



Conversation on Behavioral Health

Louisiana Department of Health, Office of Behavioral Health

Agenda

- Department of Justice Agreement
- Mental Health Rehabilitation - Act 582
- Substance Use/Opioid Strategic Plan
- Managed Care
- Evidence Based Practices Initiatives
- 10 Minute Break
- Comments and Questions

Department of Justice (DOJ) Agreement

DOJ Agreement Goals

“With this Agreement, the Parties intend to achieve the goals of serving individuals with serious mental illness in the most integrated setting appropriate to their needs, to honor the principles of self-determination and choice, and to provide quality services in integrated settings to achieve these goals.”

- Divert individuals with serious mental illness away from inappropriate nursing facility placements by requiring comprehensive evaluations and services designed to enable them to live in community-based settings; and
- Identify people with serious mental illness who have been admitted to nursing facilities but are able to and would like to transition to the community, and provide them with transition and discharge planning and community-based services sufficient to meet their needs.

Link to Agreement:

<https://www.justice.gov/opa/press-release/file/1068906/download>

Implementation of “My Choice Louisiana”

- Program has been formally named, “My Choice Louisiana”
- Website has been developed to which resources, when developed, will be posted. The web address is: <http://www.ldh.la.gov/mychoice>
- Began the process of meeting with a core stakeholder group and national consultants to review the array of services currently offered within the behavioral-health system of care.
- Anyone admitted to a nursing facility is required to have an evaluation called a PASRR.
 - PASRR authorizations by the Level I and Level II authorities have been modified to ensure more frequent evaluation of individuals approved for NF placement.
 - For those PASRR Level II requests in which the applicant has both a mental illness and suspected Alzheimer's or other dementia-related condition, the Level II authority has refined the documentation requirements to verify primary Alzheimer's/dementia and rule out differential diagnosis possibilities.

Nursing Facility Transitions

- Transition Coordinators (TC) are LDH employees located across the state to assist, face to face, with assessments and assistance with transitions out of the NF for members of the DOJ target population.
 - Transition Coordinators have increased collaborations with MCOs for the provision of Case Management and linking members of the target population with services.
 - Since the implementation of the program, 24 individuals have transitioned into the community.
- MCOs maintain an internal point of contact for NF transitions.
- **You may see an increase in the emphasis on provision of BH services in NF to this population and linkages with service providers upon transition out of NF.**

Mental Health Rehabilitation and Act 582

Act 582 Requirements

Effective May 31, 2018, **provider agencies** must:

- Be licensed as a BHSP agency;
- Implement a Member Choice Form;
- Be credentialed and contracted as network provider;
- Employ at least one full-time (min. 35 hours per week) physician or LMHP to supervise;
 - Limited to these practitioner types:
 - Medical psychologist
 - Licensed psychologist
 - Licensed Advanced Practice Registered Nurse (APRN) with specialization in BH
 - Licensed Clinical Social Worker (LCSW)
 - Licensed Professional Counselor (LPC)
 - Licensed Marriage & Family Therapist (LMFT)
- Ensure each unlicensed staff receives at least one (1) hour per month of personal supervision and training from the agency's MH supervisor.

Act 582 Requirements

Effective January 1, 2019, **provider agencies** must:

- Be accredited by the Commission on Accreditation of Rehabilitation Facilities (CARF), the Council on Accreditation (COA), or The Joint Commission (TJC).
 - *Prior to January 1, 2019*, BHSP agencies were required to apply for full accreditation and attain it within 18 months of their initial accreditation application date.
 - *Effective January 1, 2019*, agencies must show proof of full accreditation or obtain a preliminary accreditation prior to being contracted with a Medicaid health plan.
 - What does each national accrediting body call this temporary accreditation status?
 - CARF - preliminary
 - COA - provisional
 - TJC - early survey
 - Providers must still attain a full accreditation status within 18 months of their initial accreditation application date and provide proof to each health plan with which they are contracted. Must maintain proof of continuous accreditation at all times.
- Include agency's National Provider Identification (NPI) number as well as the rendering staff's NPI number on all CPST and PSR claims submitted for Medicaid reimbursement.

Act 582 Requirements

Effective January 1, 2019, **individual staff** must:

- Include their NPI number on all CPST and PSR claims submitted for Medicaid reimbursement.
- Individuals rendering PSR services must have a minimum of a bachelor's degree in counseling, social work, psychology or sociology (includes grandfather clause).
- Individuals rendering CPST services must have a minimum of a bachelor's degree in counseling, social work, psychology or sociology (no grandfather clause).

Act 582 Resources

Act 582 is not an all inclusive source of qualifications and requirements for providing CPST and PSR services for Medicaid reimbursement. Providers must meet all state and federal requirements to provide these services and be reimbursed for them.

- Informational Bulletin 18-14 outlines Act 582 requirements
<http://ldh.la.gov/index.cfm/page/1198>
- Behavioral Health Service Provider (BHSP) license requirements
<http://ldh.la.gov/index.cfm/directory/detail/7950/catid/154>
- Medicaid Behavioral Health Services Provider Manual
https://www.lamedicaid.com/provweb1/Providermanuals/BHS_Main.htm
- Monthly MCO/MHR provider workgroup hosted by LDH. Contact LDHlistens@la.gov to be added to the notifications.

Substance Use/Opioid Strategic Plan

Opioid Epidemic: LDH Approach

- Advisory Council on Heroin and Opioid Prevention and Education (H.O.P.E. Council) - Act 88 of the 2017 Regular Session
 - Data and Surveillance Committee
 - Coordination Plan Committee
- LDH Steering Committee led by the LDH opioid coordinator working with OBH, OPH, Medicaid, and Communications Dept.
- CMS 1115 Demonstration Waiver
- Local/Regional Response
 - Local Governing Entities - liaison with 10 Local Governing Entities/Human Services Districts (LGEs), 10 Opioid Treatment Programs (OTPs), and 5 Managed Care Organization (MCOs)
 - Outreach to Data Waivered physicians; Office Based Opioid Treatment
- LDH website: <http://ldh.la.gov/opioids>

Louisiana's State Response

- Development of a Strategic Plan addressing:
 - Better data
 - Prevention initiatives
 - Intervention
 - Treatment
 - Recovery
- Grants providing models for delivering prevention, treatment, and recovery services:

Strategic Prevention Framework-Prescription Drug Abuse (SPF-RX): 2015 - \$371,616/year for 5 yrs

Medication Assisted Treatment - Prescription Drug Opioid Abuse (MAT-PDOA): 2016 - \$1m/year for 3 yrs

State Targeted Response Grant (STR): 2017 - \$8.1m/year for 2 yrs

State Opioid Response Grant (LaSOR): 2018 - \$11m/year for 2 yrs

Managed Care

Managed Care

- Covered Medicaid services authority documents:

- State plan
- Rules
- Licensing requirements
- Waivers

- Provider manual link:

https://www.lamedicaid.com/provweb1/Providermanuals/BHS_Main.htm

- Provider complaint escalation

- IB 19-3 http://www.lhdh.la.gov/assets/docs/BayouHealth/Informational_Bulletins/2019/IB19-3.pdf
- ProviderRelations@la.gov

Evidence-Based Practices Initiative

Evidence-Based Practices Initiatives

- **Medication Assisted Treatment (MAT)** is the use of medications, in combination with counseling and behavioral therapies to provide a “whole-patient” approach to the treatment of substance use disorders.

OBH has several grant opportunities that are addressing the opioid epidemic.

- **The Center for Evidence to Practice** is an OBH-led collaboration with the LSUHSC School of Public Health.

Mission: expand access to Evidence-Based Practices in behavioral health, by serving as a hub for training and implementation of EBPs for youth.

- **The Building Bridges Initiative** is a national movement to ensure that residential treatment for youth uses research-based approaches to support positive outcomes for youth.

OBH has engaged a collaborative including DCFS, OJJ, as well as PRTF and TGH providers to implement these practices in LA residential treatment programming.

10 Minute Break

Comments and Questions