

# State of Louisiana

Louisiana Department of Health Bureau of Health Services Financing

# VIA ELECTRONIC MAIL ONLY

October 29, 2018

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: LA SPA TN 18-0005 RAI Response Adult Behavioral Health Services

Please refer to our proposed amendment to the Medicaid State Plan submitted under transmittal number (TN) 18-0005 with the proposed effective date of June 20, 2018. The State Plan amendment (SPA) proposes to revise the provisions governing adult behavioral health services, in order to: 1) clarify the medical necessity criteria and target population for mental health services; 2) allow for more frequent assessments and treatment plan updates based on individual needs; 3) clarify information required to ensure treatment records are comprehensive and include all necessary documents; and 4) update language and revise service authorization requirements. We are providing the following in response to your request for additional information (RAI) dated September 24, 2018.

1. Attachment 3.1-A, Item 13.d, Page 13 provides for "Exclusions", among them, "4. Services furnished to an adult with a diagnosis of a substance use disorder or intellectual and developmental disability without an additional co-occurring qualifying mental health diagnosis." It appears this may be a description of medical necessity criteria. As such, it should be removed from the coverage page. Moreover, it is not clear how such criteria would not be in conflict with another section of the state plan providing for substance use disorder rehabilitative services.

#### **RESPONSE:**

Item number 4, under "Exclusions" has been removed from the plan page. Please see revised Attachment 3.1-A, Item 13.d, Page 13.

- 2. Section 1902(a)(23) of the Act provides that "any individual eligible for medical assistance... may obtain such assistance from any institution, agency, community pharmacy, or person, qualified to perform the service or services required... who undertakes to provide him such services." 42 Code of Federal Regulations (CFR) 431.52(c) (2) provides that states may set reasonable standards relating to the qualifications of providers. The state requires providers of community psychiatric support and treatment (CPST), psychosocial rehabilitation services (PSR), crisis intervention services (CI), and assertive community treatment services (ACT) to be licensed agencies accredited by a Department approved organization. During technical assistance discussions, CMS provided guidance that preliminary accreditation could be a reasonable qualification.
  - a. Attachment 3.1-A, Item 13.d, Pages 14-15, provide for preliminary accreditation, effective January 1, 2019, of CPST and PSR providers. It is not clear however how the state is defining preliminary accreditation. On these same coverage pages the state provides that "Agencies not accredited prior to rendering PSR services must apply for full accreditation prior to rendering" these services. Further provision is made for agencies which are not accredited to apply for accreditation. Please clarify the provider qualifications on the coverage pages.

#### **RESPONSE:**

The State defines preliminary accreditation as an accreditation status granted by an accrediting body to an unaccredited organization, prior to its attainment of full accreditation status. A preliminary accreditation status (also referred to as "provisional" or "early survey" by some national accrediting bodies), is a temporary accreditation status granted to new organizations that have established certain organizational, administrative, service delivery and system processes and demonstrate adequate implementation of applicable preliminary accreditation standards, as determined by the accrediting body during a desk review and onsite survey.

Act 582 of the Louisiana 2018 Regular Legislative Session, establishes the preliminary accreditation requirement for providers of CPST and PSR, who have not yet attained a full accreditation status.

b. Additionally, it is unclear whether applying for accreditation is CI and ACT provider qualification, Attachment 3.1-A, Item 13.d, Page 16 and 17, respectively. Please clarify the provider qualifications on the coverage pages.

# **RESPONSE:**

Applying for accreditation and attaining full accreditation status within 18 months of the accreditation application date, is a provider qualification for both CI and ACT. Unlike CPST and PSR, Act 582 of the Louisiana 2018 Regular Legislative Session does not require a preliminary accreditation for

# providers of CI or ACT, who have not yet attained a full accreditation status.

3. Section 1905(a) (13) (C) of the Social Security Act and the Code of Federal Regulations (CFR) at 42 CFR 440.130(d) provide for rehabilitative services defined to include any medical or remedial services recommended by a physician or other licensed practitioner of the healing arts within the scope of their practice under state law, for maximum reduction of physical or mental disability and restoration of a beneficiary to the individual's best possible functional level.

Attachment 3.1-A, Item 13.d, Pages 16-18, describe ACT service components and practitioner types who would furnish them that are not Medicaid coverable or only coverable through an HCBS waiver, supportive housing services and supported employment respectively. Additionally, components that are not provided to, or directed exclusively toward the treatment of, the Medicaid eligible individual would not be eligible for Medicaid reimbursement. Please remove these components from the coverage pages.

# **RESPONSE:**

ACT is a community-based service for individuals with severe mental illness including, but not limited to, schizophrenia and schizoaffective disorder. ACT is rehabilitative services delivered to individuals often diagnosed in early adulthood, following frequent inpatient hospitalizations and/or institutionalization. The intent of ACT is to:

- 1. support recovery from severe mental illness through the restoration of functional daily living skills;
- 2. to identify and build strengths to increase independence;
- 3. develop social connections and leisure opportunities; and
- 4. reduce the symptoms of their illness.

ACT supports the long-term goals of recovery which includes living in the community and engaging in meaningful activities including employment.

4. SMDL #07-011, August 15, 2007, provided states with guidance for coverage of peer support services. The array of ACT services include peer support services, Attachment 3.1-A, Item 13.d, Pages 16. Peer support provider qualifications are set forth on Attachment 3.1-A, Item 13.d, Pages 18.

Coverage pages should provide a service description and provider qualifications consistent with the minimum requirements set forth in the guidance at:

https://downloads.cms.gov/cmsgov/archived-

<u>downloads/SMDL/downloads/SMD081507A.pdf</u>. Additional clarification on the scope of services is available at:

 $\underline{https://www.medicaid.gov/medicaid/benefits/downloads/clarifying-guidance-support-policy.pdf}.$ 

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# **RESPONSE**:

Please see revised Attachment 3.1-A, Item 13.d, Pages 16, 17 and 18.

Please consider this a formal request to begin the 90-day clock. We trust this additional information will result in the approval of the pending SPA. We look forward to negotiating with CMS to ensure approval.

As always, we appreciate the assistance of Cheryl Rupley in resolving these issues. If further information is required, you may contact Karen H. Barnes at Karen.Barnes@la.gov or by phone (225) 342-3881.

Sincerely,

Del S. Budgewater Gen Steele

Medicaid Director

JS:KHB:MJ

Attachments (1)

c: Darlene Budgewater Cheryl Rupley Tamara Sampson

# 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 REMEDICAL CARE AND SERVICES DESCRIBED AS FOLLOWS:

CITATION 42 CFR 440.130 (d)

#### **Rehabilitation Health Services**

# **Adult Mental Health Services**

The Medicaid program provides coverage under the Medicaid State Plan for mental health services rendered to adults with mental health disorders. The mental health services rendered to adults shall be necessary to reduce the disability resulting from mental illness and to restore the individual to their best possible functioning level in the community.

Qualifying individuals, 21 years of age and older who are enrolled in Healthy Louisiana, shall be eligible to receive the following medically necessary adult mental health services:

- 1. Therapeutic services; and
- 2. Mental health rehabilitation services, including community psychiatric support and treatment (CPST), psychosocial rehabilitation (PSR) crisis intervention (CI) services and assertive community treatment (ACT).

#### **Licensed Mental Health Professionals**

Licensed mental health professionals (LMHPs) are individuals licensed in the State of Louisiana to diagnose and treat mental illness or substance use disorders. LMHPs include the following individuals who are licensed to practice independently:

- 1. Medical Psychologists;
- 2. Licensed Psychologists;
- 3. Licensed Clinical Social Workers (LCSWs);
- 4. Licensed Professional Counselors (LPCs);
- 5. Licensed Marriage and Family Therapists (LMFTs);
- 6. Licensed Addiction Counselors (LACs); and
- 7. Advanced Practice Registered Nurses (APRN) (must be a nurse practitioner specialist in Adult Psychiatric & Mental Health, and Family Psychiatric & Mental Health or a Certified Nurse Specialist in Psychosocial, Gerontological Psychiatric Mental Health, Adult Psychiatric and Mental Health, and Child-Adolescent Mental Health and may practice to the extent that services are within the APRN's scope of practice).

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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 REMEDICAL CARE AND SERVICES DESCRIBED AS FOLLOWS:

# **Exclusions**

The following shall be excluded from Medicaid reimbursement:

- 1. Components that are not provided to, or directed exclusively toward the treatment of, the Medicaid eligible individual;
- 2. Services provided at a work site which are job tasks oriented and not directly related to the treatment of the recipient's needs; and
- 3. Any services, or components in which the basic nature of the service(s) are to supplant housekeeping, homemaking, or basic services for the convenience of an individual receiving services.

#### **Service Descriptions**

1. Therapeutic Services: Individualized therapeutic interventions including assessment, medication management, individual, family, and group therapy, and psychological testing.

#### **Provider Qualifications**

A licensed mental health professional as defined above, must provide therapeutic services.

2. Community Psychiatric Support and Treatment: A comprehensive service which focuses on reducing the disability resulting from mental illness, restoring functional skills of daily living, building natural supports and solution-oriented interventions intended to achieve identified goals or objectives as set forth in the individualized treatment plan. CPST is a face-to-face intervention; however, it may include family or other collaterals. Most contacts occur in community locations where the person lives, works, attends school, and/or socializes.

# **Provider Qualifications**

CPST services may be provided by an agency licensed to provide behavioral health services.

Agencies providing CPST services must be accredited by an accrediting organization approved by the Department. Agencies not accredited prior to rendering CPST services must apply for full accreditation prior to rendering CPST services. Agencies must attain full accreditation within 18 months of the initial accreditation application date.

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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 REMEDICAL CARE AND SERVICES DESCRIBED AS FOLLOWS:

Effective January 1, 2019, agencies providing CPST services must be fully accredited or obtain preliminary accreditation prior to rendering CPST services. Agencies must maintain continuous, uninterrupted full or preliminary accreditation. Agencies providing CPST services must obtain full accreditation within 18 months of the agency's initial accreditation application date.

Individuals rendering CPST services must operate under an agency license. Individuals with a master's degree from an accredited university or college in social work, counseling, psychology, sociology or a human services related field may provide all aspects of CPST, including counseling. Effective January 1, 2019, individuals with a master's degree from an accredited university or college in social work, counseling, psychology, or sociology may provide all aspects of CPST, including counseling. Any individual rendering the counseling component of CPST for a licensed agency, who does not possess the minimum master's degree as described here, but who met all provider qualifications in effect prior to January 1, 2019, may continue to provide the counseling component of CPST for the same licensed provider agency. Prior to the individual rendering the counseling component of CPST for a different provider agency, the individual must comply with the minimum master's degree provisions of this section. Other aspects of CPST, except for counseling, may otherwise be performed by an individual with a bachelor's degree in social work, counseling, psychology or sociology. Credentialed peer support specialists who meet the qualifications above may also provide this service.

**3.** Psychosocial Rehabilitation Services: Services that are designed to assist the individual with compensating for, or eliminating functional deficits, and interpersonal and/or environmental barriers associated with their mental illness.

Activities included must be intended to achieve the identified goals or objectives as set forth in the individualized treatment plan. The intent of psychosocial rehabilitation is to restore the fullest possible integration of the individual as an active and productive member of his or her family, community, and/or culture with the least amount of ongoing professional intervention. PSR is a face-to-face intervention provided individually or in a group setting. Most contacts occur in community locations where the person lives, works, attends school, and/or socializes.

# **Provider Qualifications**

PSR services may be provided by an agency licensed to provide behavioral health services.

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MEDICAL AND REMEDICAL CARE AND SERVICES DESCRIBED AS FOLLOWS:

Agencies providing PSR services must be accredited by a department approved accrediting organization. Agencies not accredited prior to rendering PSR services must apply for full accreditation prior to rendering PSR services. Agencies must attain full accreditation within 18 months of the initial accreditation application date. Effective January 1, 2019, agencies providing PSR services must be fully accredited or obtain preliminary accreditation prior to rendering PSR services. Agencies must maintain continuous, uninterrupted full or preliminary accreditation. Agencies providing PSR services must obtain full accreditation within 18 months of the agency's initial accreditation application date.

PSR services may be provided by an agency licensed to provide mental health services. Individuals rendering PSR services must operate under an agency license. Any individual rendering PSR services for a licensed provider agency shall hold a minimum of a bachelor's degree from an accredited university or college in the field of counseling, social work, psychology, or sociology. Any individual rendering PSR services who does not possess the minimum bachelor's degree as described here, but who met all provider qualifications in effect prior to January 1, 2019, may continue to provide PSR services for the same licensed provider agency. Prior to the individual rendering PSR services for a different provider agency, the individual must comply with the provisions of this section. Credentialed peer support specialists who meet the qualifications above may also provide PSR services.

4. Crisis Intervention Services: Services that are provided to a person who is experiencing a psychiatric crisis, designed to interrupt and/or ameliorate a crisis experience including a preliminary assessment, immediate crisis resolution and deescalation, and referral and linkage to appropriate community services to avoid more restrictive levels of treatment. The goal of crisis intervention is symptom reduction, stabilization, and restoration to a previous level of functioning. All activities must occur within the context of a potential or actual psychiatric crisis. Crisis Intervention is a face-to-face intervention and can occur in a variety of locations where the person lives, works, attends school, and/or socializes.

# **Provider Qualifications**

CI services may be provided by an agency licensed to provide behavioral health services. Agencies providing CI services must be accredited by an accrediting organization approved by the Department.

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#### 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 REMEDICAL CARE AND SERVICES DESCRIBED AS FOLLOWS:

Agencies not accredited prior to rendering CI services must apply for full accreditation prior to rendering CI services. Agencies must attain full accreditation within 18 months of the initial accreditation application date. Agencies must maintain continuous, uninterrupted accreditation.

Individuals rendering CI services must operate under an agency license. At minimum, individuals rendering CI services must be at least 20 years old and have an associate's degree in social work, counseling, psychology or a related human services field, or two years of equivalent education and/or experience working in the human services field. The provider must be at least three years older than an individual under the age of 18.

Credentialed peer support specialists with the above qualifications may provide CI services.

# **5.** Assertive Community Treatment Services (ACT):

ACT is a community-based rehabilitative service for individuals with severe mental illness to support recovery through the restoration of functional daily living skills, to build strengths, to increase independence, develop social connections and leisure opportunities, and reduce the symptoms of their illness.

Services are coordinated by a team to connect individuals with other community-based supports. The team is comprised of a team leader, a board certified or board-eligible psychiatrist, two nurses (at least one RN), one other licensed mental health professional, one substance use service provider and one peer specialist. Other levels of staffing may be approved by the Department as long as they operate under licensure and supervision appropriate to their role.

Services include, but are not limited to:

- a. Needs assessment, crisis assessment and intervention, and individualized care plan development;
- b. Symptom management;
- c. Individual counseling;

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- d. Medication administration, monitoring, education;
- e. Skills training in activities related to self-care and daily life management;
- f. Education, skills training, and support to the individual, enabling their ability to function in a home, work, educational, leisure or other community environment;
- g. Peer support providing expertise about symptom management and the recovery process, peer counseling to ACT recipients with their families, as well as other rehabilitation and support functions based on their own life experience with mental illness and/or substance use disorders, as coordinated within the context of a comprehensive, individualized plan of care;
- h. Addiction treatment and education, including counseling, relapse prevention, harm reduction, anger and stress management; Referral and linkage to other agency supports; and
- i. Monitoring and following-up to determine if psychiatric, substance use, mental health support and health related services are being delivered, as set forth in the care plan, adequacy of services in the plan and changes, needs or status of the individual.

# **Provider Qualifications**

ACT services may be provided by an agency licensed to provide behavioral health services. Agencies providing ACT services must be accredited by a department approved accrediting organization. Agencies not accredited prior to rendering ACT services must apply for full accreditation prior to rendering ACT services. Agencies must attain full accreditation within 18 months of the initial accreditation application date. Agencies must maintain continuous, uninterrupted accreditation.

ACT Team Leader: A full time licensed mental health professional who must have administrative and clinical skills.

Licensed Psychiatrist: Must be board certified or board eligible.

Psychiatric Nurses (one of which must be a registered nurse (RN): Nurses who have experience in carrying out medical functioning activities such as basic health and medical assessment, education, coordination of health care, psychiatric medical assessment and treatment, and administration of psychotropic medication administration.

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Licensed Mental Health Professional: A fully licensed practitioner able to practice independent of supervision, i.e., medical psychologist, licensed psychologist, licensed clinical social worker, licensed professional counselor, licensed marriage and family therapist, or licensed addiction counselor.

Substance Use Specialist: Must have a minimum of one year specialized substance use training or supervised experience.

Peer Specialist: A person who self-identified as being in recovery from mental illness and/or substance use disorders who has successfully completed required training and credentialing requirements through the Office of Behavioral Health as a peer specialist. This includes ongoing completion of continuing education requirements consistent with Louisiana requirements for Peer Support. The peer specialist functions as a fully integrated team member providing expertise about symptom management and the recovery process, promotes a team culture that maximizes recipient choice and self-determination, provides peer counseling to ACT recipients and families and carries out other rehabilitation and support functions.

# Service Delivery

- A. All mental health services must be medically necessary. The medical necessity for services shall be determined by an LMHP or physician who is acting within the scope of their professional license and applicable state law.
- B. All services shall be delivered in accordance with federal and state laws and regulations, the provider manual, and other notices or directives issued by the Department. The provider shall create and maintain documents to substantiate that all requirements are met.
- C. Services rendered by the Peer Specialist will be coordinated within the context of a comprehensive, individualized plan of care that includes specific individualized goals, with supervision provided to the Peer Specialist by a Licensed Mental Health Professional.
- D. Each provider of adult mental health services shall enter into a contract with one or more of the managed care organizations in order to receive reimbursement for Medicaid covered services.
- E. There shall be recipient involvement throughout the planning and delivery of services.
  - 1. Services shall be:
    - a. delivered in a culturally and linguistically competent manner; and
    - b. respectful of the individual receiving services;

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# 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 REMEDICAL CARE AND SERVICES DESCRIBED AS FOLLOWS:

- 2. Services shall be appropriate to individuals of diverse racial, ethnic, religious, sexual, and gender identities and other cultural and linguistic groups; and
- 3. Services shall be appropriate for:
  - a. age;
  - b. development; and
  - c. education.
- F. Anyone providing adult mental health services must operate within their scope of practice license.
- G. Fidelity reviews must be conducted for evidenced based practices on an ongoing basis as determined necessary by the Department.
- H. Services may be provided at a facility, in the community, or in the individual's place of residence as outlined in the treatment plan. Services may be furnished in a nursing facility only in accordance with policies and procedures issued by the Department. Services shall not be provided at an institute for mental disease (IMD).

# **Assessments**

For mental health rehabilitation, each enrollee shall be assessed, at least annually, by a LMHP and shall have a treatment plan developed for CPST, PSR and ACT based on that assessment.

# **Treatment Plan**

Treatment plans shall:

- 1. be based on the assessed needs of the member;
- 2. be developed by a LMHP or physician in collaboration with direct care staff, the member, family and natural supports; and
- 3. contain goals and interventions targeting areas of risk and need identified in the assessment.

The individualized treatment plan shall be developed and reviewed in accordance with the criteria and frequency established by the Department, and in accordance with the provider manual and other notices or directives issued by the Department.

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