

**DEPARTMENT OF HEALTH & HUMAN SERVICES**

Centers for Medicare & Medicaid Services  
601 E. 12th St., Room 355  
Kansas City, Missouri 64106



Medicaid and CHIP Operations Group

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March 5, 2024

Ms. Kimberly Sullivan  
Medicaid Executive Director  
Louisiana Department of Health  
628 N 4<sup>th</sup> Street  
P.O. Box 91030  
Baton Rouge, LA 70821-9030

Re: Louisiana State Plan Amendment (SPA) 23-0044

Dear Director Sullivan:

The Centers for Medicare & Medicaid Services (CMS) reviewed your Medicaid State Plan Amendment (SPA) submitted under transmittal number (TN) 23-0044. This amendment proposes to amend the provisions governing mental health services in order to add mobile crisis response (MCR) services.

We conducted our review of your submittal according to statutory requirements in Title XIX of the Social Security Act and implementing regulation 42 CFR 440.130 (d). This letter is to inform you that Louisiana Medicaid SPA 23-0044 was approved on March 5, 2024, with an effective date of April 1, 2024.

If you have any questions, please contact Tobias Griffin at 214-767-4425 or via email at [Tobias.Griffin@cms.hhs.gov](mailto:Tobias.Griffin@cms.hhs.gov).

Sincerely,

A handwritten signature in blue ink, appearing to read "James G. Scott", is positioned below the word "Sincerely,".

Digitally signed by James  
G. Scott -S  
Date: 2024.03.05 08:57:58  
-06'00'

James G. Scott, Director  
Division of Program Operations

cc: Falecia Smith, South Branch Manager  
Karen Barnes, LA Department of Health

|                                                                                                                                                                                                                                                                                                                                                                                         |  |                                                                                                                                                                                                                                                    |                       |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------|
| <b>TRANSMITTAL AND NOTICE OF APPROVAL OF<br/>STATE PLAN MATERIAL</b><br><b>FOR: CENTERS FOR MEDICARE &amp; MEDICAID SERVICES</b>                                                                                                                                                                                                                                                        |  | 1. TRANSMITTAL NUMBER<br><b>23-0044</b>                                                                                                                                                                                                            | 2. STATE<br><b>LA</b> |
|                                                                                                                                                                                                                                                                                                                                                                                         |  | 3. PROGRAM IDENTIFICATION: TITLE <u>XIX</u> OF THE SOCIAL SECURITY ACT                                                                                                                                                                             |                       |
| TO: CENTER DIRECTOR<br>CENTERS FOR MEDICAID & CHIP SERVICES<br>DEPARTMENT OF HEALTH AND HUMAN SERVICES                                                                                                                                                                                                                                                                                  |  | 4. PROPOSED EFFECTIVE DATE<br><b>April 1, 2024</b>                                                                                                                                                                                                 |                       |
| 5. FEDERAL STATUTE/REGULATION CITATION<br><br><b>42 CFR 440.130 (d)</b>                                                                                                                                                                                                                                                                                                                 |  | 6. FEDERAL BUDGET IMPACT (Amounts in WHOLE dollars)<br>a. <b>FFY 2024</b> <b>\$0</b><br>b. <b>FFY 2025</b> <b>\$0</b>                                                                                                                              |                       |
| 7. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT<br><br><b>Attachment 3.1-A, Item 4.b, Page 9, 9d</b><br><b>Attachment 3.1-A, Item 4.b, Page 9d(1) – 9d(2)</b><br><b>Attachment 3.1-A, Item 13.d, Pages 12, <del>22</del></b><br><b>Attachment 3.1-A, Item 13.d, Page <del>23-27</del> 22 and 23</b><br><b>Attachment 3.1-A, Item 13.d, Pages 24 - 27 (new pages)</b>                   |  | 8. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable)<br><br><b>Same (TN 22-0026)</b><br><br><b>Same (TN 22-0026)</b><br><b>Same (TN 22-0007)</b>                                                                            |                       |
| 9. SUBJECT OF AMENDMENT<br><br><b>The purpose of this SPA is to amend the provisions governing mental health services in order to add mobile crisis response (MCR) services.</b>                                                                                                                                                                                                        |  |                                                                                                                                                                                                                                                    |                       |
| 10. GOVERNOR'S REVIEW (Check One)<br><div><input type="checkbox"/> GOVERNOR'S OFFICE REPORTED NO COMMENT<br/><input type="checkbox"/> COMMENTS OF GOVERNOR'S OFFICE ENCLOSED<br/><input type="checkbox"/> NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL</div> <div><input checked="" type="checkbox"/> OTHER, AS SPECIFIED:<br/>The Governor does not review State Plan material.</div> |  |                                                                                                                                                                                                                                                    |                       |
| 11. SIGNATURE OF STATE AGENCY OFFICIAL<br>                                                                                                                                                                                                                                                            |  | 15. RETURN TO<br><br><b>Kimberly Sullivan, J.D.</b><br><b>Interim Medicaid Executive Director</b><br><b>Louisiana Department of Health</b><br><b>628 North 4<sup>th</sup> Street</b><br><b>P.O. Box 91030</b><br><b>Baton Rouge, LA 70821-9030</b> |                       |
| 12. TYPED NAME<br><b>Pam Diez, designee for Stephen R. Russo, JD</b>                                                                                                                                                                                                                                                                                                                    |  |                                                                                                                                                                                                                                                    |                       |
| 13. TITLE<br><b>Secretary</b>                                                                                                                                                                                                                                                                                                                                                           |  |                                                                                                                                                                                                                                                    |                       |
| 14. DATE SUBMITTED<br><b>December 28, 2023</b>                                                                                                                                                                                                                                                                                                                                          |  |                                                                                                                                                                                                                                                    |                       |
| <b>FOR CMS USE ONLY</b>                                                                                                                                                                                                                                                                                                                                                                 |  |                                                                                                                                                                                                                                                    |                       |
| 16. DATE RECEIVED<br><b>December 28, 2023</b>                                                                                                                                                                                                                                                                                                                                           |  | 17. DATE APPROVED<br><b>March 5, 2024</b>                                                                                                                                                                                                          |                       |
| <b>PLAN APPROVED - ONE COPY ATTACHED</b>                                                                                                                                                                                                                                                                                                                                                |  |                                                                                                                                                                                                                                                    |                       |
| 18. EFFECTIVE DATE OF APPROVED MATERIAL<br><b>April 1, 2024</b>                                                                                                                                                                                                                                                                                                                         |  | 19. SIGNATURE OF APPROVING OFFICIAL<br><br><small>Digitally signed by James G. Scott -S<br/>Date: 2024.03.05 08:58:28 -06'00'</small>                          |                       |
| 20. TYPED NAME OF APPROVING OFFICIAL<br><b>James G. Scott</b>                                                                                                                                                                                                                                                                                                                           |  | 21. TITLE OF APPROVING OFFICIAL<br><b>Director, Division of Program Operations</b>                                                                                                                                                                 |                       |
| 22. REMARKS <b>The State made a pen and ink change to boxes 7 and 8 on February 29, 2024.</b>                                                                                                                                                                                                                                                                                           |  |                                                                                                                                                                                                                                                    |                       |

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:

**EPSDT Rehabilitation Services**  
**42 CFR 440.130(d)**

Services to the beneficiary's family and significant others are for the direct benefit of the beneficiary, in accordance with the beneficiary's needs and treatment goals identified in the beneficiary's treatment plan, and for the purpose of assisting in the beneficiary's recovery.

All services must be recommended by a physician or licensed mental health professional, within the scope of his or her practice under State law.

**Service Descriptions**

- 1. Therapeutic Services:** Individualized therapeutic interventions, including assessment, medication management, individual, family, and group therapy, and psychological testing, focus on the maximum reduction of mental disability and restoration to his/her best possible functional level.

Assessment: This service is a comprehensive evaluation of an individual's physical, mental, and emotional health, including issues related to mental health and substance use, along with their ability to function within a community in order to determine service needs and formulate recommendations for treatment. Psychological tests may be utilized during assessment services in order to determine an individual's recommended treatment plan.

Medication Management: Goal-oriented interactions to assess the appropriateness of medications in an individual's treatment; periodically evaluating and re-evaluating the efficacy of the prescribed medications; and providing ongoing management of a medication regimen within the context of an individual's treatment plan.

Individual, Family, and Group Therapy: A structured, goal-oriented therapeutic process in which an individual, group, or family interacts with a qualified provider in accordance with the individuals' treatment plan to resolve problems related to a mental illness, serious emotional disorder and/or substance use disorder that interferes with the individual's or family's functioning and adjustment. Counseling to the beneficiary's family is for the direct benefit of the beneficiary, in accordance with the beneficiary's needs and treatment goals identified in the beneficiary's treatment plan, and for the purpose of assisting in the beneficiary's recovery.

**Components**

1. Ongoing assessment of current risk and presenting problem.
2. Assistance in implementing social, interpersonal, self-care, and/or independent living skills as outlined in the treatment plan in order to restore stability, support functional gains, and/or adapt to community living.
3. Assessing progress toward achievement of treatment goals, and adapting emotional and behavioral management interventions commensurate with progress.

**Provider Qualifications**

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

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:

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.

To qualify as a CS agency, the agency must be licensed by the Louisiana Department of Health as a Center-Based Respite Care Agency under the Home and Community Based Service Provider license or as a Crisis Receiving Center.

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. CS Specialists rendering CS services may be licensed or unlicensed behavioral health specialists. CS Specialists providing CS services must use clinical programming and a training curriculum approved by LDH. Unlicensed CS Specialists 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:

**6. Mobile Crisis Response (MCR)** services are an initial or emergent crisis response intended to provide relief, resolution and intervention through crisis supports and services during the first phase of a crisis in the community. The main objectives of MCR services are to provide rapid response, individual assessment and crisis resolution by trained professionals and paraprofessionals in situations that involve individuals who are presumed or known to have a mental health condition. MCR is a face-to-face (in person), time-limited service provided to a member who is experiencing a mental health or substance use disorders crisis until the member experiences sufficient relief/resolution and the member can remain in the community and return to existing services or be linked to alternative behavioral health services, which may include higher levels of treatment like inpatient psychiatric hospitalization.

MCR services shall be furnished by a two-person multidisciplinary mobile crisis team that includes one licensed professional who is capable of conducting an assessment of the individual and one unlicensed professional or peer support specialist. Both team members shall be actively involved in the crisis response.

MCR services are available twenty-four (24) hours a day, seven (7) days a week. MCR services will be provided in a timely manner and, where appropriate, provide screening and assessment; stabilization and de-escalation; and coordination with, and referrals to, health, social, and other services and supports as needed, and health services as needed. Services are provided where the member is located, including community-based settings or in emergency departments (ED). Services provided in EDs, hospitals, or other facility settings will not be eligible for enhanced Federal Medical Assistance Percentage (FMAP) under Section 1947 of Title XIX of the Social Security Act, which was created by Section 9813 of the American Rescue Plan Act of 2021.

**Provider Qualifications**

MCR services may be provided by an agency licensed to provide behavioral health services. Agencies providing MCR services must be fully accredited by, or have applied for accreditation from, the Commission on Accreditation of Rehabilitation Facilities (CARF), the Council on Accreditation (COA), or The Joint Commission (TJC) prior to providing MCR services. Agencies are allowed to render MCR services prior to attaining full accreditation; however, agencies must have applied for full accreditation, and must attain full accreditation status within 18 months of the initial accreditation application date. Agencies must maintain continuous, uninterrupted accreditation.

MCR agencies must maintain relationships with relevant community partners, including but not limited to:

1. local governing entities (LGEs);
2. medical and behavioral health providers;
3. primary care providers;
4. emergency responders and law enforcement;
5. local and parish governments;
6. community health centers;
7. crisis respite centers; and
8. managed care organizations.

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:

MCR agencies will maintain the privacy and confidentiality of patient information consistent with Federal and State requirements.

**Staffing Requirements**

MCR agencies shall comply with core staffing requirements within the scope of practice of the license required for the facility or agency to practice in the state of Louisiana.

The provider's MCR service shall have the following staff:

1. Licensed professionals that possess a current, valid and unrestricted license in the State of Louisiana and are qualified to conduct assessments, in accordance with the professional's permitted scope of practice.

Licensed professionals include the following:

- a. Licensed Mental Health Professional (LMHP);
- b. Provisionally Licensed Professional Counselor (PLPC);
- c. Provisionally Licensed Marriage and Family Therapist (PLMFT); and
- d. Licensed Master Social Worker (LMSW).

2. Unlicensed professionals of MCR services must meet the following requirements:

- a. Be at least twenty-four (24) years old; and
- b. Possess a minimum of a bachelor's degree (preferred) OR an associate's degree and two (2) years of work experience in the human services field.

3. Peer Support Specialists (PSS) and Family Peer Support Specialists (FPSS) must have lived experience with mental illness and/or substance use disorders or lived experience as the parent or caregiver of a child with mental illness and/or substance use disorders. The PSS and FPSS must successfully complete a required peer training and credentialing program approved by the Office of Behavioral Health. This includes ongoing completion of continuing education requirements consistent with Louisiana requirements for peer support. A peer or family peer support specialist must receive regularly scheduled clinical supervision from a Licensed Mental Health Professional (LMHP). LMHP supervisors must have the practice-specific education, experience, training, credentials, and licensure to coordinate an array of behavioral health services.

Individuals providing MCR services must be trained in trauma-informed care, de-escalation strategies, and harm reduction prior to rendering services.

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 DESCRIBED AS FOLLOWS:

**CITATION** **Rehabilitation Health Services**  
**42 CFR 440.130 (d)**

**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;
2. Mental health rehabilitation (MHR) services, including community psychiatric support and treatment (CPST), psychosocial rehabilitation (PSR), crisis intervention (CI) services, assertive community treatment (ACT),
3. Peer Support Services;
4. Crisis Stabilization; and
5. Mobile Crisis Response Services

All services must be recommended by a physician or licensed mental health professional, within the scope of his or her practice under State law.

**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).

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 DESCRIBED AS FOLLOWS:

Unlicensed Professionals

Unlicensed Professionals rendering Crisis Stabilization services must meet the following requirements:

1. Be at least twenty-four (24) years old; and
2. Possess a minimum of bachelor's degree (preferred) OR an associate's degree and two (2) years of work experience in the human services field.

Credentialed Peer Support Specialist (CPSS)

A CPSS must meet the staff qualifications as outlined in the Peer Support Service section. CPSS must receive regularly scheduled clinical supervision from a Licensed Mental Health Professional (LMHP). LMHP supervisors must have the practice- specific education, experience, training, credentials, and licensure to coordinate an array of behavioral health services.

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 DESCRIBED AS FOLLOWS:

**8. Mobile Crisis Response**

Mobile Crisis Response (MCR) services are an initial or emergent crisis response intended to provide relief, resolution and intervention through crisis supports and services during the first phase of a crisis in the community. The main objectives of MCR services are to provide rapid response, individual assessment and crisis resolution by trained professionals and paraprofessionals in situations that involve individuals who are presumed or known to have a mental health condition. MCR is a face-to-face (in person), time-limited service provided to a member who is experiencing a mental health or substance use disorders crisis until the member experiences sufficient relief/resolution and the member can remain in the community and return to existing services or be linked to alternative behavioral health services, which may include higher levels of treatment like inpatient psychiatric hospitalization.

MCR services shall be furnished by a two-person multidisciplinary mobile crisis team that includes one licensed professional who is capable of conducting an assessment of the individual and one unlicensed professional or peer support specialist. Both team members shall be actively involved in the crisis response.

MCR services are available twenty-four (24) hours a day, seven (7) days a week. MCR services will be provided in a timely manner and, where appropriate, provide screening and assessment; stabilization and de-escalation; and coordination with, and referrals to, health, social, and other services and supports as needed. Services are provided where the member is located, including community-based settings or in emergency departments. Services provided in emergency departments, hospitals, or other facility settings will not be eligible for enhanced FMAP under Section 1947 of Title XIX of the Social Security Act, which was created by Section 9813 of the American Rescue Plan Act of 2021.

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 DESCRIBED AS FOLLOWS:

**Provider Qualifications**

MCR services may be provided by an agency licensed to provide behavioral health services. Agencies providing MCR services must be fully accredited by or have applied for accreditation from the Commission on Accreditation of Rehabilitation Facilities (CARF), the Council on Accreditation (COA), or The Joint Commission (TJC) prior to providing MCR services. Agencies are allowed to render MCR services prior to attaining full accreditation; however, agencies must have applied for full accreditation, and must attain full accreditation status within 18 months of the initial accreditation application date. Agencies must maintain continuous, uninterrupted accreditation.

MCR agencies must maintain relationships with relevant community partners, including but not limited to local governing entities (LGEs), medical and behavioral health providers, primary care providers, emergency responders and law enforcement, local and parish governments, community health centers, crisis respite centers, and managed care organizations. MCR agencies will maintain the privacy and confidentiality of patient information consistent with Federal and State requirements.

**Staffing Requirements**

MCR agencies shall comply with core staffing requirements within the scope of practice of the license required for the facility or agency to practice in the state of Louisiana.

The provider's MCR service shall have the following staff:

**Licensed Professionals**

Licensed professionals that possess a current, valid and unrestricted license in the State of Louisiana and are qualified to conduct assessments, in accordance with the professional's permitted scope of practice.

Licensed professionals include the following:

1. Licensed Mental Health Professional (LMHPs);
2. Provisionally Licensed Professional Counselor (PLPC);
3. Provisionally Licensed Marriage and Family Therapist (PLMFT); and
4. Licensed Master Social Worker (LMSW).

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 DESCRIBED AS FOLLOWS:

**Unlicensed Professionals**

Unlicensed professionals of MCR services must meet the following requirements:

1. Be at least twenty-four (24) years old; and
2. Possess a minimum of a bachelor's degree (preferred) OR an associate's degree and two (2) years of work experience in the human services field.

**Peer Support Specialist (PSS)**

A PSS must have lived experience with mental illness and/or substance use disorders and must successfully complete a required peer training and credentialing program approved by the Office of Behavioral Health. This includes ongoing completion of continuing education requirements consistent with Louisiana requirements for peer support. A peer support specialist must receive regularly scheduled clinical supervision from a Licensed Mental Health Professional (LMHP). LMHP supervisors must have the practice-specific education, experience, training, credentials, and licensure to coordinate an array of behavioral health services.

Individuals providing MCR services must be trained in trauma-informed care, de-escalation strategies, and harm reduction prior to rendering services.

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 DESCRIBED AS FOLLOWS:

**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.
  - 2. Services shall be appropriate to individuals of diverse racial, ethnic, religious, sexual, and gender identities and other cultural and linguistic groups. 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 in the community or in the individual's place of residence as outlined in the treatment plan. Services shall not be provided at an institution for mental disease. (IMD).

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 DESCRIBED AS FOLLOWS:

**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,