Changes to Statement of Work

Item	Change From:	Change To:	Justification
1	**4.2 Key Staff Positions** … 4.2.4 **Behavioral Health Medical Director** who is a physician with a current, unencumbered Louisiana-license as a physician, board-certified in psychiatry with at least three (3) years of training in a medical specialty. The Behavioral Health Medical Director shall devote full time (minimum 32 hours weekly) to the MCO's operations to ensure timely medical decisions, including after-hours consultation as needed. During periods when the Behavioral Health Medical Director is not available, the MCO shall have physician staff to provide competent medical direction. The Behavioral Health Medical Director will share responsibility to manage the behavioral health services delivery system with the Behavioral Health Coordinator, and shall be actively involved in all major clinical and quality management components of the behavioral health services of the MCO. The Behavioral Health Medical Director shall meet regularly with the Chief Medical Officer. The Behavioral Health Medical Director's responsibilities shall include, but not be limited to the following:	**4.2 Key Staff Positions** … 4.2.4 **Behavioral Health Medical Director** who is a physician with a current, unencumbered Louisiana-license as a physician, board-certified in psychiatry with at least three (3) years of training in a medical specialty. The Behavioral Health Medical Director shall devote full time (minimum 32 hours weekly) to the MCO's operations to ensure timely medical decisions, including after-hours consultation as needed. During periods when the Behavioral Health Medical Director is not available, the MCO shall have physician staff to provide competent medical direction. The Behavioral Health Medical Director will share responsibility to manage the behavioral health services delivery system, including the 24-hour behavioral health crisis line, with the Behavioral Health Coordinator, and shall be actively involved in all major clinical and quality management components of the behavioral health services of the MCO. The Behavioral Health Medical Director shall meet regularly with the Chief Medical Officer. The Behavioral Health Medical Director's responsibilities shall include, but not be limited to the following:	This revision provides for oversight of the 24-hour behavioral health crisis line.
2	4.2.22 **Behavioral Health Coordinator** shall meet the requirements for a LMHP and have at least seven (7) years' experience in managing behavioral healthcare operations. The Behavioral Health Coordinator shall have responsibility for clinical program development and oversight of staff and services related to the delivery of covered mental health and addiction services to children/youth, adults with serious mental illness and/or with substance use disorders in compliance with federal and state laws and the requirements set forth in this contract, including all documents incorporated by reference. The Behavioral Health Coordinator will share responsibility to manage the specialized behavioral health	4.2.22 **Behavioral Health Coordinator** shall meet the requirements for a LMHP and have at least seven (7) years' experience in managing behavioral healthcare operations. The Behavioral Health Coordinator shall have responsibility for clinical program development and oversight of staff and services related to the delivery of covered mental health and addiction services to children/youth, adults with serious mental illness and/or with substance use disorders in compliance with federal and state laws and the requirements set forth in this contract, including the 24-hour behavioral health crisis line, and all documents incorporated by reference. The Behavioral Health Coordinator will share responsibility to manage the	These revisions provide for oversight of the 24-hour behavioral health crisis line and ensure compliance with implementation of crisis response services associated with the Louisiana Crisis Response System, which is LDH's comprehensive crisis system of care, developed in response to the DOJ Agreement.

Item	Change From:	Change To:	Justification
	services delivery system with the Behavioral Health Medical Director. The Behavioral Health Coordinator shall regularly review integration performance, performance improvement projects, and surveys related to integration and shall work closely with the Performance/Quality Improvement Coordinator and Quality Management Coordinator and Behavioral Health Quality Management Coordinator.	specialized behavioral health services delivery system, including crisis response services implemented via the Louisiana Crisis Response System, with the Behavioral Health Medical Director. The Behavioral Health Coordinator shall regularly review integration performance, performance improvement projects, and surveys related to integration and shall work closely with the Performance/Quality Improvement Coordinator and Quality Management Coordinator and Behavioral Health Quality Management Coordinator. Additionally, the Behavioral Health Coordinator shall participate in Statewide coalitions regarding the implementation of crisis response services through the Louisiana Crisis Response System and ensure MCO participation in regional coalitions developed through this initiative.	
3	4.3.10 **Licensed Mental Health Professionals (LMHP)** to perform evaluations for adult mental health rehabilitation services. Whether through subcontract or direct employment, the MCO shall maintain appropriate levels of LMHP staff to assure adequate local geographic coverage for in field face-to-face contact with members. LMHP staff must be trained to determine the medical necessity criteria as established by the State. LMHPs shall be certified in administering the Level of Care Utilization System (LOCUS).	4.3.10 **Licensed Mental Health Professionals (LMHP)** ~~to perform evaluations for adult mental health rehabilitation services. Whether through subcontract or direct employment, the MCO shall maintain appropriate levels of LMHP staff to assure adequate local geographic coverage for in field face-to-face contact with members. LMHP~~ staff must be trained to determine the medical necessity criteria as established by the State. LMHPs shall be certified in administering the Level of Care Utilization System (LOCUS). LMHPs shall be available to accept and respond to calls via warm transfer from the 24-hour behavioral health crisis line.	These revisions remove the reference to evaluations and add responsibilities associated with 24-hour behavioral health crisis line to ensure congruence with the DOJ Agreement.
4	[new provisions]	4.3.13 **Liaisons to work with Regional Crisis Coalitions** developed in conjunction with the Louisiana Crisis Response System. 4.3.14 **24-Hour Behavioral Health Crisis Line staff** – Whether through subcontract, if prior approved by LDH, or direct employment, the MCO shall have an adequate number of staff to answer the behavioral health crisis line twenty-four (24) hours per day, seven (7) days per week, with sufficient capacity to preclude the use of answering machines, third-party answering services, and voicemail. Staff shall participate in OBH approved trainings.	These revisions provide for two additional position types to ensure compliance with the implementation of crisis response services associated with the Louisiana Crisis Response System developed in response to the DOJ Agreement.

Item	Change From:	Change To:	Justification
5	4.6.8 Additional key staff training requirements, with inclusion of specialized behavioral health services, shall include but not be limited to: … 4.6.8.4 The MCO shall participate in all PSH trainings required by LDH and shall, at the request of LDH, require that relevant subcontractors to the MCO participate as well.	4.6.8 Additional key staff training requirements, with inclusion of specialized behavioral health services, shall include but not be limited to: … 4.6.8.4 The MCO shall participate in all PSH trainings required by LDH and shall, at the request of LDH, require that relevant subcontractors to the MCO participate as well. 4.6.8.5 For 24-hour behavioral health crisis line staff – participation in OBH-approved trainings related to the Louisiana Crisis Response System. 4.6.8.6 For employees, contractors, and subcontractors performing work or services related to the performance or supervision of audits, prior authorization determinations, and clinical reviews of mental health rehabilitation services providers - annual training on the LDH Behavioral Health Provider Manual and the relevant State laws, policies, and regulations related to the State's mental health rehabilitation program.	These revisions are to ensure that behavioral health crisis line staff have sufficient knowledge of the program and to comply with staff training requirements of La. R.S. 46:460:77.3, as enacted by Act 204 of the 2021 Regular Legislative Session.
6	4.6.9.1 In accordance with La. R.S. 42:1267(B)(3) and the State of Louisiana's Information Security Policy, if the Contractor, any of its employees, agents, or subcontractors will have access to State government information technology assets, the Contractor's employees, agents, or subcontractors with such access must complete cybersecurity training annually, and the Contractor must present evidence of such compliance annually and upon request. The Contractor may use the cybersecurity training course offered by the Louisiana Department of State Civil Service without additional cost or may use any alternate course approved in writing by the Office of Technology Services.	4.6.9.1 In accordance with La. R.S. 42:1267(B)(3) and the State of Louisiana's Information Security Policy, if the Contractor, any of its employees, agents, or subcontractors will have access to State government information technology assets, the Contractor's employees, agents, or subcontractors with such access must complete cybersecurity training annually, and the Contractor must present evidence of such compliance annually and upon request. The Contractor ~~may~~ must use the cybersecurity training course offered by the Louisiana Department of State Civil Service~~ without additional cost or may use any alternate course approved in writing by the Office of Technology Services~~.	This revision reflects additional guidance from State Civil Service and the Office of Technology Services that contractors must use the cybersecurity training course offered by the State.

Item	Change From:	Change To:	Justification
7	4.7.4 The major subcontract shall: 4.7.4.1 Be written; 4.7.4.2 Specify, and require compliance with, all applicable requirements of this Contract and the activities and reporting responsibilities the major subcontractor is obligated to provide; 4.7.4.3 Provide for imposing penalties, including Contract termination, if the State or the Contractor determines that the major subcontractor's performance is inadequate or non-compliant; 4.7.4.4 Require the major subcontractor to comply with all applicable Medicaid laws, regulations, applicable LDH policies and manuals, and applicable subregulatory guidance; and 4.7.4.5 Comply with the audit and inspection requirements set forth in 42 C.F.R. §438.230(c)(3) and 42 C.F.R. §438.3(k).	4.7.4 ~~The major~~ All subcontracts shall: 4.7.4.1 Be written; 4.7.4.2 Specify, and require compliance with, all applicable requirements of this Contract and the activities and reporting responsibilities the ~~major~~ subcontractor is obligated to provide; 4.7.4.3 Provide for imposing penalties, including Contract termination, if the State or the Contractor determines that the ~~major~~ subcontractor's performance is inadequate or non-compliant; 4.7.4.4 Require the ~~major~~ subcontractor to comply with all applicable Medicaid laws, regulations, applicable LDH policies and manuals, and applicable subregulatory guidance; and 4.7.4.5 Comply with the audit and inspection requirements set forth in 42 C.F.R. §438.230(c)(3) and 42 C.F.R. §438.3(k).	This revision clarifies that these provisions apply to all subcontracts.
8	6.4.4. Specialized Behavioral Health Covered Services: • Psychiatrist (all ages) • Licensed Mental Health Professionals (LMHP) … • Mental Health Rehabilitation Services o Community Psychiatric Support and Treatment (CPST) o Community Psychiatric Support and Treatment (CPST), specialized for high-risk populations. This includes:	6.4.4. Specialized Behavioral Health Covered Services: • Services provided by Psychiatrists (all ages) • Services provided by Licensed Mental Health Professionals (LMHP) … • Mental Health Rehabilitation Services o Community Psychiatric Support and Treatment (CPST) o Community Psychiatric Support and Treatment (CPST), specialized for high-risk populations. This includes:	These revisions correct language and formatting errors, add new crisis response services, and add new services available to the DOJ Agreement Target Population. New services have been considered in rate development.

Item	Change From:	Change To:	Justification
	▪ Multi-Systemic Therapy (MST) (under age 21) ▪ Functional Family Therapy (FFT) (under age 21) ▪ Homebuilders (under age 21) ▪ Assertive Community Treatment (limited to 18 years and older) o Psychosocial Rehabilitation (PSR) o Crisis Intervention o Therapeutic Group Homes (under age 21): Therapeutic Group Homes have a non-Medicaid funded room and board component that must be addressed prior to placement. o Crisis Stabilization (under age 21) • Peer Support Services (ages 21 and older), effective February 1, 2021 • Psychiatric Residential Treatment Facilities (under age 21) • Inpatient hospitalization (age 21 and under; 65 and older) for Behavioral Health Services • Outpatient and Residential Substance Use Disorder Services in accordance with the American Society of Addiction Medicine (ASAM) levels of care • Medication-Assisted Treatment (MAT), including Methadone treatment in Opioid Treatment Programs (OTPs)	▪ Multi-Systemic Therapy (MST) (under age 21) ▪ Functional Family Therapy (FFT) (under age 21) ▪ Homebuilders (under age 21) ▪ Assertive Community Treatment (limited to 18 years and older) o Psychosocial Rehabilitation (PSR) o Crisis Intervention ~~o Therapeutic Group Homes (under age 21): Therapeutic Group Homes have a non-Medicaid funded room and board component that must be addressed prior to placement.~~ o Crisis Stabilization (under age 21) • Therapeutic Group Homes (under age 21): Therapeutic Group Homes have a non-Medicaid funded room and board component that must be addressed prior to placement. • Crisis Response Services: o Mobile Crisis Response (MCR), effective March 1, 2022 o Community Brief Crisis Support (CBCS), effective March 1, 2022 o Behavioral Health Crisis Care (BHCC), effective April 1, 2022 • Peer Support Services (ages 21 and older), effective February 1, 2021	

Item	Change From:	Change To:	Justification
	• Screening for services, including the Coordinated System of Care, may take place while the youth resides in a home and community-based setting and is at risk for hospital levels of care. The MCO shall ensure (either using MCO care management protocols or by ensuring appropriate, proactive discharge planning by MCO contracted providers) the screening takes place while a youth resides in an out-of-home level of care (such as inpatient, PRTF, SUD residential treatment or TGH) and is prepared for discharge to a home and community-based setting. For settings such as PRTF and TGH with lengths of stay allowing sufficient time for comprehensive and deliberate discharge and aftercare planning, the MCO shall ensure that screening for CSoC takes place at least 30 days and up to 90 days prior to the anticipated discharge date. If CSoC screening shows appropriateness, referral to CSoC up to 90 days prior to discharge from a residential setting shall occur, as it is expected to assist in comprehensive discharge and treatment planning, prevent disruption, and improve stabilization upon reentry to a home and community environment.	• Psychiatric Residential Treatment Facilities (under age 21) • Inpatient hospitalization (age 21 and under; 65 and older) for Behavioral Health Services • Outpatient, ~~and~~ Residential, and Inpatient Substance Use Disorder Services in accordance with the American Society of Addiction Medicine (ASAM) levels of care • Medication-Assisted Treatment (MAT), including Methadone treatment in Opioid Treatment Programs (OTPs) • Personal Care Services for DOJ Agreement Target Population, effective February 21, 2022 • Individual Placement Support Services for DOJ Agreement Target Population, effective February 21, 2022 • Screening for services, including the Coordinated System of Care, may take place while the youth resides in a home and community-based setting and is at risk for hospital levels of care. The MCO shall ensure (either using MCO care management protocols or by ensuring appropriate, proactive discharge planning by MCO contracted providers) the screening takes place while a youth resides in an out-of-home level of care (such as inpatient, PRTF, SUD residential treatment or TGH) and is prepared for discharge to a home and community-based setting. For settings such as PRTF and TGH with lengths of stay allowing sufficient time for comprehensive and deliberate discharge and aftercare planning, the MCO shall ensure that screening for CSoC takes place at least 30 days and up to 90 days prior to the anticipated discharge date. If CSoC screening shows appropriateness, referral to CSoC up to 90 days prior to discharge from a residential setting shall occur, as it is expected to assist in comprehensive	

Item	Change From:	Change To:	Justification
		discharge and treatment planning, prevent disruption, and improve stabilization upon reentry to a home and community environment.	
9	6.4.10. Develop crisis intervention and stabilization services to better manage behavioral health issues in the community. The MCO shall maintain an active role in managing the process to ensure resolution of behavioral health crises in the community and referral to and assistance with placement in behavioral health services required by the individual in need. Regional crisis community collaborations consist of an array of public and private partners such as law enforcement, emergency department directors, psychiatric acute unit directors, coroners, behavioral health advocates, and peer supports. The MCO shall familiarize itself with the local crisis collaborative and work with it to facilitate crisis resolution.	6.4.10. Develop crisis ~~intervention and stabilization~~ services to ~~better~~ manage behavioral health issues in the community. This includes utilizing standardized processes for the 24-hour behavioral health crisis line and referral to crisis response services developed through the Louisiana Crisis Response System and as outlined within the Louisiana Crisis Response System Companion Guide once implemented. The MCO shall maintain an active role in managing the process to ensure resolution of behavioral health crises in the community and referral to and assistance with placement in behavioral health services required by the individual in need. Regional crisis community collaborations consist of an array of public and private partners such as law enforcement, emergency department directors, psychiatric acute unit directors, coroners, behavioral health advocates, and peer supports. The MCO shall familiarize itself with the local crisis collaborative and work with it to facilitate crisis resolution.	This revision corrects language and adds requirements to ensure compliance with implementation of crisis response services associated with the Louisiana Crisis Response System, developed in response to the DOJ Agreement.
10	6.27.1.3. The approved in lieu of services are authorized and identified in Attachment D, Rate Certification.	6.27.1.3. The approved in lieu of services are authorized and identified in ~~Attachment D, Rate Certification~~ the **MCO Manual**.	This revision moves the list of authorized in lieu of services to a new Attachment F.
11	7.5.4.2. At a minimum, the MCO's annual sampling approach shall result in a statistically significant representative sample with a confidence interval of 95% + or – 5 for each level of care. The sample shall be random and include providers who have served at least one member during the review period. Levels of care shall include outpatient, residential and inpatient.	7.5.4.2. At a minimum, the MCO's annual sampling approach shall result in a statistically significant representative sample with a confidence interval of 95% + or – 5 for each level of care. The sample shall be random and include providers who have served at least one member during the review period. Levels of care shall include mental health outpatient, substance use outpatient, and residential ~~and /inpatient~~. Additional levels of care may be added at the discretion of LDH.	This revision is to align with the quality reporting requirements in Section 14.9.2.
12	7.8.14.2. The MCO shall ensure its provider network offers a range of preventive and specialized behavioral health services as reflected in the LDH Behavioral Health Provider Manual and meets the network adequacy	7.8.14.2. The MCO shall ensure its provider network offers a range of preventive and specialized behavioral health services as reflected in the LDH Behavioral Health Provider Manual and meets the network adequacy	This revision includes reference to the Provider Network Companion Guide, which contains network adequacy standards.

Item	Change From:	Change To:	Justification
	standards defined in this contract. The provider network shall be adequate for the anticipated number of members for the service area. The service array shall comply with the waivers and Medicaid State Plan requirements.	standards defined in this contract and as specified in the Provider Network Companion Guide. The provider network shall be adequate for the anticipated number of members for the service area. The service array shall comply with the waivers and Medicaid State Plan requirements.	
13	7.8.14.8. The MCO shall have a fully operational network of behavioral health crisis response providers offering a complete array of crisis services, available twenty-four (24) hours per day, seven (7) days per week. Crisis services shall include an on-call, 24-hour crisis hotline, crisis counseling, crisis intervention and follow up, linkage to ongoing behavioral health management and intervention, and crisis stabilization for children. The MCO may also coordinate with community resources to expand the crisis response. The community-based crisis response system may include, but is not limited to, warmlines, mobile crisis teams, collaboration with law enforcement crisis stabilization in alternative settings, and crisis stabilization/crisis receiving centers for adults. If shortages in provider network sufficiency are identified by LDH, the MCO shall conduct outreach efforts approved by LDH, and take necessary actions to assure member access to medically necessary behavioral health services. The MCO shall execute an ad hoc or single case agreement when a clinical need or a specialized behavioral health service is identified for a member and no network provider is available to meet that particular need. In such cases, all transportation necessary to receive necessary services will be provided and reimbursed through the MCO, including meals and lodging as appropriate.	7.8.14.8. The MCO shall have a fully operational network of behavioral health crisis response providers offering a complete array of crisis response services, available twenty-four (24) hours per day, seven (7) days per week. Crisis response services shall include an on-call, 24-hour crisis hotline~~,~~ for crisis counseling~~, crisis intervention and follow up,~~ and linkage to ongoing behavioral health management and intervention services, ~~and~~ crisis stabilization for children and adults, mobile crisis response teams, community brief crisis support and behavioral health crisis care. The MCO ~~may~~ shall also coordinate with community resources, including, but not limited to, law enforcement, emergency departments, ~~local~~ Statewide and regional crisis coalitions, dispatch call centers, and emergency management service organizations personnel, to expand the crisis response. ~~The community-based crisis response system may include, but is not limited to, warmlines, mobile crisis teams, collaboration with law enforcement crisis stabilization in alternative settings, and crisis stabilization/crisis receiving centers for adults.~~ If shortages in provider network sufficiency are identified by LDH, the MCO shall conduct outreach efforts approved by LDH, and take necessary actions to assure member access to medically necessary behavioral health services. The MCO shall execute an ad hoc or single case agreement when a clinical need or a specialized behavioral health service is identified for a member and no network provider is available to meet that particular need. In such cases, all transportation necessary to receive necessary services will be provided and reimbursed through the MCO, including meals and lodging as appropriate.	These revisions correct language and add requirements to ensure compliance with the implementation of crisis response services associated with the Louisiana Crisis Response System developed in response to the DOJ Agreement.

Item	Change From:	Change To:	Justification
14	7.13.6.1. All provider agreements must fulfill the requirements of 42 CFR Part 438 that are appropriate to the service performed under the agreement;	7.13.6.1. All provider agreements must fulfill the requirements of 42 CFR Part 438 that are appropriate to the service performed under the agreement; 7.13.6.2 All provider agreements shall require the provider to comply with all applicable Contract requirements, applicable Federal and State laws, regulations, rules, policies, procedures, and manuals, the State Plan, Waivers, and subregulatory guidance; [subsequent provisions renumbered]	This revision expands upon provider agreement requirements to ensure compliance by providers with applicable laws, regulations, and other guidance.
15	7.14.1.1. Prior to contracting, the MCO shall credential providers to ensure provider facilities, organizations, and staff meet all qualifications and requirements established by LDH policy including but not limited to the Medicaid Behavioral Health Provider Manual, state and federal laws, and rules and regulations for all specialized behavioral health providers. MCO credentialing files on providers shall include verification of meeting said requirements. This shall include that agencies offering mental health rehabilitation services (CPST, PSR and/or CI), Assertive Community Treatment (ACT), PRTFs, TGHs and SUD residential treatment facilities supply proof of accreditation by an LDH approved accrediting body, which shall be made part of the agency's credentialing file with the MCO. Agencies not accredited at the time of credentialing shall supply proof that the agency applied for accreditation and paid the initial application fee. Agencies must present proof of full accreditation within eighteen (18) months following the initial contracting date with the MCO. Specialized behavioral health provider types required to be accredited by rule, regulation, waiver or State Plan Amendment (SPA) prior to contracting or prior to receiving Medicaid reimbursement, shall have proof of accreditation on file with the MCO. LDH approved national accrediting bodies include:	7.14.1.1. Prior to contracting, the MCO shall credential providers to ensure provider facilities, organizations, and staff meet all qualifications and requirements established by LDH policy including but not limited to the Medicaid Behavioral Health Provider Manual, state and federal laws, and rules and regulations for all specialized behavioral health providers. MCO credentialing files on providers shall include verification of meeting said requirements. This shall include that agencies offering mental health rehabilitation services (CPST, PSR and/or CI), Assertive Community Treatment (ACT), Crisis Response Services (MCR, CBCS, BHCC, CS), PRTFs, TGHs and SUD residential treatment facilities supply proof of accreditation by an LDH approved accrediting body, which shall be made part of the agency's credentialing file with the MCO. Agencies not accredited at the time of credentialing shall supply proof that the agency applied for accreditation and paid the initial application fee. Agencies must present proof of full accreditation within the required timeframe established by LDH policy, including, but not limited to, the Medicaid Behavioral Health Provider Manual ~~eighteen (18) months following the initial contracting date with the MCO~~. Specialized behavioral health provider types required to be accredited by rule, regulation, waiver or State Plan Amendment (SPA) prior to contracting or prior to receiving Medicaid reimbursement, shall have	These revisions add crisis response services and correct timelines.

Item	Change From:	Change To:	Justification
	• The Council on Accreditation (COA); • The Commission on Accreditation of Rehabilitation Facilities (CARF); or • The Joint Commission (TJC).	proof of accreditation on file with the MCO. LDH approved national accrediting bodies include: • The Council on Accreditation (COA); • The Commission on Accreditation of Rehabilitation Facilities (CARF); or • The Joint Commission (TJC).	
16	7.17.4.1.1. A specialty drug is defined as a prescription drug which meets two or more of the following criteria:	7.17.4.1.1. A specialty drug is defined as a prescription drug which meets ~~two~~ three (3) or more of the following criteria:	This revision is to increase enrollee access to medications. Most retail pharmacies manage and dispense outpatient drugs; however, there is a limited number of drugs that have limited distribution from the manufacturer and are not available at all retail pharmacies. To promote easy access to medications for enrollees, the limited supply drug list should be very small. Requiring three criteria to be met opens the possibility of more outpatient drugs being available on retail pharmacy shelves.
17	8.5.1.1.1. The MCO shall make all inpatient hospital service authorizations within two (2) calendar days of obtaining appropriate medical information; and 8.5.1.1.2. The MCO shall make all CPST and PSR service authorizations within five (5) calendar days of obtaining appropriate medical information.	8.5.1.1.1. The MCO shall make all inpatient hospital service authorizations within two (2) calendar days of obtaining appropriate ~~medical information~~ documentation; ~~and~~ 8.5.1.1.2. The MCO shall make all CPST and PSR service authorizations within five (5) calendar days of obtaining appropriate ~~medical information~~ documentation; and~~.~~ 8.5.1.1.3 The MCO shall make all determinations for behavioral health crisis response services that require prior authorization as expeditiously as the enrollee's condition requires, but no later than one (1) calendar day after obtaining appropriate clinical documentation.	These revisions broaden the language from "medical information" to "documentation" to be more inclusive of behavioral health services and add a deadline for crisis response service authorizations, as crisis response services are urgent and must be delivered quickly.

Item	Change From:	Change To:	Justification
18	10.5.8. The MCO shall provide at least seven (7) days advance notice of all trainings to LDH, and LDH shall be invited to attend all provider sessions. The MCO shall maintain and provide upon LDH request all provider training reports identifying training topics provided, dates, sign-in sheets, invited/attendees' lists, and organizations trained.	10.5.8. ~~The MCO shall provide at least seven (7) days advance notice of all trainings to LDH, and~~ LDH shall be ~~invited~~ allowed to attend all provider training sessions upon request. The MCO shall maintain and provide upon LDH request all provider training reports identifying training topics ~~provided~~, dates, sign-in sheets, invited/attendees' lists, and organizations trained, as applicable.	This revision streamlines the provider training notification process, as MCOs are already required to submit this information in accordance with Section 10.5.2.
19	12.6.1. The MCO must provide written notice to LDH for all marketing and member education events and activities for potential or current enrollees as well as any community/health education activities that are focused on health care benefits (health fairs or other health education and promotion activities). Notice to LDH may be made prior to the event, or in the form of the **Marketing Plan Monthly Report**.	12.6.1. The MCO must provide written notice to LDH for all marketing and member education events and activities for potential or current enrollees as well as any community/health education activities that are focused on health care benefits (health fairs or other health education and promotion activities). Notice to LDH may be made prior to the event, or in the form of the **Marketing Plan ~~Monthly~~ Quarterly Report**.	This revision reduces the administrative burden on LDH and the MCOs.
20	12.10.7.10. Information specific to access for specialized behavioral health services, including but not limited to: • The link to the LDH-OBH and CSoC websites; • Information on how to access specialized behavioral health services; • Crisis response information and toll-free crisis telephone numbers; • Information regarding community forums, volunteer activities, and workgroups/committees that provide opportunities for members receiving services, their families/caregivers, providers, and stakeholders to become involved; and • Information regarding advocacy organizations, including how members and other families/caregivers may access advocacy services.	12.10.7.10. Information specific to access for specialized behavioral health services, including but not limited to: • The link to the LDH-OBH and CSoC websites; • Information on how to access specialized behavioral health services, including crisis response services implemented through the Louisiana Crisis Response System; • Crisis response information and toll-free crisis telephone numbers; • Information regarding community forums, volunteer activities, and workgroups/committees that provide opportunities for members receiving services, their families/caregivers, providers, and stakeholders to become involved; and • Information regarding advocacy organizations, including how members and other families/caregivers may access advocacy services.	This revision adds a reference to the Louisiana Crisis Response System.

Item	Change From:	Change To:	Justification
21	12.12.1.12. The extent to which, and how, after-hours, crisis and emergency coverage are provided, including: • What constitutes an emergency medical condition, emergency services, and post-stabilization services, as defined in 42 CFR §438.114(a); • That prior authorization is not required for emergency services; • The process and procedures for obtaining emergency services, including use of the 911-telephone system or its local equivalent; • The locations of any emergency settings and other locations at which providers and hospitals furnish emergency services and post-stabilization services covered by the MCO; and • That, subject to the provisions of 42 CFR Part 438, the member has a right to use any hospital or other setting for emergency care.	12.12.1.12. The extent to which, and how, after-hours, crisis and emergency coverage are provided, including: • What constitutes an emergency medical condition, emergency services, and post-stabilization services, as defined in 42 CFR §438.114(a); • That prior authorization is not required for emergency services; • The process and procedures for obtaining emergency services, including use of the 911-telephone system or its local equivalent; • The locations of any emergency settings and other locations at which providers and hospitals furnish emergency services, crisis response services, and post-stabilization services covered by the MCO; and • That, subject to the provisions of 42 CFR Part 438, the member has a right to use any hospital or other setting for emergency care.	This revision adds a reference to crisis response services.
22	12.13.3.1 The MCO may provide the MCO Member ID card in a separate mailing from the welcome packet, however the card must be sent no later than ten (10) business days from the date of receipt of the file from LDH or the Enrollment Broker identifying the new enrollee. As part of the welcome packet information, the MCO must explain the purpose of the card, how to use the card, and how to use it in tandem with the LDH-issued card.	12.13.3.1 The MCO may provide the MCO Member ID card in a separate mailing from the welcome packet, however the card must be sent no later than ten (10) business days from the date of receipt of the file from LDH or the Enrollment Broker identifying the new enrollee. As part of the welcome packet information, the MCO must explain the purpose of the card, how to use the card, and how to use it in tandem with the LDH-issued card. 12.13.3.1.1 The MCO shall distribute cards for justice-involved pre-release enrollees in accordance with the **Justice-Involved Pre-Release Enrollment Program Manual**. LDH reserves the right to assess monetary penalties for failure to meet this requirement.	This revision provides for additional guidelines for the distribution of MCO Member ID cards to justice-involved pre-release enrollees. A main tenet of the Pre-release Program is for enrollees to have their cards in-hand at the time of release from incarceration, as it serves as tangible proof that they are enrolled in Medicaid and have access to healthcare services. Missing cards has been a pervasive issue, resulting in numerous complaints from the Department of Corrections.
23	**12.16. 24-hour Behavioral Health Crisis Line**	**12.16. 24-Hour Behavioral Health Crisis Line**	These revisions are to ensure adequate operability of the 24-hour behavioral health crisis line given the

Item	Change From:	Change To:	Justification
	12.16.1. The MCO shall maintain a 24-hour toll-free crisis response center to respond to specialized behavioral health needs. The call center may be combined with the MCO's 24-hour nurse line or may be a separate line, but must provide the following: 12.16.1.1. 24-hour, 7-day a week access to staff; 12.16.1.2. Answered by a live voice at all times; and 12.16.1.3. Have sufficient telephone lines to answer incoming calls. 12.16.2. The MCO shall assist and triage callers who may be in crisis by effectuating an immediate transfer to a care manager. The call shall be answered within thirty (30) seconds and only transferred via a warm line to a LMHP. The MCO shall respect the caller's privacy during all communications and calls	12.16.1. The MCO shall maintain a 24-hour toll-free behavioral health crisis response call center to respond to specialized behavioral health needs. The call center may be combined with the MCO's 24-hour nurse line or may be a separate line, but must ~~provide the following~~: 12.16.1.1 Provide 24-hour, 7-day a week access to staff; 12.16.1.2 Answer~~ed by~~ with a live voice at all times within thirty (30) seconds; and 12.16.1.3 Have sufficient telephone lines to answer incoming calls and meet performance standards listed in this Contract. ~~12.16.2. The MCO shall assist and triage callers who may be in crisis by effectuating an immediate transfer to a care manager. The call shall be answered within thirty (30) seconds and only transferred via a warm line to a LMHP. The MCO shall respect the caller's privacy during all communications and calls~~ 12.16.1.4 Assist and triage callers who may be in crisis by effectuating an immediate transfer via a warm line to an LMHP for those who need a higher level of clinical skill, or Recognized Peer Support Specialist (RPSS). 12.16.1.5 Be staffed with an adequate number of LMHPs overseeing clinical triage and other trained team members to handle all calls received; 12.16.1.6 Coordinate connections to crisis mobile response team services closest to the member's location at the time of crisis; 12.16.1.7 Schedule outpatient follow-up appointments via a warm handoff to support connection to ongoing care following a crisis episode; and	implementation of new services associated with the Louisiana Crisis Response System and DOJ Agreement requirements related to this system's implementation.

Item	Change From:	Change To:	Justification
		12.16.1.8 Connect individuals to facility-based care through warm handoffs and coordination of transportation as needed. 12.16.2 Behavioral health crisis line staff will try to resolve the crisis over the phone, and if needed will provide assistance in accessing face-to-face intervention, arranging an urgent outpatient appointment, providing phone consultation with an LMHP if a higher level of clinical skill is needed, or connecting the caller with peer support services. 12.16.3 During each call, behavioral health crisis line staff shall: 12.16.3.1 Engage individuals in a respectful and rapport-building manner providing assessment of risk of suicide for every call in a manner that meets National Suicide Prevention Lifeline standards and minimizes danger to others; 12.16.3.2 Initiate emergency response services when needed to secure the immediate safety of the individual if the caller is in need of rescue services for an emergency medical need or when there is a concern for public safety; 12.16.3.3 Use call processing protocols (e.g., Robert's Model of Crisis Intervention), standardized risk assessments/instruments, and triage protocols to determine level of response for each call; 12.16.3.4 Use de-escalation and resolution techniques by engaging callers in brief phone-based counseling and intervention to de-escalate the crisis with the goal of determining appropriate level of need and resolving the situation so that higher levels of care are not necessary; 12.16.3.5 Practice active engagement with persons calling on behalf of someone else to determine the least invasive, most collaborative actions to best ensure the safety of the person at risk; and	

Item	Change From:	Change To:	Justification
		12.16.3.6 Connect individuals to clinically appropriate additional care that uses the least invasive intervention and considers involuntary emergency interventions as a last resort. 12.16.4. The MCO should use workforce management technology and tools to ensure adequate coverage of call volume and efficiencies and require internal monitoring of behavioral health crisis call processes. This can include coordinating overflow coverage with a resource that meets all 24-hour behavioral health crisis line expectations as outlined within the Louisiana Crisis Response Companion Guide when implemented. 12.16.5. In addition to standard call center reporting metrics, the MCO shall report on 24-hour behavioral health crisis line specific functions, including, but not limited to, service level, call resolution, crisis mobile response team dispatch, and involvement of law enforcement or EMS, as specified by LDH. 12.16.6 For the 24-hour behavioral health crisis line, the MCO shall incorporate Caller ID functionality in collaboration with partner crisis mobile response teams to more efficiently dispatch care to those in need.	
24	12.17.10. Record calls to assess whether answered accurately;	12.17.10. Record and play back inbound and outbound calls to assess whether answered accurately;	These revisions ensure adequate operability and tracking of crisis response services developed through the Louisiana Crisis Response System, DOJ Agreement requirements related to this system's implementation, and best practices regarding implementation to ensure real time utilization of mobile crisis response.
25	12.18. Call Center Performance Standards	12.18. Call Center Performance Standards	These revisions ensure adequate operability and tracking of crisis response services developed through the Louisiana Crisis Response System, DOJ Agreement

Item	Change From:	Change To:	Justification
		The MCO shall comply with the following call center performance standards. Unless otherwise specified in this Contract, these performance standards shall apply to all call centers required by this Contract.	requirements related to this system's implementation, and best practices regarding implementation to ensure real time utilization of mobile crisis response.
26	14.1.19 The MCO shall conduct peer review to evaluate the clinical competence and quality and appropriateness of care/services provided to members.	14.1.19 The MCO shall conduct peer review to evaluate the clinical competence and quality and appropriateness of care/services provided to members. MCOs must provide peer review documentation to LDH, upon request.	This revision clarifies that peer review documentation must be submitted to LDH if requested on a report or via an ad hoc request.
27	15.1.1 The MCO and its subcontractors shall comply with all state and federal laws and regulations relating to fraud, abuse, and waste in the Medicaid and CHIP programs, including but not limited to 42 CFR §438.1-438.608, 42 C.F.R. §438.611-438.812; La. R.S. 46:437.1-437.14; 42 CFR §455.12 – 455.23; LAC 50:I.4101-4235; and Sections 1128, 1156, and 1902(a)(68) of the Social Security Act. Compliance with 42 C.F.R. §438.610 is also required until the state has implemented its own screening of MCO-only providers and has notified the MCO that it has assumed this function.	15.1.1 The MCO and its subcontractors shall comply with all state and federal laws and regulations relating to fraud, abuse, and waste in the Medicaid and CHIP programs, including but not limited to 42 CFR §438.1-438.608~~, 42 C.F.R. §438.611-438.812~~; La. R.S. 46:437.1-437.14; 42 CFR §455.12 – 455.23; LAC 50:I.4101-4235; and Sections 1128, 1156, and 1902(a)(68) of the Social Security Act. Compliance with 42 C.F.R. §438.610 is also required until the state has implemented its own screening of MCO-only providers and has notified the MCO that it has assumed this function.	This revision removes an incorrect citation.
28	[new provision]	17.11.5.4.6 Effective May 1, 2022, The PBM shall not make or allow any direct or indirect reduction of payment to a pharmacist or pharmacy for a drug, device, or service under a reconciliation process to an effective rate of reimbursement, including, but not limited to, generic effective rates, brand effective rates, direct and indirect remuneration fees, or any other reduction or aggregate reduction of payment.	This revision is to ensure transparent payments are made to Medicaid pharmacy providers.
29	17.13.1 Louisiana Health Insurance Premium Payment (LaHIPP) program is a Louisiana Medicaid program that pays all or part of the health insurance premium for an employee and their family if: (a) health insurance is available from their job (i.e. Employer Sponsored Insurance); (b) someone in the family has Medicaid; and (c) it is determined that it would cost less for Louisiana Medicaid to pay the health insurance premium for the person who receives Medicaid than it would be for	17.13.1 Louisiana Health Insurance Premium Payment (LaHIPP) program is a Louisiana Medicaid program that pays all or part of the health insurance premium for an employee and their family if: (a) health insurance is available from their job (i.e. Employer Sponsored Insurance); (b) someone in the family has Medicaid; and (c) it is determined that it would cost less for Louisiana Medicaid to pay the health insurance premium for the person who receives Medicaid than it would be for Louisiana Medicaid to pay the	This revision removes language that is no longer applicable, as Act 421 Children's Medicaid Option enrollees that enroll in LaHIPP will be in fee-for-service instead of a physical health linkage with the plans.

Item	Change From:	Change To:	Justification
	Louisiana Medicaid to pay the cost of the same person's per member per month payment for physical health coverage through the enrollee's managed care organization or the enrollee receives Medicaid coverage through the Act 421 Children's Medicaid Option and meets the criteria specific to that program for enrollment in LaHIPP. The goal of LaHIPP is to reduce the number of the uninsured and lower Medicaid spending by establishing a third party resource as the primary payer of the Medicaid enrollee's medical expenses.	cost of the same person's per member per month payment for physical health coverage through the enrollee's managed care organization ~~or the enrollee receives Medicaid coverage through the Act 421 Children's Medicaid Option and meets the criteria specific to that program for enrollment in LaHIPP~~. The goal of LaHIPP is to reduce the number of the uninsured and lower Medicaid spending by establishing a third party resource as the primary payer of the Medicaid enrollee's medical expenses.	
30	17.13.4 All LaHIPP participants are mandatorily enrolled in Medicaid Managed Care for specialized behavioral health services, and non-emergency medical transportation, including non-emergency ambulance transportation, unless residing in an institution as specified under Section 3.6. LaHIPP participants who receive coverage via the Act 421 Children's Medicaid Option are mandatorily enrolled in Medicaid Managed Care for all Medicaid covered services.	17.13.4 All LaHIPP participants are mandatorily enrolled in Medicaid Managed Care for specialized behavioral health services, and non-emergency medical transportation, including non-emergency ambulance transportation, unless residing in an institution as specified under Section 3.6. ~~LaHIPP participants who receive coverage via the Act 421 Children's Medicaid Option are mandatorily enrolled in Medicaid Managed Care for all Medicaid covered services.~~	This revision removes language that is no longer applicable as Act 421 Children's Medicaid Option enrollees that enroll in LaHIPP will be in fee-for-service instead of a physical health linkage with the plans.
31	17.13.6 The services listed below are typically not reimbursed by commercial health plans. MCOs should accept the following claims billed directly from the provider without requiring an explanation of benefits from the primary carrier and pay as primary payer. • H0018-Therapeutic Group Home • H0039-Assertive Community Treatment per diem • H0045-Crisis Stabilization • H2017-Psychosocial Rehabilitation Services	17.13.6 The services listed below are typically not reimbursed by commercial health plans. MCOs ~~should~~shall accept the following claims billed directly from the provider without requiring an explanation of benefits from the primary carrier and pay as primary payer. • H0018-Therapeutic Group Home • H0039-Assertive Community Treatment per diem • H0045-Crisis Stabilization • H2017-Psychosocial Rehabilitation Services	These revisions are to reduce provider abrasion and to add the new crisis response services to the list of services.

Item	Change From:	Change To:	Justification
	• H0036-Community psychiatric support and treatment • H2033-Multi-systemic Therapy • H2011-Crisis Intervention Service, per 15 minutes • S9485-Crisis Intervention Mental Health Services • T1019-Early and Periodic Screening, Diagnosis and Treatment (EPSDT) Personal Care Services (PCS) • T1025, T1026, T2002-Pediatric Day Health Care	• H0036-Community psychiatric support and treatment • H2033-Multi-systemic Therapy • H2011-Crisis Intervention Service, per 15 minutes • S9484-Behavioral Health Crisis Care • S9485-Crisis Intervention Mental Health Services • T1019-Early and Periodic Screening, Diagnosis and Treatment (EPSDT) Personal Care Services (PCS) • T1025, T1026, T2002-Pediatric Day Health Care	
32	18.6.3 All financial reporting shall be specific to the contract and based on Generally Accepted Accounting Principles (GAAP) and generally accepted auditing standards.	18.6.3 All financial reporting shall be specific to the contract and based on ~~G~~generally ~~A~~accepted ~~A~~accounting ~~P~~principles ~~(GAAP)~~ and generally accepted auditing standards.	This revision is to allow for other generally accepted accounting principles, such as the statutory basis of accounting, in alignment with 42 CFR §438.3(m).
33	20.3 Monetary Penalties **Annual Recertification for Adult Mental Health Rehabilitation Services** Failure to complete greater than or equal to 95% of annual recertifications for Adult mental health rehabilitation services within 365 days of most recent certification. Ten thousand dollars ($10,000.00) per month when MCO's performance is below 95%.	20.3 Monetary Penalties ~~**Annual Recertification for Adult Mental Health Rehabilitation Services**~~ ~~Failure to complete greater than or equal to 95% of annual recertifications for Adult mental health rehabilitation services within 365 days of most recent certification.~~ ~~Ten thousand dollars ($10,000.00) per month when MCO's performance is below 95%.~~	The elimination of this monetary penalty aligns with the removal of the associated contract requirement that was removed in Amendment 3.
34	20.3 Monetary Penalties	20.3 Monetary Penalties	This monetary penalty is no longer applicable as Act 421 Children's Medicaid Option enrollees that enroll in

Item	Change From:	Change To:	Justification
	Act 421 Children's Medicaid Option Untimely payment of co-payments and deductibles for LaHIPP participants who are enrolled in the Act 421 Children's Medicaid Option Five thousand dollars ($5,000.00) per occurrence per day that the co-payment or deductible is past due.	~~**Act 421 Children's Medicaid Option**~~ ~~Untimely payment of co-payments and deductibles for LaHIPP participants who are enrolled in the Act 421 Children's Medicaid Option~~ ~~Five thousand dollars ($5,000.00) per occurrence per day that the co-payment or deductible is past due.~~	LaHIPP will be in fee-for-service instead of a physical health linkage with the plans.
35	20.3 Monetary Penalties [new monetary penalty]	20.3 Monetary Penalties **Member ID Card** Five hundred dollars ($500.00) per incident of a justice-involved pre-release enrollee's MCO Member ID card not arriving at the DOC facility specified on the lock-in file or supplied by LDH, or DOC headquarters in absence of a location code, within fifteen (15) days from receipt of the file from LDH or the Enrollment Broker identifying the new enrollee.	This new monetary penalty aligns with the new requirement in Section 12.13.3.1.1 regarding distribution of MCO Member ID cards to justice-involved pre-release enrollees.
36	20.3 Monetary Penalties [new monetary penalty]	20.3 Monetary Penalties **24-Hour Behavioral Health Crisis line** Operate 24-hour behavioral health crisis line twenty-four Twenty thousand dollars ($20,000.00) per calendar day for failure to operate a 24-hour behavioral health crisis line that members in crisis can call	This new monetary penalty is to ensure compliance with the 24-hour behavioral health crisis line requirements and aligns with the existing member and provider call center monetary penalties.

Item	Change From:	Change To:	Justification
		(24) hours a day, seven (7) days a week • Answer 95% of calls within thirty (30) seconds • Maintain an average hold time of three (3) minutes or less • Maintain abandoned rate of calls of not more than 5% • No more than 1% of incoming calls receive a busy signal	twenty-four (24) hours a day, seven (7) days a week for crisis mitigation, triage and dispatch to appropriate crisis response services. Five thousand dollars ($5,000.00) for each 30-second time increment, or portion thereof, by which the average hold time exceeds the maximum acceptable hold time. Five thousand dollars ($5,000.00) for each percentage point for each standard that fails to meet the requirements for a monthly reporting period.	
37	20.3 Monetary Penalties [new monetary penalty]	20.3 Monetary Penalties **Crisis Response Services Prior Authorization** Make all determinations for behavioral health crisis response services that require prior authorization within one (1)	Five thousand dollars ($5,000.00) per calendar month in which the MCO does not meet the standard for at least 95% of total determinations.	This new monetary penalty is to ensure compliance with new crisis response service authorization requirements, as crisis response services are urgent and must be delivered quickly.

Item	Change From:	Change To:	Justification
		calendar day after obtaining appropriate documentation.	
38	20.6.1. Whenever LDH determines that the MCO or any of its agents, subcontractors, volunteers or providers has engaged in any unfair, deceptive, or prohibited marketing or member education practices in connection with proposing, offering, selling, soliciting, and providing any health care services, one or more of the remedial actions as specified in Section 20.8 shall apply. … 20.6.2.3. If LDH determines the MCO has violated any of the marketing and/or outreach activities outlined in the Contract, the MCO may be subject to remedial sanctions specified in Section 20.8 and/or a monetary sanction of up to $10,000 per violation/incident. The amount and type of sanctions shall be at the sole discretion of LDH.	20.6.1. Whenever LDH determines that the MCO or any of its agents, subcontractors, volunteers or providers has engaged in any unfair, deceptive, or prohibited marketing or member education practices in connection with proposing, offering, selling, soliciting, and providing any health care services, one or more of the remedial actions as specified in Section 20.~~8~~7 shall apply. … 20.6.2.3. If LDH determines the MCO has violated any of the marketing and/or outreach activities outlined in the Contract, the MCO may be subject to remedial sanctions specified in Section 20.~~8~~7 and/or a monetary sanction of up to $10,000 per violation/incident. The amount and type of sanctions shall be at the sole discretion of LDH.	These revisions correct section references that had shifted after previous amendments.
39	25.2.1 The MCO agrees to comply with all applicable federal and state laws and regulations including Constitutional provisions regarding due process and equal protection under the laws and including, but not limited to:	25.2.1 The MCO agrees to comply with all applicable federal and state laws and regulations, including Constitutional provisions regarding due process and equal protection under the laws, and shall ensure compliance by subcontractors and providers. This includes~~including~~, but is not limited to:	This revision clarifies that these provisions apply to all subcontracts and providers when applicable.

Item	Change From:	Change To:	Justification
40	25.15.1 The MCO shall maintain an LDH-approved emergency management plan. The emergency management plan shall specify actions the MCO shall conduct to ensure the ongoing provision of health services in an epidemic, disaster or manmade emergency including, but not limited to, localized acts of nature, accidents, and technological and/or attack-related emergencies. Revisions to the LDH approved emergency plan shall be submitted to LDH for approval no less than 30 days prior to implementation of requested changes. The MCO shall submit an annual certification (from the date of the most recently approved plan) to LDH certifying that the emergency plan is unchanged from the previously approved plan.	25.15.1 The MCO shall maintain an LDH-approved emergency management plan. The emergency management plan shall specify actions the MCO and its subcontractors shall conduct to ensure the ongoing provision of health services in an epidemic, disaster or manmade emergency including, but not limited to, localized acts of nature, accidents, and technological and/or attack-related emergencies. Revisions to the LDH approved emergency plan shall be submitted to LDH for approval no less than 30 days prior to implementation of requested changes. The MCO shall submit an annual certification (from the date of the most recently approved plan) to LDH certifying that the emergency plan is unchanged from the previously approved plan.	This revision requires MCOs to consider and address subcontracted responsibilities in emergency management processes.
41	**GLOSSARY** [new glossary term]	**GLOSSARY** … **Recognized Peer Support Specialist (RPSS)** – Refers to individuals with personal lived experience with recovery from behavioral health conditions who meet criteria outlined by OBH. This includes, but is not limited to, successfully completing an LDH/OBH approved training for RPSS, receiving documented clinical supervision in core competencies from an approved supervisor, and being included on the LDH/OBH roster of Recognized Peer Support Specialists.	This revision defines Recognized Peer Support Specialist.