



**State of Louisiana**  
Louisiana Department of Health  
Office of the Secretary

**VIA ELECTRONIC MAIL ONLY**

December 28, 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

RE: Louisiana Title XIX State Plan  
Transmittal No. 18-0025

Dear Mr. Brooks:

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.  
Should you have any questions or concerns regarding this matter, please contact Karen Barnes at (225) 342-3881 or via email at [Karen.Barnes@la.gov](mailto:Karen.Barnes@la.gov).

Warmly,

A handwritten signature in blue ink that reads "Rebekah E. Gee".

Rebekah E. Gee MD, MPH  
Secretary

Attachments (2)

REG:JS:MJ

**TRANSMITTAL AND NOTICE OF APPROVAL OF  
STATE PLAN MATERIAL  
FOR: CENTERS FOR MEDICARE & MEDICAID SERVICES**

1. TRANSMITTAL NUMBER  
**18 - 0025**

2. STATE  
**Louisiana**

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

TO: REGIONAL ADMINISTRATOR  
CENTERS FOR MEDICARE & MEDICAID SERVICES  
DEPARTMENT OF HEALTH AND HUMAN SERVICES

4. PROPOSED EFFECTIVE DATE  
**November 1, 2018**

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 440.60  
42 CFR 440.130**

7. FEDERAL BUDGET IMPACT

a. FFY **2019** **\$0.00**  
b. FFY **2020** **\$0.00**

8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT

**Attachment 3.1-A, Item 4.b., Pages 8a-9c  
Attachment 3.1-A, Item 4.b., Pages 9d, 9d(1) - RESERVE  
Attachment 4.19-B, Item 4.b., Pages 3a and 3a(1)  
Attachment 4.19-B, Item 4.b., Page 3a(2)  
Attachment 4.19-B, Item 13.d, Page 3a**

9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable)

**Same (TN 15-0026)  
Same (TN 15-0026)  
Same (TN 15-0026)  
None - New page  
Same (TN 15-0026)**

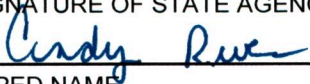
10. SUBJECT OF AMENDMENT The SPA proposes to amend the provisions governing children's behavioral health services in order to: 1) reflect the coordinated system of care (CSoc) contractor moving from a non-risk contract to a full-risk capitated contract; 2) remove the requirements for Office of Behavioral Health (OBH) certification of providers and for prior approval of services; and 3) clarify the exclusion criteria for services rendered by institutions for mental disease.

11. GOVERNOR'S REVIEW (Check One)

☐ GOVERNOR'S OFFICE REPORTED NO COMMENT  
☐ COMMENTS OF GOVERNOR'S OFFICE ENCLOSED  
☐ 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

**Rebekah E. Gee MD, MPH**

14. TITLE

**Secretary**

15. DATE SUBMITTED

**December 28, 2018**

16. RETURN TO

**Jen Steele, Medicaid Director  
State of Louisiana  
Department of Health  
628 North 4<sup>th</sup> Street  
P.O. 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

STATE OF LOUISIANA

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:

**Item 4.b, EPSDT services (continued)**

The Medicaid Program provides coverage under the Medicaid State Plan for behavioral health services rendered to children and youth with behavioral health disorders. These services shall be administered under the authority of the Louisiana Department of Health (LDH), in collaboration with managed care organizations (MCOs) and the coordinated system of care (CSoC) contractor, which shall be responsible for the necessary operational and administrative functions to ensure adequate service coordination and delivery. The CSoC contractor shall only manage specialized behavioral health services for children and youth enrolled in the CSoC.

Specialized behavioral health services are defined as mental health and substance use disorders services that are provided by a Licensed Mental Health Professional (LMHP) or community-based providers as defined in the State Plan.

All specialized behavioral 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 his/her professional license and applicable state law. In addition to licensure, service providers that offer addiction services must demonstrate competency as defined by LDH and state law and regulations.

**Licensed Mental Health Professional**  
**42 CFR 440.60 - Other Licensed Professionals**

A licensed mental health professional (LMHP) is an individual who is licensed in the State of Louisiana to diagnose and treat mental illness or substance use disorders. LMHPs include the following individuals 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 Nurse (APRN) - must be a nurse practitioner specialist in Adult Psychiatric Mental Health, and Family Psychiatric and 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.

STATE OF LOUISIANA

AMOUNT, DURATION, AND SCOPE OF MEDICAL AND REMEDIAL CARE AND SERVICES PROVIDED  
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Services provided to children and youth must include communication and coordination with the family and/or legal guardian and custodial agency for children in state custody. Coordination with other child-serving systems should occur as needed to achieve the treatment goals. All coordination must be documented in the child's or youth's treatment record.

The agency or individual who has the decision making authority for a child or youth in state custody must request and approve the provision of services to the child or youth.

Children and youth who are in need of specialized behavioral health services shall be served within the context of the family and not as an isolated unit. Services shall be:

1. delivered in a culturally and linguistically competent manner;
2. respectful of the child or youth receiving services;
3. appropriate to children and youth of diverse racial, ethnic, religious, sexual, and gender identities and other cultural and linguistic groups; and
4. appropriate for age, development and education.

Services may be provided at a site-based facility, in the community or in the child's or youth's place of residence as outlined in the treatment plan.

**Covered Services**

The following behavioral health services shall be covered under the Medicaid program:

1. therapeutic services delivered by LMHPs, including diagnosis and treatment;
2. rehabilitation services, including community psychiatric support and treatment and psychosocial rehabilitation;
3. crisis intervention services; and
4. crisis stabilization services.

These rehabilitation services are provided as part of a comprehensive specialized psychiatric program available to all Medicaid eligible children and youth with significant functional impairments resulting from an identified mental health or substance use disorders diagnosis.

STATE OF LOUISIANA

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LIMITATIONS ON THE AMOUNT, DURATION, AND SCOPE OF CERTAIN ITEMS OF PROVIDED MEDICAL  
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**EPSDT Rehabilitation Services**  
**42 CFR 440.130(d)**

**General Provider Responsibilities**

Providers must maintain case records that include, at a minimum:

1. the name of the child or youth;
2. a copy of the treatment plan;
3. the dates of services;
4. the nature, content and units of services provided; and
5. the progress made toward functional improvement.

**Service Descriptions**

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

**Provider Qualifications**

Therapeutic services must be provided by an LMHP, as defined above.

2. **Community Psychiatric Support and Treatment (CPST)** is 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. The supportive intervention component of CPST includes problem behavior analysis, as well as, emotional and behavioral management with a focus on developing skills and improving daily functional living skills in order to restore stability, support functional gains and adapt to community living. CPST is a face-to-face intervention; however, it may include family or other collaterals. Most contacts occur in community locations where child or youth lives, works, attends school, and/or socializes.

**Provider Qualifications**

CPST services may be provided by an agency licensed to provide behavioral health services. Practitioners with a master's degree in social work, counseling, psychology or a related human services field may provide all aspects of CPST, including individual supportive intervention.

Other aspects of CPST, except for individual supportive intervention, may otherwise be performed by an individual with a bachelor's degree in social work, counseling, psychology or a related human services field or four years of equivalent education and/or experience working in the human services field. Credentialed peer support specialists who meet the qualifications above may also provide this service.

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3. **Psychosocial Rehabilitation (PSR)** is designed to assist children and youth 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 children and youth as active and productive members of his/ 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 PSR contacts may occur in the community or locations where child or youth lives, works, attends school, and/or socializes.

**Provider Qualifications**

PSR services may be provided by an agency licensed to provide behavioral health services. The provider must be at least 18 years old and have a high school diploma or equivalent. Additionally, the provider must be at least three years older than children and youth under the age of 18. Services must be provided under the supervision of an LMHP or physician who is acting within the scope of his/her professional license and applicable state law.

4. **Crisis Intervention (CI)** is provided to a children and youth who are experiencing a psychiatric crisis, designed to interrupt and/or ameliorate a crisis experience including a preliminary assessment, immediate crisis resolution and de-escalation, and referral and linkage to appropriate community services to avoid more restrictive levels of treatment. The goals of Crisis Interventions are 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, including an emergency room or clinic setting, in addition to other community locations where the child or youth lives, works, attends school, and/or socializes.

**Provider Qualifications**

CI services may be provided by an agency licensed to provide behavioral health services. To provide crisis intervention, staff must be at least 20 years old and have an AA/AS 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. Additionally, the provider must be at least three years older than children and youth under the age of 18. The assessment of risk, mental status and medical stability must be completed by an LMHP with experience regarding this specialized mental health service, practicing within the scope of their professional license.

The CI provider must receive regularly scheduled clinical supervision from a person meeting the qualifications of an LMHP with experience regarding this specialized mental health service.

STATE OF LOUISIANA

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:

5. **Crisis Stabilization (CS)** services are short-term and intensive supportive resources for children and youth and their family. The intent of this service is to provide an out-of-home crisis stabilization option for the family in order to avoid psychiatric inpatient and institutional treatment of children and youth by responding to potential crisis situations. The goal is to support children, youth and family in ways that will address current acute and/or chronic mental health needs and coordinate a successful return to the family setting at the earliest possible time. During the time the crisis stabilization is supporting the child or youth, there is regular contact with the family to prepare for the child's/youth's return and his/her ongoing needs as part of the family. It is expected that the children and youth, family and crisis stabilization provider are integral members of the treatment team. CS providers work in partnership with the child/youth, family and other persons identified by the family. CS services also work in partnership with the child's/youth's other community-based providers and the custodial agency (for children and youth in state custody). CS services allow children and youth to benefit from a community-based setting while receiving additional intensive treatment and clinical services as needed. The child or youth must require a service that includes direct monitoring by professional behavioral health staff that would not be able to be provided by a less restrictive service.

**Provider Qualifications**

Services must be provided by an agency licensed by LDH or the Department of Children and Family Services. Staff providing CS services must use clinical programming and a training curriculum approved by LDH.

**Service Exclusions**

The following services shall be excluded from Medicaid coverage:

1. components that are not provided to, or directed exclusively toward the treatment of, Medicaid eligible children and youth;
2. services provided at a work site which are job tasks oriented and not directly related to the treatment of the needs of children and youth;
3. any services or components in which the basic nature are to supplant housekeeping, homemaking, or basic services for the convenience of children and youth receiving services;
4. services rendered in an institution for mental disease (IMD), other than a psychiatric residential treatment facility (PRTF) or an inpatient psychiatric hospital; and
5. the cost of room and board associated with crisis stabilization.



STATE OF LOUISIANA

PAYMENTS FOR MEDICAL AND REMEDIAL CARE AND SERVICES

METHODS AND STANDARDS FOR ESTABLISHING PAYMENT RATES - OTHER TYPES OF CARE OR SERVICE LISTED IN SECTION 1905 (A) OF THE ACT THAT ARE INCLUDED IN THE PROGRAM UNDER THE PLAN ARE DESCRIBED AS FOLLOWS:

**EPSDT Rehabilitation and Other Licensed Practitioner's Behavioral Health Services**

**Methods and Standards for Establishing Payment Rates**

Effective for dates of service on or after March 1, 2012, reimbursements for services are based upon a Medicaid fee schedule established by LDH.

The reimbursement rates for physician services rendered under the Louisiana Behavioral Health Partnership (LBHP) shall be a flat fee for each covered service as specified on the established Medicaid fee schedule.

The reimbursement rates shall be based on a percentage of the Louisiana Medicare Region 99 allowable for a specified year. If a Medicare fee exists for a defined covered procedure code, then Louisiana will pay Psychologists and ARNPs at 80% of the LBHP physician rates. If a Medicare fee exists for a defined covered procedure code, then Louisiana will pay LCSWs, LPCs, LMFTs, and LAC's as well as qualified unlicensed practitioners delivering Community Psychiatric Support and Treatment at 70% of the LBHP physician rates.

Where Medicare fees do not exist for a covered code, the fee development methodology will build fees considering each component of provider costs as outlined below. These reimbursement methodologies will produce rates sufficient to enlist enough providers so that services under the Plan are available to individuals at least to the extent that these services are available to the general population, as required by 42 CFR 447.204.

These rates comply with the requirements of Section 1902(a)(3) of the Social Security Act 42 CFR 447.200, regarding payments and consistent with economy, efficiency and quality of care. Provider enrollment and retention will be reviewed periodically to ensure that access to care and adequacy of payments are maintained.

The Medicaid fee schedule will be equal to or less than the maximum allowable under the same Medicare rate, where there is a comparable Medicare rate.

**The following services are excluded from Medicaid reimbursement:**

1. components that are not provided to, or directed exclusively toward the treatment of, Medicaid eligible children and youth;
2. services provided at a work site which are job tasks oriented and not directly related to the treatment of the needs of children and youth;



STATE OF LOUISIANA

PAYMENTS FOR MEDICAL AND REMEDIAL CARE AND SERVICES

METHODS AND STANDARDS FOR ESTABLISHING PAYMENT RATES - OTHER TYPES OF CARE OR SERVICE LISTED IN SECTION 1905 (A) OF THE ACT THAT ARE INCLUDED IN THE PROGRAM UNDER THE PLAN ARE DESCRIBED AS FOLLOWS:

3. any services or components in which the basic nature are to supplant housekeeping, homemaking, or basic services for the convenience of children and youth receiving services;
4. services rendered in an institution for mental disease (IMD), other than a psychiatric residential treatment facility (PRTF) or an inpatient psychiatric hospital; and
5. the cost of room and board associated with crisis stabilization.

Except as otherwise noted in the Plan, the State-developed fee schedule is the same for both governmental and private individual providers and the fee schedule and any annual/periodic adjustments to the fee schedule will be published in the Louisiana Register. The Agency's fee schedule rate was set as of March 1, 2012 and is effective for services provided on or after that date. All rates are published on the agency's website at [www.lamedicaid.com](http://www.lamedicaid.com).

The fee development methodology will primarily be composed of provider cost modeling, though Louisiana provider compensation studies, but may also include cost data and fees from similar State Medicaid programs. The following list outlines the major components of the cost model to be used in fee development:

1. Staffing Assumptions and Staff Wages;
2. Employee-Related Expenses – Benefits, Employer Taxes (e.g., FICA, unemployment, and workers compensation);
3. Program-Related Expenses (e.g., supplies);
4. Provider Overhead Expenses; and
5. Program Billable Units.

The fee schedule rates will be developed as the ratio of total annual modeled provider costs to the estimated annual billable units.

Effective for dates of service on or after December 1, 2015, children's mental health services shall be reimbursed as follows:

Reimbursements for services shall be based upon the established Medicaid fee schedule for specialized behavioral health services rendered to recipients enrolled with the Coordinated System of Care (CSoc) contractor. The fee schedule is published on the Medicaid provider website at [www.lamedicaid.com](http://www.lamedicaid.com).

STATE OF LOUISIANA

PAYMENTS FOR MEDICAL AND REMEDIAL CARE AND SERVICES

METHODS AND STANDARDS FOR ESTABLISHING PAYMENT RATES - OTHER TYPES OF CARE OR SERVICE LISTED IN SECTION 1905 (A) OF THE ACT THAT ARE INCLUDED IN THE PROGRAM UNDER THE PLAN ARE DESCRIBED AS FOLLOWS:

Monthly capitation payments shall be made by the Department, or its fiscal intermediary, to the managed care organizations (MCOs) for recipients enrolled in the MCOs. The capitation rates paid to 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.

Effective for dates of service on or after November 1, 2018, for recipients enrolled with one of the MCOs or CSoC contractor, the Department or its fiscal intermediary shall make monthly capitation payments to the MCOs or the CSoC contractor.

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

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

No payment shall be less than the minimum Medicaid rate.

STATE OF LOUISIANA

PAYMENTS FOR MEDICAL AND REMEDIAL CARE AND SERVICES

METHODS AND STANDARDS FOR ESTABLISHING PAYMENT RATES - OTHER TYPES OF CARE OR SERVICE LISTED IN SECTION 1905 (A) OF THE ACT THAT ARE INCLUDED IN THE PROGRAM UNDER THE PLAN ARE DESCRIBED AS FOLLOWS:

- The state developed fee schedule rates are the same for both governmental and private providers. The fee schedule and any annual/periodic adjustments to the fee schedule are published on the Medicaid provider website at [www.lamedicaid.com](http://www.lamedicaid.com).

Effective for dates of service on or after December 1, 2015, children's mental health rehabilitative services shall be reimbursed as follows:

1. Reimbursement for services shall be based upon the established Medicaid fee schedule for specialized behavioral health services rendered to recipients enrolled with the Coordinated System of Care (CSoC) contractor. The fee schedule is published on the Medicaid provider website at [www.lamedicaid.com](http://www.lamedicaid.com).
2. Monthly capitation payments shall be made by the Department, or its fiscal intermediary, to the managed care organizations (MCOs) for recipients enrolled in the MCOs. The capitation rates paid to 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.

Effective for dates of service on or after November 1, 2018, for recipients enrolled with one of the MCOs or CSoC contractor, the Department or its fiscal intermediary shall make monthly capitation payments to the MCOs or the CSoC contractor.

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

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

No payment shall be less than the minimum Medicaid rate.

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TN \_\_\_\_\_ Approval Date \_\_\_\_\_ Effective Date \_\_\_\_\_  
Supersedes  
TN \_\_\_\_\_