

EMERGENCY RULE

**Department of Health
Bureau of Health Services Financing
and
Office of Behavioral Health**

**Adult Behavioral Health Services
Termination of Community Psychiatric Support and Treatment
Services and Psychosocial Rehabilitation Services
(LAC 50:XXXIII.Chapters 63 and 65)**

The Department of Health, Bureau of Health Services Financing and the Office of Behavioral Health amend LAC 50:XXXIII.Chapters 63 and 65 in the Medical Assistance Program as authorized by R.S. 36:254, pursuant to Title XIX of the Social Security Act, and as directed by Act 3 of the 2017 Second Extraordinary Session of the Louisiana Legislature which states: "The secretary is directed to utilize various cost containment measures to ensure expenditures remain at the level appropriated in this Schedule, including but not limited to precertification, preadmission screening, diversion, fraud control, utilization review and management, prior authorization, service limitations, drug therapy management, disease management, cost sharing, and other measures as permitted under federal law." This Emergency Rule is promulgated in accordance with the provisions of the Administrative Procedure Act, R.S. 49:953 (B)(1) et seq., and shall be in effect for the maximum period allowed under the Act or until adoption of the final Rule, whichever occurs first.

As a result of a budgetary shortfall in state fiscal year (SFY) 2018-2019, the department has determined that it is necessary to promulgate an Emergency Rule to amend the provisions governing adult behavioral health services to terminate coverage for community psychiatric support and treatment (CPST) services and psychosocial rehabilitation services for Medicaid recipients 21 years of age and older.

This action is being taken to avoid a budget deficit in the Medical Assistance Program. It is estimated that implementation of this Emergency Rule will reduce expenditures in the Medicaid Program by approximately \$39,610,680 for state fiscal year 2018-2019.

Effective July 1, 2018, the Department of Health, Bureau of Health Services Financing and the Office of Behavioral Health amend the provisions governing adult behavioral health services to terminate CPST and psychosocial rehabilitation services for Medicaid recipients 21 years of age and older.

TITLE 50

PUBLIC HEALTH-MEDICAL ASSISTANCE Part XXXIII. Behavioral Health Services Subpart 7. Adult Mental Health Services

Chapter 63. Services

§6301. General Provisions

A. - E. ...

F. Services may be provided at a facility, in the community, or in the individual's place of residence ~~as outlined in the plan of care~~. Services may be furnished in a nursing facility only in accordance with policies and procedures issued by the department.

AUTHORITY NOTE: Promulgated in accordance with R.S. 36:254 and Title XIX of the Social Security Act.

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Bureau of Health Services Financing, LR 38:359 (February 2012), amended by the Department of Health and Hospitals, Bureau of Health Services Financing and the Office of Behavioral Health, LR 41:378 (February 2015), LR 42:60 (January 2016), amended by the Department of Health, Bureau of Health Services Financing and the Office of Behavioral Health, LR 44:

§6303. Assessments

~~A. For mental health rehabilitation services, each enrollee shall be assessed and have a plan of care (POC) developed.~~

~~B. Assessments shall be performed by a licensed mental health practitioner (LMHP).~~

~~C. Assessments must be performed at least every 365 days or as needed any time there is a significant change to the enrollee's circumstances.~~ Repealed.

AUTHORITY NOTE: Promulgated in accordance with R.S. 36:254 and Title XIX of the Social Security Act.

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Bureau of Health Services Financing, LR 38:359 (February 2012), amended by the Department of Health and Hospitals, Bureau of Health Services Financing and the Office of Behavioral Health, LR 41:378 (February 2015), LR 42:60 (January 2016), repealed by the Department of Health, Bureau of Health Services Financing and the Office of Behavioral Health, LR 44:

§6305. Plan of Care

~~A. Each enrollee who receives adult mental health rehabilitation services shall have a POC developed based upon the assessment.~~

~~— B. The individualized POC shall be developed according to the criteria established by the department and in accordance with the provisions of this Rule, the provider manual and other notices or directives issued by the department.~~

~~———— 1. The POC is reviewed at least every 365 days and as needed when there is significant change in the individual's circumstances.~~

~~— C. The plan of care shall be developed by a case manager who acts as an advocate for the individual and is a source of information for the individual and the team.~~ Repealed.

AUTHORITY NOTE: Promulgated in accordance with R.S.
36:254 and Title XIX of the Social Security Act.

HISTORICAL NOTE: Promulgated by the Department of Health
and Hospitals, Bureau of Health Services Financing, LR 38:359
(February 2012), amended by the Department of Health and
Hospitals, Bureau of Health Services Financing and the Office of
Behavioral Health, LR 42:60 (January 2016), repealed by the
Department of Health, Bureau of Health Services Financing and
the Office of Behavioral Health, LR 44:

§6307. Covered Services

A. The following mental health services shall be
reimbursed under the Medicaid Program:

1. therapeutic services, including diagnosis and
treatment delivered by LMHPs; and
2. ~~rehabilitation~~ crisis intervention (CI) services,
~~including community psychiatric support and treatment (CPST) and
psychosocial rehabilitation; and.~~
3. ~~crisis intervention services.~~ Repealed.

B. - B.3. ...

AUTHORITY NOTE: Promulgated in accordance with R.S.
36:254 and Title XIX of the Social Security Act.

HISTORICAL NOTE: Promulgated by the Department of Health
and Hospitals, Bureau of Health Services Financing, LR 38:359
(February 2012), amended by the Department of Health and

Hospitals, Bureau of Health Services Financing and the Office of Behavioral Health, LR 42:61 (January 2016), amended by the Department of Health, Bureau of Health Services Financing and the Office of Behavioral Health, LR 44:

Chapter 65. Provider Participation

§6501. Provider Responsibilities

A. - C. ...

D. ~~Anyone providing adult mental health services must be certified by the department, or its designee, in addition to operating within their scope of practice license.~~ Providers shall maintain case records that include, at a minimum:

1. the name of the individual;
2. the dates and time of service;
3. risk assessments for CI only;
4. progress notes that include the content of each delivered service, including the reason for the contact describing the goals/objectives addressed during the service, specific intervention(s), progress made toward functional and clinical improvement;
5. units of services provided;
6. crisis plan;
7. discharge plan; and
8. advanced directive.

~~E. Providers shall maintain case records that include, at a minimum:~~

~~1. a copy of the plan of care and treatment plan;~~

~~2. the name of the individual;~~

~~3. the dates of service;~~

~~4. the nature, content and units of services provided;~~

~~5. the progress made toward functional improvement;~~
~~and~~

~~6. the goals of the plan of care and/or treatment plan.~~
E. - E.6. Repealed.

AUTHORITY NOTE: Promulgated in accordance with R.S. 36:254 and Title XIX of the Social Security Act.

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Bureau of Health Services Financing, LR 38:360 (February 2012), amended by the Department of Health and Hospitals, Bureau of Health Services Financing and the Office of Behavioral Health, LR 41:378 (February 2015), LR 42:61 (January 2016), amended by the Department of Health, Bureau of Health Services Financing and the Office of Behavioral Health, LR 44:

Implementation of the provisions of this Rule may be contingent upon the approval of the U.S. Department of Health and Human Services, Centers for Medicare and Medicaid Services

(CMS), if it is determined that submission to CMS for review and approval is required.

Interested persons may submit written comments to Jen Steele, Bureau of Health Services Financing, P.O. Box 91030, Baton Rouge, LA 70821-9030 or by email to MedicaidPolicy@la.gov. Ms. Steele is 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.

Rebekah E. Gee MD, MPH

Secretary