

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

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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.

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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 psychiatric 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 provided under the supervision of an LMHP with experience regarding crisis response. LMHPs must be available to adequately meet the member's needs, including performing evaluations if needed. The LMHP or physician shall be available at all times to provide back-up, support and/or consultation from assessment of risk and through all services delivered during a crisis.

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. 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.

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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:

Medical Director or Designated Prescriber

The medical director or designated prescriber must be a physician/psychiatrist, APRN or medical psychologist; shall have a current or valid and unrestricted license in the State of Louisiana with full prescriptive authority; and must be available for twenty-four (24) hours a day, seven (7) days a week for consultation and medication management.

Licensed Mental Health Professionals (LMHPs)

LMHPs as defined below shall have a current, valid and unrestricted license in the State of Louisiana and shall be on duty and on call to adequately meet the member's needs.

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 nurses (APRNs).

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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

A peer support specialist is an individual who has successfully completed required training approved by the Office of Behavioral Health as a peer support specialist. This includes ongoing completion of continuing education requirements consistent with Louisiana requirements for peer support.

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

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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).

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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.