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**State/Territory Name: Louisiana**

**State Plan Amendment (SPA) #: 24-0025**

This file contains the following documents in the order listed:

- 1) Approval Letter
- 2) CMS Form 179
- 3) Approved SPA Pages

**DEPARTMENT OF HEALTH & HUMAN SERVICES**

Centers for Medicare & Medicaid Services  
601 E. 12th St., Room 355  
Kansas City, Missouri 64106



Medicaid and CHIP Operations Group

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December 16, 2024

Ms. Kimberly Sullivan, J.D.  
Medicaid Executive Director  
State of Louisiana  
Department of Health  
628 N. 4th Street  
P.O. Box 91030  
Baton Rouge, LA 70821-9030

Re: Louisiana State Plan Amendment (SPA) 24-0025

Dear Medicaid Executive Director Sullivan:

The Centers for Medicare & Medicaid Services (CMS) reviewed your Medicaid State Plan Amendment (SPA) submitted under transmittal number (TN) 24-0025. This amendment proposes to amend provisions governing behavioral health services to expand the eligible individuals who can supervise Peer Support Specialists (PSS).

We conducted our review of your submittal according to statutory requirements in Title XIX of the Social Security Act and implementing regulations 42 CFR 440.130 (d). This letter informs you that Louisiana's Medicaid SPA TN 24-0025 was approved on December 16, 2024, effective October 1, 2024.

Enclosed are copies of Form CMS-179 and approved SPA pages to be incorporated into the Louisiana State Plan.

If you have any questions, please contact Tobias Griffin at (214) 767-4425 or via email at [Tobias.Griffin@cms.hhs.gov](mailto:Tobias.Griffin@cms.hhs.gov).

Sincerely,



A handwritten signature in blue ink, appearing to read "James G. Scott", is positioned above the printed name of the signatory.

Digitally signed by James  
G. Scott -S  
Date: 2024.12.16 18:06:42  
-06'00'

James G. Scott, Director  
Division of Program Operations

Enclosures

cc: Marjorie Jenkins, LA Department of Health  
Mandy Strom, West Branch Manager

<b>TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL</b> <b>FOR: CENTERS FOR MEDICARE &amp; MEDICAID SERVICES</b>		1. TRANSMITTAL NUMBER <b>24-0025</b>	2. STATE <b>LA</b>
		3. PROGRAM IDENTIFICATION: TITLE <u>XIX</u> OF THE SOCIAL SECURITY ACT	
TO: CENTER DIRECTOR CENTERS FOR MEDICAID & CHIP SERVICES DEPARTMENT OF HEALTH AND HUMAN SERVICES		4. PROPOSED EFFECTIVE DATE <b>October 1, 2024</b>	
5. FEDERAL STATUTE/REGULATION CITATION  <b>42 CFR 440.130 (d)</b>		6. FEDERAL BUDGET IMPACT (Amounts in WHOLE dollars) a. FFY <u>2025</u> \$ <b>0</b> b. FFY <u>2026</u> \$ <b>0</b>	
7. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT  <b>Attachment 3.1-A, Item 13d, Page 19</b> <b>Attachment 3.1-A, Item 13d, Page 22</b> <b>Attachment 3.1-A, Item 13d, Pages 25-26</b>		8. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable) <b>Same (TN 23-0012)</b> <b>Same (TN 23-0044)</b> <b>Same (TN 23-0044)</b>	
9. SUBJECT OF AMENDMENT <b>The purpose of this SPA is to amend provisions governing behavioral health services to expand the eligible individuals who can supervise peer support specialists.</b>			
10. GOVERNOR'S REVIEW (Check One) <div><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</div> <div><input checked="" type="checkbox"/> OTHER, AS SPECIFIED: The Governor does not review State Plan material.</div>			
11. SIGNATURE OF STATE AGENCY OFFICIAL 		15. RETURN TO <b>Kimberly Sullivan, J.D.</b> <b>Medicaid Executive Director</b> <b>Louisiana Department of Health</b> <b>628 North 4<sup>th</sup> Street</b> <b>P.O. Box 91030</b> <b>Baton Rouge, LA 70821-9030</b>	
12. TYPED NAME <b>Michael Harrington, MBA, MA</b>			
13. TITLE <b>Secretary</b>			
14. DATE SUBMITTED <b>November 7, 2024</b>			
FOR CMS USE ONLY			
16. DATE RECEIVED <b>November 7, 2024</b>		17. DATE APPROVED <b>December 16, 2024</b>	
PLAN APPROVED - ONE COPY ATTACHED			
18. EFFECTIVE DATE OF APPROVED MATERIAL <b>October 1, 2024</b>		19. SIGNATURE OF APPROVING OFFICIAL  <small>Digitally signed by James G. Scott -S Date: 2024.12.16 18:07:17 -06'00'</small>	
20. TYPED NAME OF APPROVING OFFICIAL <b>James G. Scott</b>		21. TITLE OF APPROVING OFFICIAL <b>Director, Division of Program Operations</b>	
22. REMARKS			

STATE OF LOUISIANA

AMOUNT, DURATION, AND SCOPE OF MEDICAL AND REMEDIAL CARE AND SERVICES PROVIDED  
LIMITATIONS ON THE AMOUNT, DURATION, AND SCOPE OF CERTAIN ITEMS OF PROVIDED  
MEDICAL AND REMEDIAL CARE AND SERVICES DESCRIBED AS FOLLOWS:

**6. Peer Support Services**

Peer support services (PSS) are an evidence-based behavioral health service that consists of a qualified peer support provider, who assists members with their recovery from mental illness and/or substance use. PSS are behavioral health rehabilitative services to reduce the disabling effects of an illness or disability and restore the beneficiary to the best possible functional level in the community. PSS are coordinated as part of a person-centered, goal-oriented treatment plan. PSS are face-to-face interventions with the member. Most contacts occur in community locations where the member lives, works, attends school and/or socializes.

**Provider Qualifications**

Peer support services must be provided under the administrative oversight of licensed and accredited local governing entities (LGEs) or certified Permanent Supportive Housing (PSH) agencies. LGEs and PSH agencies must meet state and federal requirements for providing PSS.

An individual providing Peer Support Services must successfully complete an OBH-approved peer training program prior to providing peer support services. Training provides the Peer Support Specialist with a basic set of competencies necessary to perform the peer support function. The Peer Support Specialist must also complete a minimum of ten (10) Continuing Education Units (CEU) per calendar year.

Credentialed Peer Support Specialists (CPSS) must have lived experience with a mental illness and/or substance use challenge or condition and must be at least 21 years of age. A CPSS must have at least twelve (12) months of continuous recovery, which is demonstrated by a lifestyle and decisions supporting an individual's overall wellness and recovery. CPSS must receive regularly scheduled clinical supervision from a Peer Supervisor. The Peer Supervisor must be either a Licensed Mental Health Professional (LMHP) or be supervised by an LMHP. Peer Supervisors must have the practice-specific education, experience, training, and credentials to coordinate an array of behavioral health services, and shall complete the required OBH-approved Peer Supervisor Training.

**7. Crisis Stabilization**

Crisis Stabilization (CS) is a short-term bed-based crisis treatment and support service for members who have received a lower level of crisis services and are at risk of hospitalization or institutionalization, including nursing home placement.

CS is utilized when additional crisis supports are necessary to stabilize the crisis and ensure community tenure in instances in which more intensive inpatient psychiatric care is not warranted or when the member's needs are better met at this level.

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Unlicensed Professionals

Unlicensed Professionals rendering Crisis Stabilization services must meet the following requirements:

1. Be at least twenty-four (24) years old; and
2. Possess a minimum of bachelor's degree (preferred) OR an associate's degree and two (2) years of work experience in the human services field.

Credentialed Peer Support Specialist (CPSS)

A CPSS must meet the staff qualifications as outlined in the Peer Support Service section. CPSS must receive regularly scheduled clinical supervision from a Peer Supervisor. The Peer Supervisor must be either a Licensed Mental Health Professional (LMHP) or be supervised by an LMHP. Peer Supervisors must have the practice-specific education, experience, training, and credentials to coordinate an array of behavioral health services, and shall complete the required OBH-approved Peer Supervisor Training.

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MEDICAL AND REMEDIAL CARE AND SERVICES DESCRIBED AS FOLLOWS:

**Unlicensed Professionals**

Unlicensed professionals of MCR services must meet the following requirements:

1. Be at least twenty-four (24) years old; and
2. Possess a minimum of a bachelor's degree (preferred) OR an associate's degree and two (2) years of work experience in the human services field.

**Peer Support Specialist (PSS)**

A PSS must have lived experience with mental illness and/or substance use disorders and must successfully complete a required peer training and credentialing program approved by the Office of Behavioral Health. This includes ongoing completion of continuing education requirements consistent with Louisiana requirements for peer support. A peer support specialist must receive regularly scheduled clinical supervision from a Peer Supervisor. The Peer Supervisor must be a Licensed Mental Health Professional (LMHP) or be supervised by an LMHP. Peer Supervisors must have the practice-specific education, experience, training, and credentials to coordinate an array of behavioral health services, and shall complete the required OBH-approved Peer Supervisor Training.

Individuals providing MCR services must be trained in trauma-informed care, de-escalation strategies, and harm reduction prior to rendering services.

STATE OF LOUISIANA

AMOUNT, DURATION, AND SCOPE OF MEDICAL AND REMEDIAL CARE AND SERVICES PROVIDED  
LIMITATIONS ON THE AMOUNT, DURATION, AND SCOPE OF CERTAIN ITEMS OF PROVIDED  
MEDICAL AND REMEDIAL CARE AND SERVICES DESCRIBED AS FOLLOWS:

**Service Delivery**

- A. All mental health services must be medically necessary. The medical necessity for services shall be determined by an LMHP or physician who is acting within the scope of their professional license and applicable state law.
- B. All services shall be delivered in accordance with federal and state laws and regulations, the provider manual, and other notices or directives issued by the Department. The provider shall create and maintain documents to substantiate that all requirements are met.
- C. Each provider of adult mental health services shall enter into a contract with one or more of the managed care organizations in order to receive reimbursement for Medicaid covered services.
- D. There shall be recipient involvement throughout the planning and delivery of services.
  - 1. Services shall be
    - a. delivered in a culturally and linguistically competent manner; and
    - b. respectful of the individual receiving services.
  - 2. Services shall be appropriate to individuals of diverse racial, ethnic, religious, sexual, and gender identities and other cultural and linguistic groups. Services shall be appropriate for:
    - a. age;
    - b. development; and
    - c. education.
- E. Anyone providing adult mental health services must operate within their scope of practice license.
- F. Fidelity reviews must be conducted for evidenced based practices on an ongoing basis as determined necessary by the Department.
- G. Services may be provided in the community or in the individual's place of residence as outlined in the treatment plan. Services shall not be provided at an institution for mental disease (IMD).