Bobby Jindal
GOVERNOR

Kathy H. Kliebert
SECRETARY

State of Louisiana

Department of Health and Hospitals
Office of the Secretary

VIA ELECTRONIC MAIL ONLY

September 15, 2014

Bill Brooks
Associate Regional Administrator
Division of Medicaid & Children's Health
DHHS/Centers for Medicare and Medicaid Services
1301 Young Street, Room #833
Dallas, Texas 75202

Dear Mr. Brooks:

RE: Louisiana Title XIX State Plan
Transmittal No. 14-35

I have reviewed and approved the enclosed Louisiana Title XIX State Plan material. I recommend this material for adoption and inclusion in the body of the State Plan.

Sincerely,

Kathy H. Kliebert
Secretary

Attachments (2)

KHK/JRK/DAB

DEPARTMENT OF HEALTH AND HUMAN SERVICES
HEALTH CARE FINANCING ADMINISTRATION

FORM APPROVED
OMB NO. 0938-0193

TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL

FOR: HEALTH CARE FINANCING ADMINISTRATION

1. TRANSMITTAL NUMBER: **14-35**

2. STATE: **Louisiana**

3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL SECURITY ACT (MEDICAID)

TO: REGIONAL ADMINISTRATOR
HEALTH CARE FINANCING ADMINISTRATION
DEPARTMENT OF HEALTH AND HUMAN SERVICES

4. PROPOSED EFFECTIVE DATE
September 20, 2014

5. TYPE OF PLAN MATERIAL *(Check One)*:

☐ NEW STATE PLAN ☐ AMENDMENT TO BE CONSIDERED AS NEW PLAN ☒ AMENDMENT

COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT *(Separate Transmittal for each amendment)*

6. FEDERAL STATUTE/REGULATION CITATION:
42 CFR 440.130(d)

7. FEDERAL BUDGET IMPACT:
a. FFY **2015** **$(639.81)**
b. FFY **2016** **$(637.28)**

8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:
Attachment 3.1-A, Item 4.b, Page 9e
Attachment 3.1-A, Item 4.b, Page 9f
Attachment 3.1-A, Item 4.b, Page 9g

9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT *(If Applicable)*:
Same (TN 11-10)
Same (TN 11-10)
Same (TN 11-10)

10. SUBJECT OF AMENDMENT: **The purpose of this SPA is to amend the provisions governing therapeutic group homes (TGH) to increase the number of beds allowed in a TGH and revise the requirements for research-based practices.**

11. GOVERNOR=S REVIEW *(Check One)*:
G GOVERNOR=S OFFICE REPORTED NO COMMENT
G COMMENTS OF GOVERNOR=S OFFICE ENCLOSED
G NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL
☒ OTHER, AS SPECIFIED:
The Governor does not review state plan material.

12. SIGNATURE OF STATE AGENCY OFFICIAL:

13. TYPED NAME:
Kathy H. Kliebert

14. TITLE:
Secretary

15. DATE SUBMITTED:
September 15, 2014

16. RETURN TO:
J. Ruth Kennedy, Medicaid Director
State of Louisiana
Department of Health and Hospitals
628 N. 4th Street
PO Box 91030
Baton Rouge, LA 70821-9030

FOR REGIONAL OFFICE USE ONLY

17. DATE RECEIVED:

18. DATE APPROVED:

PLAN APPROVED – ONE COPY ATTACHED

19. EFFECTIVE DATE OF APPROVED MATERIAL:

20. SIGNATURE OF REGIONAL OFFICIAL:

21. TYPED NAME:

22. TITLE:

23. REMARKS: **The revisions in boxes 8 and 9 represent a complete replacement of Attachment 3.1-G.**

FORM HCFA-179 (07-92)

LOUISIANA TITLE XIX STATE PLAN
TRANSMITTAL #: 14-35
TITLE: BHS-Therapeutic Group Homes
EFFECTIVE DATE: September 20, 2014

FISCAL IMPACT:
Decrease

	year	% inc	fed. match	*# mos	range of mos	dollars
1st SFY	2015		62.05%	9.4	September 20, 2014 - June 30,2015	($775,269)
2nd SFY	2016	3.0%	62.39%	12	July 2015 - June 2016	($1,019,396)
3rd SFY	2017	3.0%	62.39%	12	July 2016 - June 2017	($1,049,978)

*#mos-Months remaining in fiscal year

Total Decrease in Cost FFY 2015

SFY	2015	($775,269)	for	9.4	months	September 20, 2014 - June 30,2015			($775,269)
SFY	2016	($1,019,396)	for	12	months	July 2015 - June 2016			
		($1,019,396) /		12 X 3		July 2015- September 2015		=	($254,849)
									($1,030,118)
			FFP (FFY 2015) =			**($1,030,118)**	**X**	**62.11%** =	**($639,806)**

Total Decrease in Cost FFY 2016

SFY	2016	($1,019,396)	for	12	months	July 2015 - June 2016			
		($1,019,396) /		12 X 9		October 2015 - June 2016		=	($764,547)
SFY	2017	($1,049,978)	for	12	months	July 2016 - June 2017			
		($1,049,978) /		12 X 3		July 2016 - September 2016		=	($262,495)
									($1,027,042)
			FFP (FFY 2016)=			**($1,027,042)**	**X**	**62.05%** =	**($637,280)**

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 ARE DESCRIBED AS FOLLOWS:

Medical and Remedial Care and Services
Item 4.b, EPSDT services (Cont'd)

Rehabilitation Services:
42 CFR 440.130(d)

4. Therapeutic Group Homes (TGHs) provide community-based residential services in a home-like setting of no greater than 10 beds under the supervision and program oversight of a psychiatrist or psychologist. The treatment should be targeted to support the development of adaptive and functional behaviors that will enable the child or adolescent to remain successfully in his/her home and community, and to regularly attend and participate in work, school or training. TGHs deliver an array of clinical and related services within the home including psychiatric supports, integration with community resources and skill-building taught within the context of the home-like setting. TGH treatment must target reducing the severity of the behavioral health issue that was identified as the reason for admission. Most often, targeted behaviors will relate directly to the child or adolescent's ability to function successfully in the home and school environment (e.g., compliance with reasonable behavioral expectations; safe behavior and appropriate responses to social cues and conflicts). Treatment must:
   - Focus on reducing the behavior and symptoms of the psychiatric disorder that necessitated the removal of the child or adolescent from his/her usual living situation;
   - Decrease problem behavior and increase developmentally-appropriate, normative and pro-social behavior in children and adolescents who are in need of out-of-home placement; and
   - Transition child or adolescent from therapeutic group home to home or community based living with outpatient treatment (e.g., individual and family therapy).

   Less intensive levels of treatment must have been determined to be unsafe, unsuccessful or unavailable. The child must require active treatment that would not be able to be provided at a less restrictive level of care on a 24-hour basis with direct supervision/oversight by professional behavioral health staff. The setting must be ideally situated to allow ongoing participation of the child's family. The child or adolescent must attend a school in the community (e.g., a school integrated with children not from the institution and not on the institution's campus). In this setting, the child or adolescent remains involved in community-based activities and may attend a community educational, vocational program or other treatment setting.

   TGHs provide twenty-four hours/day, seven days/week structured and supportive living environment. However, Medicaid does not reimburse for supervision. Care coordination is provided to plan and arrange access to a range of educational and therapeutic services. Psychotropic medications should be used with specific target symptoms identification, with medical monitoring and 24-hour medical availability, when appropriate and relevant. Screening and assessment is required upon admission and every 28 days thereafter to track progress and revise the treatment plan to address any lack of progress and to monitor for current medical problems and concomitant substance use issues. The individualized, strengths-based services and supports:
   - Are identified in partnership with the child or adolescent and the family and support system, to the extent possible, and if developmentally appropriate;
   - Are based on both clinical and functional assessments;
   - Are clinically monitored and coordinated, with 24-hour availability;
   - Are implemented with oversight from a licensed mental health professional; and
   - Assist with the development of skills for daily living and support success in community settings, including home and school.

   The TGH is required to coordinate with the child or adolescent's community resources, with the goal of transitioning the youth out of the program as soon as possible and appropriate. Discharge planning begins upon admission with concrete plans for the child to transition back into the community beginning within the first week of admission with clear action steps and target dates outlined in the treatment plan. The treatment plan must include behaviorally-measurable discharge goals.

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 ARE DESCRIBED AS FOLLOWS:

Medical and Remedial Care and Services
Item 4.b, EPSDT services (Cont'd)

Rehabilitation Services:
42 CFR 440.130(d)

For treatment planning, the program must use a standardized assessment and treatment planning tool such as the Child and Adolescent Needs and Strengths (CANS). The assessment protocol must differentiate across life domains, as well as risk and protective factors, sufficiently so that a treatment plan can be tailored to the areas related to the presenting problems of each youth and their family in order to ensure targeted treatment. The tool should also allow tracking of progress over time. The specific tools and approaches used by each program must be specified in the program description and are subject to approval by the State. In addition, the program must ensure that requirements for pretreatment assessment are met prior to treatment commencing. A TGH must ensure that youth are receiving appropriate therapeutic care to address assessed needs on the child's treatment plan.

1. Therapeutic care may include treatment by TGH staff, as well as community providers.
2. Treatment provided in the TGH or in the community should incorporate research-based approaches appropriate to the child's needs, whenever possible.

TGH facilities may specialize and provide care for sexually deviant behaviors, substance abuse, or dually diagnosed individuals. If a program provides care to any of these categories of youth, the program must submit documentation regarding the appropriateness of the research-based, trauma-informed programming and training, as well as compliance with the ASAM level of care being provided.

For service delivery, the program must incorporate at least one research-based approach pertinent to the sub-populations of TGH clients to be served by the specific program. The specific research-based modelto be used should be incorporated into the program description and submitted to the State for approval. All research-based programming in TGH settings must be approved by the State. For milieu management, all programs should also incorporate some form of research-based, trauma-informed programming and training, if the primary research-based treatment model used by the program does not.

Provider Qualifications: A Therapeutic Group Home must be accredited and licensed as a residential treatment facility by the Louisiana Department of Health and Hospitals and may not exceed 10 beds. TGH staff must be supervised by a psychiatrist or psychologist with experience in evidence-based treatments. Staff includes paraprofessional, Master's and Bachelor's level staff. At least 16 hours of active treatment per week for each child is required to be provided and/or monitored by qualified staff (e.g., having a certification in the EBPs selected by the facility and/or licensed practitioners operating under their scope of practice in Louisiana), consistent with each child's treatment plan and meeting assessed needs.

Direct care staff must be at least 18 years old, and have a high school diploma or equivalent. Additionally, the direct care staff must be at least three years older than an individual under the age of 18. Certification in the State of Louisiana to provide the service, which includes criminal, abuse/neglect registry and professional background checks, and completion of a state approved standardized basic training program.

Staffing schedules shall reflect overlap in shift hours to accommodate information exchange for continuity of youth treatment, adequate numbers of staff reflective of the tone of the unit, appropriate staff gender mix and the consistent presence and availability of professional staff. In addition, staffing schedules should ensure the presence and availability of professional staff on nights and weekends, when parents are available to participate in family therapy and to provide input on the treatment of their child.

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 ARE DESCRIBED AS FOLLOWS:

Medical and Remedial Care and Services
Item 4.b. EPSDT services (Cont'd)

Rehabilitation Services:
42 CFR 440.130(d)

Unit of Service: Reimbursement for the TGH is based on a daily rate for the skill building provided by unlicensed practitioners.

Limitations: Licensed psychologists and LMHP bill for their services separately under the approved State Plan for EPSDT Other Licensed Practitioners. The psychiatrist or psychologist must provide twenty-four (24) hour, on-call coverage seven (7) days a week. The psychologist or psychiatrist must see the client at least once, prescribe the type of care provided, and, if the services are not time-limited by the prescription, review the need for continued care every 28 days. Although the psychologist or psychiatrist does not have to be on the premises when his/her client is receiving covered services, the supervising practitioner must assume professional responsibility for the services provided and assure that the services are medically appropriate. Therapy (individual, group and family, whenever possible) and ongoing psychiatric assessment and intervention (by a psychiatrist) are required of TGH, but provided and billed separately by licensed practitioners for direct time spent.

TGHs are located in residential communities in order to facilitate community integration through public education, recreation and maintenance of family connections. The facility is expected to provide recreational activities for all enrolled children but not use Medicaid funding for payment of such non-Medicaid activities. Medicaid does not reimburse for room and board.

TGHs may not be Institutions for Mental Disease. Each organization owning Therapeutic Group Homes must ensure that the definitions of institutions are observed and that in no instance does the operation of multiple TGH facilities constitute operation of an Institution of Mental Disease. All new construction, newly acquired property or facility or new provider organization must comply with facility bed limitations not to exceed 10 beds. Existing facilities may not add beds if the bed total would exceed 10 beds in the facility.

Average Length of stay ranges from 14 days to 120 days. TGH programs focusing on transition or short-term crisis are typically in the 14 to 30 day range. Discharge will be based on the child no longer making adequate improvement in this facility (and another facility is being recommended) or the child is no longer having medical necessity at this level of care. Continued TGH stay should be based on a clinical expectation that continued treatment in the TGH can reasonably be expected to achieve treatment goals and improve or stabilize the child or adolescent's behavior, such that this level of care will no longer be needed and the child or adolescent can return to the community. Transition should occur to a more appropriate level of care (either more or less restrictive) if the child or adolescent is not making progress toward treatment goals and there is no reasonable expectation of progress at this level of care (e.g., child or adolescent's behavior and/or safety needs requires a more restrictive level of care, or alternatively, child or adolescent's behavior is linked to family functioning and can be better addressed through a family/home-based treatment).