SB 213 by Senator Luneau – MHR Redesign
Questions from MHR Providers

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**Who can I hire?**
New CPST professionals include Provisionally Licensed Professional Counselors, Provisionally Licensed Marriage and Family Therapists, Licensed Master Social Workers, Certified Social Workers, and Psychology interns from an American Psychological Association approved internship program.

**What happens to my current staff, including bachelor’s level employees?**
Current licensed staff can continue to provide CPST services. Unlicensed staff can provide PSR.

**Does that mean the unlicensed and other providers won’t be able to provide CPST anymore, unless they are provisionally licensed?**
Correct. Under the MHR redesign, the following professionals will be able to provide CPST services:

- Licensed Mental Health Professionals (LMHP)
- Provisionally Licensed Professional Counselor (PLPC)
- Provisionally Licensed Marriage and Family Therapist (PLMFT)
- Licensed Master Social Worker (LMSW)
- Certified Social Worker (CSW)
- Psychology intern from an American Psychological Association approved internship program.

**Can you define “certified social worker?”**
The Louisiana Board of Social Work Examiners defines a certified social worker as a master’s level worker approved by the Louisiana Board of Social Work Examiners to practice as a certified social worker, who meets all requirements for the LMSW but is awaiting to sit for the ASWB master’s examination approved by the board.

**Will there be enough individuals registered with Boards to provide CPST services considering the number of people currently receiving services through Medicaid?**
The professional licensing boards have been consulted and are aware of recruitment needs. The proposed redesign of CPST will allow CSWs, LMSWs, provisionally licensed practitioners and psychology interns to provide professional clinical services to Medicaid enrollees, where they have not been able to receive Medicaid reimbursement for such services in the past. This opens up a whole new provider pool for delivering counseling and clinical interventions to Medicaid recipients at an attractive reimbursement rate.

**Is there a current count of provisionally licensed and other practitioner types in the state that can perform CPST under redesign?**
Currently, there are 3,738 CSWs, LMSWs, PLPCs, and PLMFTs residing in the state. In addition, there are 6,287 LMHPs in the state.
EDUCATIONAL REQUIREMENTS

What are the educational requirements for CPST staff as proposed in the bill?
CPST staff must meet the educational requirements set by the professional licensing boards, which include:

- Louisiana State Board of Licensed Professional Counselors,
- Louisiana State Board of Social Work Examiners, and
- Louisiana State Board of Examiners of Psychologists.

All unlicensed staff who are rendering CPST services with the required degree for an agency, will they be grandfathered in? What about employees who are currently rendering CPST services with a Social Service related degree?
The requirements and qualifications for providing CPST services are changing. Unlicensed staff will not be grandfathered in for CPST services. Individuals providing clinical counseling are regulated within their professional scope of practice as determined by the licensing boards.

Will bachelor’s level clinicians continue to be able to offer CPST? What was the rationale for the change?
The CPST service was revised to include clinical assessment, treatment planning and counseling, which can only be delivered by certain professionals as determined by the professional licensing boards. The intent of the proposed revisions is to provide Medicaid recipients access to much needed counseling and clinical psychoeducation. The skills building and practicing elements of mental health rehabilitation services will remain in the program under PSR, which may still be delivered by qualified bachelor’s level individuals.

Are the educational requirements changing for PSR?
No, the educational requirements for PSR are not changing; however, there is an associated rate increase for the service. PSR staff must meet the following educational requirements:

1. Possess a bachelor’s degree from an accredited university or college in the field of counseling, social work, psychology, sociology, rehabilitation services, special education, early childhood education, secondary education, family and consumer sciences, or human growth and development; or any bachelor’s degree from an accredited university or college with a minor in counseling, social work, sociology, or psychology; or
2. Be 21 years of age or older as of January 1, 2022, have a high school diploma or equivalency, and have been continuously employed by a PSR agency since prior to January 1, 2019.

What about grandfathering staff for PSR?
The grandfather allowance for PSR is not changing. The only grandfathered staff will be individuals rendering PSR who are twenty-one (21) years of age or older as of January 1, 2022, have a high school diploma or equivalency, and have been continuously employed by any licensed and accredited MHR agency since prior to January 1, 2019.

REDESIGN CPST & PSR SERVICES

Will provisionally licensed individuals be able to provide assessment and treatment planning?
No, this requirement has not changed. Assessment and treatment planning must be completed by LMHPs. Provisionally licensed individuals can provide the counseling and clinical psychoeducation components of CPST and bill at the same rate.
The legislation has been amended to reflect language changes that state CPST will reduce and restore skill building, rather than "assisting" with skill building. Is it the intent that skill building still be a component of CPST?
No, all skill building components will be under the service definition for PSR.

Will skills building be scrutinized under definition of “medical necessity” if outlined in the treatment plan?
Medical necessity is required for all services. It is the responsibility of the provider to demonstrate the medical necessity of the service for the member. Given that these services require a prior authorization, the documents required by the MCOs as part of the prior authorization process should include information that supports that the member meets the medical necessity.

What is the staff to client ratio, and will it change?
No, there are no changes to the staff to client ratio for CPST or PSR services.

What will happen with supervision hours? Will everyone still be required to do supervision?
PSR supervision hours will remain the same.

Does this mean master’s level staff who are not on a licensure track, won’t be able to provide CPST?
Yes. The definition of CPST is changing to include a more clinical focus, adding the component of counseling. This requires that professionals rendering CPST have a level of certification or licensure that allows them to practice clinical counseling in the state of Louisiana.

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Do I get paid more?
CPST and PSR rates will both increase as a result of the redesigned program.

When do the rates change? When will the PSR rate increase for master’s level?
Rates will change with the effective date of the new provisions.

What if I can’t afford to hire licensed staff?
New rates have been developed that take into account the proposed staffing and programmatic changes.

Would PSR authorizations increase? Will the number of units remain the same?
We expect utilization of PSR to increase. Authorizations are based on medical necessity of the individual being served.

Are the MCOs going to open access to providing CPST and PSR which was has been closed to some MHR?
The MCOs will be required to ensure adequate access to all Medicaid covered services, including CPST as it is newly designed and PSR.

With the redesign, will there be any changes to the coding for assessments and/or treatment planning and the authorization for these components?
OBH is reviewing requirements and coding options for these components and is discussing internally to determine how to operationalize and implement any changes.
What does [the proposed rates table] say for non-related, but grandfathered degrees?
Grandfathered PSR staff with high school diplomas will continue to bill at the same rate, plus an increase for PSH rates and PSR group rates.

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<td><strong>When does this start? When would the proposed changes take effect?</strong></td>
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<td>Changes will require federal approval by the Centers for Medicare and Medicaid Services (CMS). In addition, LDH has agreed to work with providers and provider associations to ensure providers have enough time to prepare for implementation of the changes. LDH does not expect changes to be effective prior to January 1, 2023.</td>
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<td><strong>Will there be a continuation of the pre-Covid provider and stakeholder meetings to gain feedback prior to any new legislation moving forward?</strong></td>
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<td>Following passage of the MHR bill, OBH plans to tour the state to provide opportunities for in-person education and training to providers associated with changes to the services. Information about future presentations and meeting dates will be posted at <a href="https://ldh.la.gov/page/3829">https://ldh.la.gov/page/3829</a>.</td>
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<td><strong>How will the redesign of CPST impact evidence based programs such as FFT, FFT-CW, Homebuilders and MST that fall under the umbrella of CPST given that these national models have different individual provider qualifications that do not require a provider to be provisionally licensed?</strong></td>
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<td>The MHR redesign will have no impact on these evidence-based programs. These programs will continue to be implemented in accordance with the evidence-based model for their program.</td>
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<td><strong>How many providers were involved in coming up with this redesign?</strong></td>
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<td>The proposed changes were built with MHR provider stakeholder feedback. OBH held monthly meetings with MHR providers and MCOs for over a year and a half to develop and implement reforms to the MHR program. In particular, two workgroups were formed to discuss treatment planning and reform definitions of CPST and PSR. Recommendations from these workgroups were discussed with the full stakeholder group at the monthly meetings. Over 100 providers attended each monthly stakeholder group, and workgroups had as many as 50 plus providers participate. Other involved participants included legislators, the LLA and the AG’s office.</td>
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<td><strong>If I have concerns, who can I contact?</strong></td>
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<td>Providers can send questions or comments to <a href="mailto:bhproviders@la.gov">bhproviders@la.gov</a>.</td>
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