



State of Louisiana
Louisiana Department of Health
Office of the Secretary

VIA ELECTRONIC MAIL ONLY

February 1, 2019

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. 19-0001

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,

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
19-0001

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
January 1, 2019

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

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-9d (1)

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 PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable)

Same (TN 15-0026) also pending TN 18-0025

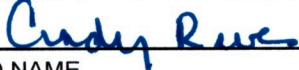
10. SUBJECT OF AMENDMENT **The SPA proposes to amend provider and staff qualifications relative to Community Psychiatric Support and Treatment (CPST) and Psychosocial Rehabilitation (PSR) services and to establish a preliminary accreditation requirement for providers of CPST and PSR services.**

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

February 1, 2019

16. RETURN TO

**Jen Steele, Medicaid Director
State of Louisiana
Department of Health
628 North 4th 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.

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

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

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.

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);

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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.

EPSDT Rehabilitation Services
42 CFR 440.130(d)

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.

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.

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Provider Qualifications

Prior to January 1, 2019, agencies providing CPST services must have or have applied for accreditation by an accrediting organization approved by the Department. Agencies are allowed to render CPST services prior to obtaining full accreditation; however, agencies are required to attain a full accreditation status within 18 months of the initial accreditation application date.

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 a full accreditation status within 18 months of the agency's initial accreditation application date.

Individuals rendering CPST services must operate under an agency licensed to provide mental health services. Prior to January 1, 2019, individuals with a master's degree from an accredited university or college in social work, counseling, psychology, sociology or a human services related field are qualified to provide all aspects of CPST, including the individual supportive intervention.

Effective January 1, 2019, individuals must have a minimum of a master's degree from an accredited university or college in social work, counseling, psychology, or sociology to provide all aspects of CPST, including the individual supportive intervention. Any individual rendering the individual supportive intervention component of CPST for a licensed and accredited agency, who does not possess the minimum master's degree in one of the four listed educational fields, but who has a minimum of a bachelor's degree in social work, counseling, psychology or sociology and who met all master's degree provider qualifications in effect prior to January 1, 2019, may continue to provide all components of CPST including the individual supportive intervention component of CPST for the same licensed provider agency.

Prior to the individual rendering the master's level aspects of CPST, including the individual supportive intervention component of CPST, for a different provider agency, the individual must comply with the minimum master's degree provisions of this section. Effective January 1, 2019, other aspects of CPST, except for the individual supportive intervention component, may otherwise be performed by an individual with a minimum of 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 (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.

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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

Prior to January 1, 2019, agencies providing PSR services must have or have applied for accreditation by an accrediting organization approved by the Department. Agencies are allowed to render PSR services prior to attaining full accreditation; however, agencies are required to attain a full accreditation status within 18 months of the initial accreditation application date.

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

Effective January 1, 2019, 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.

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 minimum bachelor's degree provisions of this section. Credentialed peer support specialists who meet the qualifications above may also provide PSR services.

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.

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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. Agencies providing CI services must be fully accredited or have applied for accreditation by an accrediting organization approved by the Department prior to providing CI services. Agencies are allowed to render CI services prior to attaining full accreditation; however, agencies must have applied for full accreditation by an accrediting organization approved by the Department, and must attain full accreditation status within 18 months of the initial accreditation application date. Agencies must maintain continuous, uninterrupted accreditation.

Individuals rendering CI services must operate under an agency licensed to provide mental health services. At a 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. 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.

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.

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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 Delivery

- A. 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.
- 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. Each provider of child 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.
- D. 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.
- E. Anyone providing child mental health services must operate within their scope of practice license.
- F. 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.

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- G. 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.
- 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.

TN _____
Supersedes
TN _____

Approval Date _____

Effective Date _____