John Bel Edwards GOVERNOR



Rebekah E. Gee MD, MPH



Louisiana Department of Health Office of the Secretary

VIA ELECTRONIC MAIL ONLY

December 20, 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. 18-0026

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.

Warmly,

Cudy Rever

Rebekah E. Gee MD, MPH Secretary

Attachments (2)

REG:JS:RJ

EPARTMENT OF HEALTH AND HUMAN SERVICES ENTERS FOR MEDICARE & MEDICAID SERVICES		FORM APPF OMB No. 093
TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL FOR: CENTERS FOR MEDICARE & MEDICAID SERVICES	1, TRANSMITTAL NUMBER 18 - 0026	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 CONSIDER	ED AS NEW PLAN 🛛 🖾 AMEND	MENT
COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AME	NDMENT (Separate transmittal for ea	ch amen dment)
6. FEDERAL STATUTE/REGULATION CITATION	7. FEDERAL BUDGET IMP/ a. FFY 2019	аст 19.00
42 CFR 440.130(d)	b. FFY 2020 \$	0.00
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT	9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (<i>If Applicable</i>) Same (TN 15-0027) Same (TN 14-0035)	
Attachment 3.1-A, Item 4.b, Page 9e Attachment 4.19-B, Item 4.b, Page 3d		
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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 REMEDIAL CARE AND SERVICES ARE DESCRIBED AS FOLLOWS:

CITATION	Rehabilitation Services
42 CFR 440.130(d)	

4. Therapeutic Group Homes

The Medicaid Program provides coverage under the Medicaid State Plan for behavioral health services rendered to children and youth in a therapeutic group home (TGH). Qualifying children and adolescents with an identified mental health or substance use diagnosis shall be eligible to receive behavioral health services rendered by a TGH. 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. 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 for children and youth enrolled in the CSoC program, which shall be responsible for the necessary operational and administrative functions to ensure adequate service coordination and delivery. The specialized behavioral health services rendered shall be those services medically necessary to reduce the disability resulting from the illness and to restore the individual to his/her best possible functioning level in the community.

TGHs deliver an array of clinical and related services including:

Psychiatric Supports and Therapeutic Services:

Psychiatric supports and therapeutic services include medication management, individual counseling, group counseling, and family counseling. Interventions such as Cognitive Behavioral Therapy (CBT) and other behavior interventions which are evidence-based practices are delivered by community-based providers, if clinically necessary. TGHs must incorporate at least one research-based approach pertinent to the sub-populations of TGH clients to be served by the specific program. Individual, group, and family therapy may be provided by master's level staff employed by the TGH as part of the daily rate. Preventing the duplication of these services by LMHP and non-LMHP staff is assured through monitoring of the authorized treatment plan. TGHs teach pro-social skills, anger management, illness education, and other daily living skills on the treatment plan.

STATE OF LOUISIANA

AMOUNT, DURATION AND SCOPE OF MEDICAL AND REMEDIAL CARE AND SERVICES PROVIDED

METHODS AND STANDARDS FOR ESTABLISHING PAYMENT RATES – OTHER TYPES OF CARE OR SERVICE LISTED IN SECTION 1902(A) OF THE ACT THAT IS 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 (continued)

New Therapeutic Group Homes and Change of Ownership of Existing Facilities

- A. Changes of ownership (CHOW) exist if the beds of a new owner have previously been certified to participate in the Medicaid program under the previous owner's provider agreement. The acceptance of a CHOW will be determined solely by LDH Reimbursement will continue to be based on the Medicaid reimbursement rate. The rate adjustment process will be determined using the previous owners cost report information for the applicable time periods.
- B. New providers are those entities whose beds have not previously been certified to participate in the Medicaid program. New providers will be reimbursed, depending on provider type, in accordance with the Therapeutic Group Home Unit of Service section of the State Plan.

Therapeutic Group Home Providers with Disclaimed Cost Reports or Non-Filer Status

- A. Providers with disclaimed cost reports are those providers that receive a disclaimer of opinion from the LDH audit contractor after conclusion of the audit process.
- B. Providers with non-filer status are those providers that fail to file a complete cost report in accordance with the Therapeutic Group Home (TGH) Cost Reporting Requirements section of the State Plan.
- C. Providers with disclaimed cost reports, or providers with non-filer status will not receive any additional reimbursement through the rate adjustment process. These providers will however be subject to the recoupment of Medicaid payments equal to the provider with the greatest recoupment of Medicaid payments in the State of Louisiana for the applicable fiscal year.

Effective for dates of service on or after July 1, 2012, the reimbursement rates for the following behavioral health services provided to children/adolescents shall be reduced by 1.44 percent of the rates in effect on June 30, 2012:

- 1. Therapeutic services;
- 2. Rehabilitation services; and
- 3. Crisis intervention services.

Effective for dates of service on or after January 20, 2013, supplemental Medicaid payments for state-owned and operated behavioral health providers shall be made in accordance with the payment methodology as described under Attachment 4.19-B, Item 13d, page 8.

Unlicensed Practitioners

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