrative expenses for promulgation of this proposed rule and the final rule. The numbers reflected above are based on a blended Federal Medical Assistance Percentage (FMAP) rate of 62.17 in FY 15-16.*

III. ESTIMATED COSTS AND/OR ECONOMIC BENEFITS TO DIRECTLY AFFECTED PERSONS OR NON-GOVERNMENTAL GROUPS (Summary)

*This proposed Rule continues the provisions of the July 1, 2015 Emergency Rule which amended the provisions governing targeted case management (TCM) services in order to adopt provisions for reimbursing the Department of Children and Family Services for services rendered to Medicaid eligible children. It is anticipated that implementation of this proposed rule will have no programmatic fiscal impact in FY 14-15, but will increase program expenditures for targeted case management services by approximately \$30,800,271 for FY 15-16 and \$31,724,279 for FY 16-17.*

IV. ESTIMATED EFFECT ON COMPETITION AND EMPLOYMENT (Summary)

*It is anticipated that the implementation of this proposed rule will not have an effect on competition and employment.*

  
\_\_\_\_\_  
Signature of Agency Head  
or Designee

*Evan Brasseay, Staff Director*  
\_\_\_\_\_  
Legislative Fiscal Officer  
or Designee

J. Ruth Kennedy, Medicaid Director  
Typed name and Title of  
Agency Head or Designee

*6/9/15*  
\_\_\_\_\_  
Date of Signature

*Bhaskar Jodi*  
\_\_\_\_\_  
DHH/BHSF Budget Head

*06/09/15*  
\_\_\_\_\_  
Date of Signature

FISCAL AND ECONOMIC IMPACT STATEMENT  
FOR ADMINISTRATIVE RULES

The following information is required in order to assist the Legislative Fiscal Office in its review of the fiscal and economic impact statement and to assist the appropriate legislative oversight subcommittee in its deliberations on the proposed rule.

- A. Provide a brief summary of the content of the rule (if proposed for adoption or repeal) or a brief summary of the change in the rule (if proposed for amendment). Attach a copy of the notice of intent and a copy of the rule proposed for initial adoption or repeal (or, in the case of a rule change, copies of both the current and proposed rules with amended portions indicated).

*This proposed Rule continues the provisions of the July 1, 2015 Emergency Rule which adopted provisions for reimbursing the Department of Children and Family Services for targeted case management services provided to Medicaid eligible children.*

- B. Summarize the circumstances that require this action. If the action is required by federal regulations, attach a copy of the applicable regulation.

*The Department of Health and Hospitals, Bureau of Health Services Financing provides reimbursement for case management services rendered 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.*

- C. Compliance with Act 11 of the 1986 First Extraordinary Session.

- (1) Will the proposed rule change result in any increase in the expenditure of funds? If so, specify amount and source of funding.

*Yes. This proposed rule will result in an increase in program expenditures for targeted case management services by approximately \$756 for FY 14-15, \$30,800,271 for FY 15-16 and \$31,724,279 for FY 16-17. In FY 14-15, \$756 is included for the state's administrative expense for promulgation of this proposed rule and the final rule.*

- (2) If the answer to (1) above is yes, has the Legislature specifically appropriated the funds necessary for the associated expenditure increase?

- (a)  If yes, attach documentation.  
(b)  If no, provide justification as to why this rule change should be published at this time.

*Funding is allocated to the Department of Health and Hospitals to provide reimbursements to providers for Medicaid covered services. This proposed Rule should be published at this time to allow the State the opportunity to maximize funding mechanisms by securing new federal funding for services which qualify for Medicaid reimbursement, but are not currently reimbursed through the Medicaid Program. Funding for these services is included in the FY 15-16 budget request.*

FISCAL AND ECONOMIC IMPACT STATEMENT  
WORKSHEET

I. A. COST OR SAVINGS TO STATE AGENCIES RESULTING FROM THE ACTION PROPOSED

1. What is the anticipated increase or (decrease) in cost to implement the proposed action?

COST	FY 14-15	FY 15-16	FY 16-17
PERSONAL SERVICES			
OPERATING EXPENSES	\$756	\$0	\$0
PROFESSIONAL SERVICES			
OTHER CHARGES	\$0	\$30,800,271	\$31,724,279
REPAIR & CONSTR.			
POSITIONS (#)			
<b>TOTAL</b>	<b>\$756</b>	<b>\$30,800,271</b>	<b>\$31,724,279</b>

2. Provide a narrative explanation of the costs or savings shown in "A.1.", including the increase or reduction in workload or additional paperwork (number of new forms, additional documentation, etc.) anticipated as a result of the implementation of the proposed action. Describe all data, assumptions, and methods used in calculating these costs.

*The expenses reflected above are the estimated increases in program expenditures for targeted case management services. In FY 14-15, \$756 is included for the state's administrative expense for promulgation of this proposed rule and the final rule.*

3. Sources of funding for implementing the proposed rule or rule change.

Source	FY 14-15	FY 15-16	FY 16-17
STATE GENERAL FUND	\$378	\$11,651,743	\$12,001,295
SELF-GENERATED			
FEDERAL FUND	\$378	\$19,148,528	\$19,722,984
OTHER (Specify)			
<b>Total</b>	<b>\$756</b>	<b>\$30,800,271</b>	<b>\$31,724,279</b>

4. Does your agency currently have sufficient funds to implement the proposed action? If not, how and when do you anticipate obtaining such funds?

*Yes, sufficient funds are available to implement this rule.*

B. COST OR SAVINGS TO LOCAL GOVERNMENTAL UNITS RESULTING FROM THIS PROPOSED ACTION.

1. Provide an estimate of the anticipated impact of the proposed action on local governmental units, including adjustment in workload and paperwork requirements. Describe all data, assumptions and methods used in calculating this impact.

*This proposed rule has no known impact on local governmental units.*

FISCAL AND ECONOMIC IMPACT STATEMENT  
WORKSHEET

2. Indicate the sources of funding of the local governmental unit that will be affected by these costs or savings.

*There is no known impact on the sources of local governmental unit funding.*

II. EFFECT ON REVENUE COLLECTIONS OF STATE AND LOCAL GOVERNMENTAL UNITS

- A. What increase or (decrease) in revenues can be expected from the proposed action?

REVENUE INCREASE/DECREASE	FY 14-15	FY 15-16	FY 16-17
STATE GENERAL FUND			
AGENCY SELF-GENERATED			
RESTRICTED FUNDS*			
FEDERAL FUNDS	\$378	\$19,148,528	\$19,722,984
LOCAL FUNDS			
<b>Total</b>	<b>\$378</b>	<b>\$19,148,528</b>	<b>\$19,722,984</b>

\*Specify the particular fund being impacted

- B. Provide a narrative explanation of each increase or decrease in revenue shown in "A". Describe all data, assumptions, and methods used in calculating these increases or decreases.

*The amounts reflected above are the estimated increases in the federal share of program expenditures for targeted case management services. In FY 14-15, \$378 is included for the federal expense for promulgation of this proposed rule and the final rule.*

III. COSTS AND/OR ECONOMIC BENEFITS TO DIRECTLY AFFECTED PERSONS OR NON-GOVERNMENTAL GROUPS

- A. What persons or non-governmental groups would be directly affected by the proposed action? For each, provide an estimate and a narrative description of any effects on costs, including workload adjustments and additional paperwork (number of new forms, additional documentation, etc.)

*This proposed Rule continues the provisions of the July 1, 2015 Emergency Rule which amended the provisions governing targeted case management (TCM) services in order to adopt provisions for reimbursing the Department of Children and Family Services for services rendered to Medicaid eligible children.*

- B. Also, provide an estimate of any revenue impact resulting from this rule or rule change to these groups.

*It is anticipated that implementation of this proposed rule will have no programmatic fiscal impact in FY 14-15, but will increase program expenditures for targeted case management services by approximately \$30,800,271 for FY 15-16 and \$31,724,279 for FY 16-17.*

IV. EFFECTS ON COMPETITION AND EMPLOYMENT

Identify and provide estimates of the impact of the proposed action on competition and employment in the public and private sectors. Include a summary of any data, assumptions and methods used in making these estimates.

*It is anticipated that the implementation of this proposed rule will not have an effect on competition and employment.*