

STATE OF LOUISIANA

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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:

**CITATION**

1915(g) of the  
Social Security Act

Medical and Remedial Care and Services  
Item 19

The Department utilizes a broker model of case management in which beneficiaries are referred to other agencies for specific services they need. These services are determined by individualized planning with the beneficiary and/or the beneficiary's family, and other persons/professionals deemed appropriate and provided according to a written comprehensive plan of care that includes measurable person centered outcomes.

**Case Management Supervisor**

Staff who provide supervision of case management services shall meet the following criteria for education and experience qualifications:

1. Bachelor's or master's degree in social work from a program accredited by the Council on Social Work Education and two years of paid post degree experience in providing support coordination services; or
2. Currently licensed [registered nurse \(RN\)](#) with at least two years of paid nursing experience, or
3. Bachelor's or master's degree in a human services related field, which includes psychology, education, counseling, social services, sociology, philosophy, family and consumer sciences, criminal justice, rehabilitation services, child development, substance abuse, gerontology, and vocational rehabilitation, and two years of paid post degree experience in providing support coordination services; or
4. Bachelor's degree in liberal arts or general studies with concentration of at least 16 hours in one of fields listed in No. 3 above and two years of paid post degree experience in providing support coordination services; or
5. [Bachelor's or master's degree in a field other than listed above, if approved by Office for Citizens with Developmental Disabilities \(OCDD\) and Bureau of Health Services Financing \(BHSF\).](#)

The provider shall ensure that there is only one primary case manager for each eligible beneficiary.

**Electronic Visit Verification**

Case management providers identified by the Department shall use an electronic visit verification (EVV) system designated by the Department for verifying in-home or face-to-face visit requirements for case management service.

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Supersedes

TN [21-0021](#)