

## NOTICE OF INTENT

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

Behavioral Health Services  
Healthy Louisiana and Coordinated System of Care Waiver  
(LAC 50:XXXIII.Chapters 1-7)

The Department of Health, Bureau of Health Services Financing and the Office of Behavioral Health propose to amend LAC 50:XXXIII.Chapters 1-7 in the Medical Assistance Program as authorized by R.S. 36:254 and pursuant to Title XIX of the Social Security Act. This proposed Rule is promulgated in accordance with the provisions of the Administrative Procedure Act, R.S. 49:950 et seq.

The Department of Health, Bureau of Health Services Financing and the Office of Behavioral Health (OBH) propose to amend the provisions governing the Healthy Louisiana and Coordinated System of Care (CSoC) Waiver in order to: 1) reflect the CSOC contractor moving from a non-risk contract to a full-risk capitated contract; 2) clarify the CSOC contractor procurement process; 3) remove the requirements for mandatory enrollment of CSOC participants and OBH certification of providers; and 4) clarify the grievance and appeals process.

### Title 50

PUBLIC HEALTH-MEDICAL ASSISTANCE  
Part XXXIII. Behavioral Health Services

**Subpart 1. Healthy Louisiana and Coordinated System of Care  
Waiver**

**Chapter 1. Managed Care Organizations and the Coordinated  
System of Care Contractor**

**§101. General Provisions**

A. - B. ...

C. Managed care organizations shall operate as such, and the CSoc contractor shall operate as a prepaid inpatient health plan (PIHP). The MCOs and the CSoc contractor were procured through a competitive request for proposal (RFP) process. ~~The CSoc contractor was procured through an emergency process consistent with 45 CFR part 92.~~ The MCOs and CSoc contractor shall assist with the state's system reform goals to support individuals with behavioral health and physical health needs in families' homes, communities, schools and jobs.

D. - D.4. ...

E. The CSoc contractor shall be paid on a ~~non~~-risk basis for specialized behavioral health services rendered to children/youth enrolled in the Coordinated System of Care Waiver. The MCOs shall be paid on a risk basis for specialized behavioral health and physical health services rendered to adults and children/youth.

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 41:2353 (November 2015), amended by the Department of Health, Bureau of Health Services Financing and the Office of Behavioral Health, LR 43:321 (February 2017), LR 44:

**§103. Recipient Participation**

A. The following Medicaid recipients shall be mandatory participants ~~in the coordinated for integrated~~ specialized behavioral health and physical health ~~system of care~~ services:

1. - 12. ...

\*\*\*

B. Mandatory participants shall be automatically enrolled and disenrolled from the MCOs ~~or the CSoC contractor~~.

C. - D. ...

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 38:361 (February 2012), amended by the Department of Health and Hospitals, Bureau of Health Services Financing and the Office of Behavioral Health, LR 41:1286 (July 2015), LR 41:2354 (November 2015), amended by the Department of Health, Bureau of Health

Services Financing and the Office of Behavioral Health, LR 43:321  
(February 2017), LR 44:

**Chapter 3. Managed Care Organizations and the Coordinated  
System of Care Contractor Participation**

**§301. Participation Requirements and Responsibilities**

A. ...

B. MCOs and the CSoC contractor shall:

1. - 4. ...

5. contract only with providers of services who are  
licensed and/or certified according to state laws, regulations,  
rules, the provider manual and other notices or directives issued  
by the department, meet the state of Louisiana credentialing  
criteria and enrolled with the Bureau of Health Services  
Financing, or its designated contractor, after this requirement is  
implemented;

6. ensure that contracted rehabilitation providers are  
employed by a rehabilitation agency or clinic licensed ~~and/or~~  
~~certified~~, and authorized under state law to provide these  
services;

7. - 10.c. ...

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 38:362

(February 2012), amended by the Department of Health and Hospitals, Bureau of Health Services Financing and the Office of Behavioral Health, LR 41:2355 (November 2015), amended by the Department of Health, Bureau of Health Services Financing and the Office of Behavioral Health, LR 43:322 (February 2017), LR 44:

## **Chapter 5. Reimbursement**

### **§501. General Provisions**

A. For recipients enrolled in one of the MCOs or with the CSoC contractor, ~~reimbursement for services shall be based upon the established Medicaid fee schedule for specialized behavioral health services~~ the department or its fiscal intermediary shall make monthly capitation payments to the MCOs or CSoC contractor.

1. The capitation rates paid to the MCOs or CSoC  
contractor shall be actuarially sound rates.

2. The MCOs or CSoC contractor will determine the  
rates paid to its contracted providers.

a. No payment shall be less than the minimum  
Medicaid rate.

B. ~~For recipients enrolled in one of the MCOs, the department or its fiscal intermediary shall make monthly capitation payments to the MCOs. The capitation rates paid to the MCOs shall be actuarially sound rates and the MCOs will determine the rates paid to its contracted providers. No payment shall be less than the minimum Medicaid rate.~~ 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 38:363 (February 2012), amended by the Department of Health and Hospitals, Bureau of Health Services Financing and the Office of Behavioral Health, LR 39:317 (February 2013), LR 41:2356 (November 2015), amended by the Department of Health, Bureau of Health Services Financing and the Office of Behavioral Health, LR 44:

## **Chapter 7. Grievance and Appeals Process**

### **§701. General Provisions**

A. ...

B. An enrollee, an enrollee's authorized representative or a provider on behalf of an enrollee, with the enrollee's prior written consent, has 60 calendar days from the date on the notice of action in which to file an appeal.

C. An enrollee, an enrollee's authorized representative or a provider on behalf of an enrollee, with the enrollee's prior written consent, may file a grievance at any time after an occurrence or incident which is the basis for the grievance.

D. - E. ...

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 38:363 (February 2012), amended by the Department of Health and Hospitals, Bureau of Health Services Financing and the Office of Behavioral Health, LR 41:2356 (November 2015), amended by the Department of Health, Bureau of Health Services Financing and the Office of Behavioral Health, LR 43:322 (February 2017), 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.

In compliance with Act 1183 of the 1999 Regular Session of the Louisiana Legislature, the impact of this proposed Rule on the family has been considered. It is anticipated that this proposed Rule will have no impact on family functioning, stability and autonomy as described in R.S. 49:972.

In compliance with Act 854 of the 2012 Regular Session of the Louisiana Legislature, the poverty impact of this proposed Rule has been considered. It is anticipated that this proposed Rule will have no impact on child, individual, or family poverty in relation to individual or community asset development as described in R.S. 49:973.

In compliance with House Concurrent Resolution (HCR) 170 of the 2014 Regular Session of the Louisiana Legislature, the provider impact of this proposed Rule has been considered. It is anticipated that this proposed Rule will have no impact on the staffing level requirements or qualifications required to provide the same level of service, no direct or indirect cost to the provider to provide the same level of service, and will have no impact on the provider's ability to provide the same level of service as described in HCR 170.

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 proposed Rule. A public hearing on this proposed Rule is scheduled for Thursday, December 28, 2017 at 9:30 a.m. in Room 118, Bienville Building, 628 North Fourth Street, Baton Rouge, LA. At that time all interested persons will be afforded an opportunity to submit data, views or arguments either orally or in writing. The deadline for receipt of all written comments is 4:30 p.m. on the next business day following the public hearing.

Rebekah E. Gee MD, MPH

Secretary