

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 services, including community psychiatric support and treatment (CPST), psychosocial rehabilitation (PSR) crisis intervention (CI) services, ~~and~~ assertive community treatment (ACT), and peer support services.

**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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**6. Peer Support Services:** Peer support services (PSS) are an evidence-based behavioral health service that consists of a qualified peer support provider, who assists members with their recovery from mental illness and/or substance use. PSS are behavioral health rehabilitative services to reduce the disabling effects of an illness or disability and restore the beneficiary to the best possible functional level in the community. PSS are person-centered and recovery focused. PSS are face-to-face interventions in person with the member. Most contacts occur in community locations where the member lives, works, attends school and/or socializes.

**Provider Qualifications**

PSS must be provided under the administrative oversight of licensed and accredited local governing entities (LGEs). LGEs must meet state and federal requirements for providing PSS.

Individuals providing PSS must operate under the administrative oversight of a licensed and accredited LGE. Credentialed Peer Support Specialists (CPSS) must have lived experience with a mental illness and/or substance use challenge or condition and must be at least 21 years of age. A CPSS must have at least twelve (12) months of continuous recovery, which is demonstrated by a lifestyle and decisions supporting an individual's overall wellness and recovery.

**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.

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- 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; and
  - 3. 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 intuition for mental disease (IMD).

**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.