

ICF-MRs and nursing facilities) can occur if the State share of the increases can be funded with provider fees.

- (9) Medicaid identification cards. – The Department shall issue Medicaid identification cards to recipients on an annual basis with quarterly updates.
- (10) The Department of Health and Human Services shall develop a plan for the consolidation of case management ~~services~~, services utilizing CCNC. The plan shall address the time line and process for implementation, ~~the vendors involved~~, the identification of savings, and the Medicaid recipients affected by the consolidation. Consolidation under this subdivision does not apply to HIV case management. By December 1, ~~2009~~, 2010, the Department shall report on the plan to the House of Representatives Appropriations Subcommittee on Health and Human Services, the Senate Appropriations Committee on Health and Human Services, and the Fiscal Research Division.
- (11) For the purpose of promoting cost-effective utilization of outpatient mental health services for children, DMA shall require prior authorization for services following the sixteenth visit.
- (12) Provision of Medicaid Private Duty Nursing (PDN). – DMA shall change the Medicaid Private Duty Nursing program provided under the State Medicaid Plan, as follows:
 - a. Restructure the current PDN program to provide services that are:
 - 1. Provided only to qualified recipients under the age of 21.
 - 2. Authorized by the recipient's primary care or attending physician.
 - 3. Limited to 16 hours of service per day, unless additional services are required to correct or ameliorate defects and physical and mental illnesses and conditions as defined in 42 U.S.C. § 1396d(r)(5).
 - 4. Approved based on an initial assessment and continuing need reassessments performed by an Independent Assessment Entity (IAE) that does not provide PDN services and authorized in amounts that are medically necessary based on the recipient's medical condition, amount of family assistance available, and other relevant conditions and circumstances, as defined by the Medicaid Clinical Coverage Policy for this service.
 - 5. Provided in accordance with a plan of care approved by DMA or its designee.
 - b. Develop and submit to CMS a 1915(c) Home and Community Based Services Waiver for individuals dependent on technology to substitute for a vital body function.
 - c. Once approved by CMS and upon approval of the Medicaid Clinical Coverage Policy, transition all qualified recipients age 21 and older currently receiving PDN to waiver services provided under the Technology Dependent Waiver."

MEDICAID WAIVER FOR ASSISTED LIVING

SECTION 10.35A.(a) The Department of Health and Human Services, Division of Medical Assistance (Division) shall develop and implement either a 1915(c) Home and Community Based Services assisted living program or an Assisted Living Services program under State Medicaid Plan 1915(i) authority in order to continue Medicaid funding of personal care services to individuals living in adult care homes. The Division shall determine which program to implement based on an analysis of which alternative best addresses both resident needs and federal requirements.

SECTION 10.35A.(b) The Division shall apply to the Centers for Medicare and Medicaid Services for approval of the program by August 10, 2010.

SECTION 10.35A.(c) On or before January 1, 2011, the Division shall provide a report on the program to the Joint Legislative Commission on Governmental Operations, the Senate Appropriations Committee on Health and Human Services, the House of