

DECLARATION OF EMERGENCY

Department of Health and Hospitals Office of the Secretary Bureau of Health Services Financing

Case Management Reimbursement



The Department of Health and Hospitals, Office of Secretary, Bureau of Health Services Financing, has adopted the following rule in the Medicaid Program as authorized by R.S. 46:153 and pursuant to Title XIX of the Social Security Act. This emergency rule is in accordance with the provisions of the Administrative Procedure Act, R.S. 49:950 et seq. and shall be in effect for the maximum period allowed under the Administrative Procedure Act or adoption of the rule, whichever occurs first.

The Bureau of Health Services Financing reimburses optional targeted case management services for the following specific population groups:

- 1) mentally retarded or developmentally disabled individuals;
- 2) developmentally disabled infants and toddlers;
- 3) high-risk pregnant women (limited to the metropolitan New Orleans area);
- 4) HIV infected individuals;
- 5) seriously mentally ill individuals.

In addition reimbursement is provided under the Home and Community-Based Services Waiver Program for case management services provided to participants in the Home Care for the Elderly Waiver.

The department adopted emergency rules which enhanced program requirements by setting uniform standards for case management services delivered to the above referenced populations and specified the reimbursement methodology based on the provision of a 15-minute unit of service for the on-going services component of case management services. These rules were adopted effective July 22, 1994 and August 13, 1994 (*Louisiana Register*, Volume 20, Numbers 6 and 7). Subsequent emergency rulemaking continued this initiative in force as published in the *Louisiana Register*, (November 20, 1994, Volume 20, Number 11; April 20, 1995, Volume 21, Number 4; August 20, 1995, Volume 21, Number 8); and November 20, 1995, Volume 21, Number 11).

Subsequently the department determined that it was necessary to discontinue the unit of service reimbursement methodology and instituted a revised methodology through emergency rulemaking (*Louisiana Register*, Volume 21, Number and Volume 22, Number 2). This revised methodology included a monthly reimbursement rate for both components of case management services, the initial assessment/service plan development and the ongoing services. This methodology also provided for the following two exceptions:

- 1) both payment methods, assessment fee and the monthly rate for on-going services, were retained for the high-risk pregnant women group; and
- 2) assessments prior authorized for the MR/DD and the seriously mentally ill populations through September 30, 1995 and completed by October 31, 1995 were to be reimbursed in accordance with the prior payment methodology.

Monthly reimbursement rates were assigned for each population group based upon minimum standards for service delivery for each of these groups.

Current required standards for the provision of case management services mandate that an hourly minimum number of documented services be provided in each month for which services are billed. Program reports indicate that utilization has decreased significantly for this program area and the department has determined that certain members of the populations served may not be able to receive case management services due to the absence of payment provisions for services of less than the hour minimum cited in the rule entitled "Case Management Services for Optional Targeted Population Groups and Waiver Programs." Therefore, the department has adopted the following emergency rule which amends the rule cited above by providing for the payment of a one hour minimum of service delivery and fifteen incremental units up to the minimum hourly service requirement once the initial one hour service minimum is met. This action is necessary to assure that the following fragile and vulnerable groups, the seriously mentally ill, mentally retarded/developmentally disabled populations, including infants and toddlers, and the elderly persons included under the Home Care for the Elderly Waiver receive case management services essential to their obtaining needed medical services thereby preventing imminent peril to the health, safety, and welfare.

It is anticipated that implementation of this emergency rule will increase program expenditures by approximately \$602,057 for case management services.

Emergency Rule

The Department of Health and Hospital, Office of the Secretary, Bureau of Health Services Financing adopts the following revisions governing the reimbursement and minimum program standards for both optional targeted and waiver case management services under the Medicaid Program.

1. A minimum of 60 minutes of case management services must be provided in order to bill the initial hour of case management services for any month. This must include a face to face encounter.
2. Additional case management services beyond the initial hour up to the required minimum number of hours shall be billed in 15 minute increments in order to receive payment of the monthly fee.
3. Payment for the initial hour and the additional 15 minute increments of case management services shall be made as follows:

SERVICES	HOUR RATE	15 MINUTE RATE
CM-Elderly Waiver	\$49.50	\$12.38
CM-Seriously Mentally Ill	\$55.75	\$13.94
CM-MR/DD	\$49.00	\$12.25
(Waiver and Non-Waiver)		
CM-Infants and Toddlers	\$66.50	\$16.63

4. The monthly fee shall not be exceeded even if more than the required monthly minimum number of hours are provided.

Interested persons may submit written comments to the following address: Thomas D. Collins, Bureau of Health Services Financing, Box 91030, Baton Rouge, LA 70821-9030. He is the person responsible for responding to inquiries regarding this emergency rule.

A copy of this emergency rule is available for review by interested parties at parish Medicaid offices.

Bobby P. Jindal
Secretary

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