



State of Louisiana
Department of Health and Hospitals
Office of the Secretary

March 10, 2011

Mr. Bill Brooks
Associate Regional Administrator
Division of Medicaid & Children's Health
DHHS/Centers for Medicare and Medicaid Services
1301 Young Street, Room #833
Dallas, Texas 75202

Re: Louisiana Title XIX State Plan Amendments and Waiver Applications
Louisiana Behavioral Health Coordinated System of Care (CSoC)

Dear Mr. Brooks:

The State of Louisiana is undertaking the development of a behavioral health Coordinated System of Care (CSoC). In an effort to enhance service quality, facilitate access to care, and effectively manage costs, Louisiana proposes to restructure the current service delivery mechanisms by developing and implementing a comprehensive system for behavioral health services that will be a coordinated system of care. The comprehensive system of behavioral health services is designed to provide an array of Medicaid State Plan and home and community-based waiver services to:

- all eligible children and youth in need of mental health and substance abuse care;
- adults with serious and persistent mental illness or co-occurring disorders of mental illness and substance use; and
- at-risk children and youth with significant behavioral health challenges or co-occurring disorders in or at imminent risk of out-of-home placement.

This comprehensive service delivery model is being developed in conjunction with the Louisiana Department of Children and Family Services, the Louisiana Department of Education, and the Louisiana Office of Juvenile Justice.

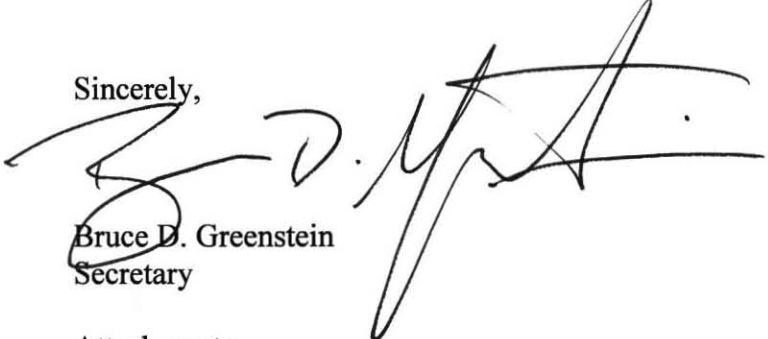
We are requesting that the following Medicaid State Plan Amendments and Medicaid Waiver Applications with a proposed effective date of January 1, 2012 be considered by CMS as a package in order to implement the coordinated system of care.

1. LA SPA TN 11-09 CSoC State Plan Compliance
2. LA SPA TN 11-10 CSoC EPSDT Other Licensed Practitioner and Rehabilitation including Substance Abuse Rehabilitation changes for adults and children

3. LA SPA TN 11-11 CSoC School Based Services
4. LA SPA TN 11-12 CSoC Psychiatric Residential Treatment Facilities
5. LA SPA TN 11-12 CSoC 1915(i) Adult Behavioral Health Services
6. LA.29.00.00 1915c waiver which will provide mental health services to severely emotionally disturbed children who meet a hospital or nursing facilities level of care. These services will also include independent living and skills building, short term respite, peer support, psycho-education, and crisis stabilization.
7. LA 28.00.00 1915b waiver which will provide for the following: Statewide Management Organization to implement the state plan amendments and waivers; substance abuse treatment for adults; physician consultations with treating mental health professionals; services as identified in the 1915c waiver for children who do not meet the criteria for that waiver, but would be institutionalized if unable to receive these services.

We appreciate the assistance of the CMS regional and central staff as we begin this process.

Sincerely,


Bruce D. Greenstein
Secretary

Attachments

Bobby Jindal
GOVERNOR



Bruce D. Greenstein
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of the Secretary

March 10, 2011

Mr. Bill Brooks
Associate Regional Administrator
Division of Medicaid & Children's Health
DHHS/Centers for Medicare and Medicaid Services
1301 Young Street, Room #833
Dallas, Texas 75202

Re: Louisiana Title XIX State Plan
Transmittal No. 11-10

Dear Mr. Brooks:

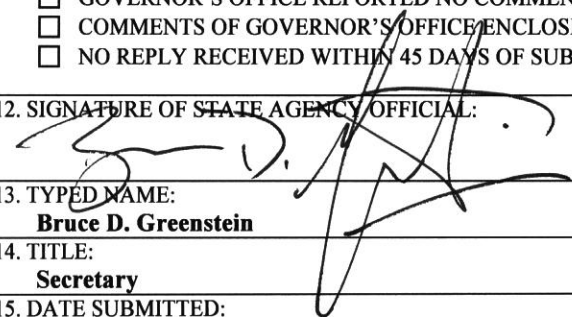
I have reviewed and approved the enclosed Louisiana Title XIX State Plan material. This amendment is part of the package to implement a behavioral health Coordinated System of Care (CSoC)

I recommend this material for adoption and inclusion in the body of the State Plan.

Sincerely,


Bruce D. Greenstein
Secretary

Attachments

TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL FOR: HEALTH CARE FINANCING ADMINISTRATION		1. TRANSMITTAL NUMBER: <div style="text-align: center;">11-10</div>	2. STATE <div style="text-align: center;">Louisiana</div>
		3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL SECURITY ACT (MEDICAID)	
TO: REGIONAL ADMINISTRATOR HEALTH CARE FINANCING ADMINISTRATION DEPARTMENT OF HEALTH AND HUMAN SERVICES		4. PROPOSED EFFECTIVE DATE <div style="text-align: center;">January 1, 2012</div>	
5. TYPE OF PLAN MATERIAL (Check One): <input type="checkbox"/> NEW STATE PLAN <input type="checkbox"/> AMENDMENT TO BE CONSIDERED AS NEW PLAN <input checked="" type="checkbox"/> AMENDMENT <div style="text-align: center; font-size: small;">COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (Separate Transmittal for each amendment)</div>			
6. FEDERAL STATUTE/REGULATION CITATION: 42 CFR 440.60, 440.130, 440.40(b), 441 Subpart B 42 CFR 447 Subpart B		7. FEDERAL BUDGET IMPACT: a. FFY <u>2012</u> <u>\$24,617.07</u> b. FFY <u>2013</u> <u>\$33,204.42</u>	
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT: Attachment 3.1-A, Item 4b, Page 8a Attachment 3.1-A, Item 4b, Page 9 Attachment 3.1-A, Item 4b, Pages 9a, 9b, 9c, 9d, 9e, 9f, 9g Attachment 3.1-A, Item 9, Page 1 Attachment 3.1-A, Item 13d, Page 5 Attachment 3.1-A, Item 13d, Page 6 Attachment 4.19-B, Item 4b, Page 3 Attachment 4.19-B, Item 4b, Page 3a Attachment 4.19-B, Item 13d, Page 2 Attachment 4.19-B, Item 13d, Page 3 <u>Remove:</u> Attachment 3.1-A, Item 13d, Pages 7-8 Attachment 3.1-A, Item 13d, Pages 9,10,11,11a,12,13,14,15 Attachment 3.1-A, Item 13d, Pages 16, 17 Attachment 4.19-B, Item 13d, Page 3a		9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable): Same (TN 06-34) Same (TN 00-13) None (New Pages) Same (TN 00-13) Same (TN 05-34) Same (TN 09-33) Same (TN 06-34) None (New Page) Same (TN 09-33) Same (TN 10-55) TN 05-34 TN 10-19 TN 08-07 Pending TN 10-70	
10. SUBJECT OF AMENDMENT: This amendment is part of the CSoC behavioral health service package. This amendment establishes the mental health for children and youth including expansion of services offered by licensed mental health professionals and rehabilitative services; changes substance abuse rehabilitative services for children and adults; and replaces existing provisions.			
11. GOVERNOR'S REVIEW (Check One): <input type="checkbox"/> GOVERNOR'S OFFICE REPORTED NO COMMENT <input checked="" type="checkbox"/> OTHER, AS SPECIFIED: <input type="checkbox"/> COMMENTS OF GOVERNOR'S OFFICE ENCLOSED The Governor does not review state plan material. <input type="checkbox"/> NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL			
12. SIGNATURE OF STATE AGENCY OFFICIAL: 		16. RETURN TO: Don Gregory, Medicaid Director Department of Health and Hospitals 628 N. 4th Street PO Box 91030 Baton Rouge, LA 70821-9030	
13. TYPED NAME: Bruce D. Greenstein			
14. TITLE: Secretary			
15. DATE SUBMITTED: March 10, 2011			
FOR REGIONAL OFFICE USE ONLY			
17. DATE RECEIVED:		18. DATE APPROVED:	
PLAN APPROVED – ONE COPY ATTACHED			
19. EFFECTIVE DATE OF APPROVED MATERIAL:		20. SIGNATURE OF REGIONAL OFFICIAL:	
21. TYPED NAME:		22. TITLE:	
23. REMARKS:			

LOUISIANA TITLE XIX STATE PLAN**TRANSMITTAL #:** 11-10**TITLE:** CSoC EPSDT Other Licensed Practitioner and Rehabilitation including Substance Abuse
Rehabilitation changes for adults and children**EFFECTIVE DATE:** January 1, 2012**FISCAL IMPACT:**Increase**Total Increase in Cost FFY** 2012

Adult Substance Abuse Treatment

January 2012 - September 2012 9 months

= \$7,700,000

Children's Services

January 2012 - September 2012 9 months

= \$31,000,000
\$38,700,000**FFP (FFY 2012) = \$38,700,000 X 63.61% = \$24,617,070****Total Increase in Cost FFY** 2013

Adult Substance Abuse Treatment

October 2012 - September 2013 12 months

= \$10,200,000

Children's Services

October 2012 - September 2013 12 months

= \$42,000,000
\$52,200,000**FFP (FFY 2013) = \$52,200,000 X 63.61% = \$33,204,420**

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:

Medical and Remedial Care and Services
Item 4.b, EPSDT services (Cont'd)

Licensed Mental Health Practitioner (LMHP):
42 CFR 440.60 - Other Licensed Practitioners

A licensed mental health practitioner (LMHP) is an individual who is licensed in the State of Louisiana to diagnose and treat mental illness or substance abuse acting within the scope of all applicable state laws and their professional license. A LMHP includes individuals licensed to practice independently:

- Medical Psychologists
- Licensed Psychologists
- Licensed Clinical Social Workers (LCSWs)
- Licensed Professional Counselors (LPCs)
- Licensed Marriage and Family Therapists (LMFTs)
- Licensed Addiction Counselors (LACs)
- Advanced Practice Registered Nurses (must be a nurse practitioner specialist in Adult Psychiatric & Mental Health, and Family Psychiatric & Mental Health or a Certified Nurse Specialists 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)

Providers cannot provide services or supervision under this section if they are a provider who is excluded from participation in Federal health care programs under either section 1128 or section 1128A of the Social Security Act. In addition, they may not be debarred, suspended, or otherwise excluded from participating in procurement activities under the State and Federal laws, regulations, and policies including the Federal Acquisition Regulation, , and Executive Order No. 12549. In addition, providers who are an affiliate, as defined in the Federal Acquisition Regulation, of a person excluded, debarred, suspended or otherwise excluded under State and Federal laws, regulations, and policies may not participate.

All services must be authorized. Services which exceed the limitation of the initial authorization must be approved for re-authorization prior to service delivery. In addition to licensure, service providers that offer addiction services must demonstrate competency as defined by the Department of Health and Hospitals, state law (Louisiana R.S. 37:3387 et seq.) and regulations. Anyone providing addiction or behavioral health services must be certified by DHH, in addition to their scope of practice license. LMFTs and LACs are not permitted to diagnose under their scope of practice under state law. LPCs are limited by scope of practice under state law to diagnosing conditions or disorders requiring mental health counseling and may not use appraisal instruments, devices or procedures for the purpose of treatment planning, diagnosis, classification or description of mental and emotional disorders and disabilities, or of disorders of personality or behavior, which are outside the scope of personal problems, social concerns, educational progress and occupations and careers. Per the State's practice act and consistent with State Medicaid Regulation, Medical and Licensed Psychologists may supervise up to two Clinical Psychologists.

Inpatient hospital visits are limited to those ordered by the individual's physician. Visits to nursing facility are allowed for psychologists if a PASRR (Preadmission Screening and Resident Review) indicates it is medically necessary treatment. Social worker visits are included in the Nursing Visit and may not be billed separately. Visits to ICF-MR facilities are non-covered. All LMHP services provided while a person is a resident of an IMD such as a free standing psychiatric hospital or psychiatric residential treatment facility are content of the institutional service and not otherwise reimbursable by Medicaid. Evidence-based Practices require prior approval and fidelity reviews on an ongoing basis as determined necessary by DHH. A unit of service is defined according to the HCPCS approved code set unless otherwise specified.

TN# _____	Approval Date _____	Effective Date <u>January 1, 2012</u>
Supersedes		
TN# <u>06-34</u>		

AMOUNT, DURATION, AND SCOPE OF MEDICAL AND REMEDIAL CARE AND SERVICES PROVIDED
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Medical and Remedial Care and Services
Item 4.b, EPSDT services (Cont'd)

Rehabilitation Services:
42 CFR 440.130(d)

The following explanation and limitations apply to all rehabilitation services, which are the following:

- Community Psychiatric Support and Treatment
- Psychosocial Rehabilitation
- Crisis Intervention
- Treatment Group Home

These rehabilitation services are provided as part of a comprehensive specialized psychiatric program available to all Medicaid eligible children with significant functional impairments resulting from an identified mental health or substance abuse diagnosis. The medical necessity for these rehabilitative services must be determined by a licensed mental health practitioner or physician who is acting within the scope of his/her professional licensed and applicable state law and furnished by or under the direction of a licensed practitioner, to promote the maximum reduction of symptoms and/or restoration of a individual to his/her best age-appropriate functional level.

Limitations:

Services are subject to prior approval, must be medically necessary and must be recommended by a licensed mental health practitioner or physician according to an individualized treatment plan. The activities included in the service must be intended to achieve identified treatment plan goals or objectives. The treatment plan should be developed in a person-centered manner with the active participation of the individual, family and providers and be based on the individual's condition and the standards of practice for the provision of these specific rehabilitative services. The treatment plan should identify the medical or remedial services intended to reduce the identified condition as well as the anticipated outcomes of the individual. The treatment plan must specify the frequency, amount and duration of services. The treatment plan must be signed by the licensed mental health practitioner or physician responsible for developing the plan. The plan will specify a timeline for reevaluation of the plan that is at least an annual redetermination. The reevaluation should involve the individual, family and providers and include a reevaluation of plan to determine whether services have contributed to meeting the stated goals. A new treatment plan should be developed if there is no measureable reduction of disability or restoration of functional level. The new plan should identify different rehabilitation strategy with revised goals and services.

Anyone providing addiction or mental health services must be certified by DHH, in addition to any required scope of practice license required for the facility or agency to practice in the State of Louisiana. Providers must maintain case records that include a copy of the treatment plan, the name of the individual, dates of services provided, nature, content and units of rehabilitation services provided, and progress made toward functional improvement and goals in the treatment plan.

TN# _____
Supersedes
TN# 00-13

Approval Date _____

Effective Date January 1, 2012

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
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Medical and Remedial Care and Services
Item 4.b, EPSDT services (Cont'd)

Rehabilitation Services:
42 CFR 440.130(d)

Medical necessity of the services is determined by a licensed mental health practitioner or physician conducting an assessment consistent with state law, regulation and policy. Services provided at a work site must not be job tasks oriented. Any services or components of services the basic nature of which are to supplant housekeeping, homemaking, or basic services for the convenience of a person receiving covered services (including housekeeping, shopping, child care, and laundry services) are non-covered. Services cannot be provided in an institution for mental disease (IMD). Room and board is excluded from any rates provided in a residential setting. Evidence-based Practices require prior approval and fidelity reviews on an ongoing basis as determined necessary by DHH.

Services provided to children and youth must include communication and coordination with the family and/or legal guardian and custodial agency for children in state custody. Coordination with other child serving systems should occur as needed to achieve the treatment goals. All coordination must be documented in the youth's medical record. Services may be provided at a site-based facility, in the community or in the individual's place of residence as outlined in the Plan of Care. Components that are not provided to, or directed exclusively toward the treatment of, the Medicaid eligible individual are not eligible for Medicaid reimbursement.

A unit of service is defined according to the HCPCS approved code set unless otherwise specified.

Definitions:

The services are defined as follows:

1. Community Psychiatric Support and Treatment (CPST) are goal directed supports and solution-focused interventions intended to achieve identified goal or objectives as set forth in the individual's individualized treatment plan. CPST is a face-to-face intervention with the individual present; however, family or other collaterals may also be involved. CPST contacts may occur in community or residential locations where the person lives, works, attends school, and/or socializes.

This service may include the following components:

- A. Assist the individual and family members or other collaterals to identify strategies or treatment options associated with the individual's mental illness, with the goal of minimizing the negative effects of mental illness symptoms or emotional disturbances or associated environmental stressors which interfere with the individual's daily living, financial management, housing, academic and/or employment progress, personal recovery or resilience, family and/or interpersonal relationships, and community integration.
- B. Individual supportive counseling, solution focused interventions, emotional and behavioral management, and problem behavior analysis with the individual, with the goal of assisting the individual with developing and implementing social, interpersonal, self care, daily living and independent living skills to restore stability, to support functional gains, and to adapt to community living.

TN# _____ Approval Date _____ Effective Date January 1, 2012

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Medical and Remedial Care and Services
Item 4.b, EPSDT services (Cont'd)

Rehabilitation Services:
42 CFR 440.130(d)

- C. Participation in and utilization of strengths based planning and treatments which include assisting the individual and family members or other collaterals with identifying strengths and needs, resources, natural supports and developing goals and objectives to utilize personal strengths, resources, and natural supports to address functional deficits associated with their mental illness.
- D. Assist the individual with effectively responding to or avoiding identified precursors or triggers that would risk their remaining in a natural community location, including assisting the individual and family members or other collaterals with identifying a potential psychiatric or personal crisis, developing a crisis management plan and/or as appropriate, seeking other supports to restore stability and functioning.

Provider qualifications: Must have a MA/MS degree to provide all aspects of CPST including counseling. Other aspects of CPST except for counseling may otherwise be performed by an individual with BA/BS or four years of equivalent education and/or experience working in the human services field. Certification in the State of Louisiana to provide the service, which includes criminal, abuse/neglect registry and professional background checks, and completion of a state approved standardized basic training program.

Limitations: Caseload Size must be based on the needs of the clients/families with an emphasis on successful outcomes and individual satisfaction and must meet the needs identified in the individual treatment plan. The CPST provider must receive regularly scheduled clinical supervision from a person meeting the qualifications of a LMHP or PIHP-designated LMHP with experience regarding this specialized mental health service. All analysis of problem behaviors must be performed under the supervision of a licensed psychologist/medical psychologist.

- 2. Psychosocial Rehabilitation (PSR) services are designed to assist the individual compensate for or eliminate functional deficits and interpersonal and/or environmental barriers associated with their mental illness. Activities included must be intended to achieve the identified goals or objectives as set forth in the individual's individualized treatment plan. The intent of psychosocial rehabilitation is to restore the fullest possible integration of the individual as an active and productive member of his or her family, community, and/or culture with the least amount of ongoing professional intervention. PSR is a face-to-face intervention with the individual present. Services may be provided individually or in a group setting. PSR contacts may occur in community or residential locations where the person lives, works, attends school, and/or socializes.
 - A. Restoration, rehabilitation and support with the development of social and interpersonal skills to increase community tenure, enhance personal relationships, establish support networks, increase community awareness, develop coping strategies, and promote effective functioning in the individual's social environment including home, work and school.

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Medical and Remedial Care and Services
Item 4.b, EPSDT services (Cont'd)

Rehabilitation Services:
42 CFR 440.130(d)

- B. Restoration, rehabilitation and support with the development of daily living skills to improve self management of the negative effects of psychiatric or emotional symptoms that interfere with a person's daily living. Supporting the individual with development and implementation of daily living skills and daily routines critical to remaining in home, school, work, and community.
- C. Implementing learned skills so the person can remain in a natural community location.
- D. Assisting the individual with effectively responding to or avoiding identified precursors or triggers that result in functional impairments.

Provider Qualifications: Must be at least 18 years old, and have a high school diploma or equivalent. Additionally, the provider must be at least three years older than an individual under the age of 18. Certification in the State of Louisiana to provide the service, which includes criminal, abuse/neglect registry and professional background checks, and completion of a state approved standardized basic training program.

Limitations: Limit of 750 hours of group psychosocial rehabilitation per calendar year. This limit can be exceeded when medically necessary through prior authorization. The PSR provider must receive regularly scheduled clinical supervision from a person meeting the qualifications of a LMHP or PIHP-designated LMHP with experience regarding this specialized mental health service.

- 3. Crisis Intervention (CI) services are provided to a person who is experiencing a psychiatric crisis, designed to interrupt and/or ameliorate a crisis experience including an preliminary assessment, immediate crisis resolution and de-escalation, and referral and linkage to appropriate community services to avoid more restrictive levels of treatment. The goals of Crisis Interventions are symptom reduction, stabilization, and restoration to a previous level of functioning. All activities must occur within the context of a potential or actual psychiatric crisis. Crisis Intervention is a face-to-face intervention and can occur in a variety of locations, including an emergency room or clinic setting, in addition to other community locations where the person lives, works, attends school, and/or socializes.
 - A. A preliminary assessment of risk, mental status, and medical stability; and the need for further evaluation or other mental health services. Includes contact with the client, family members or other collateral sources (e.g. caregiver, school personnel) with pertinent information for the purpose of a preliminary assessment and/or referral to other alternative mental health services at an appropriate level.
 - B. Short-term crisis interventions including crisis resolution and de-briefing with the identified Medicaid eligible individual.

TN# _____ Approval Date _____
TN# None-New Page

Effective Date January 1, 2012

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Item 4.b, EPSDT services (Cont'd)

Rehabilitation Services:
42 CFR 440.130(d)

- C. Follow-up with the individual, and as necessary, with the individuals' caretaker and/or family members.
- D. Consultation with a physician or with other qualified providers to assist with the individuals' specific crisis

Provider Qualifications: Must be at least 20 years old and have an AA/AS degree or two years of equivalent education and/or experience working in the human services field. Additionally, the provider must be at least three years older than an individual under the age of 18. Certification in the State of Louisiana to provide the service, which includes criminal, abuse/neglect registry and professional background checks, and completion of a state approved standardized basic training program.

Limitations: All individuals who self identify as experiencing a seriously acute psychological/emotional change which results in a marked increase in personal distress and which exceeds the abilities and the resources of those involved to effectively resolve it are eligible. An individual in crisis may be represented by a family member or other collateral contact who has knowledge of the individual's capabilities and functioning. Individuals in crisis who require this service may be using substances during the crisis. Substance use should be recognized and addressed in an integrated fashion as it may add to the risk increasing the need for engagement in care. The assessment of risk, mental status, and medical stability must be completed by a LMHP or PIHP-designated LMHP with experience regarding this specialized mental health service, practicing within the scope of their professional license. The crisis plan developed from this assessment and all services delivered during a crisis must be provided under the supervision of a LMHP or PIHP-designated LMHP with experience regarding this specialized mental health service, and such must be available at all times to provide back up, support, and/or consultation. Crisis services cannot be denied based upon substance use.

The Crisis Intervention provider must receive regularly scheduled clinical supervision from a person meeting the qualifications of a LMHP or PIHP-designated LMHP with experience regarding this specialized mental health service. Crisis Intervention – Emergent is limited to 6 hours per episode. Crisis Intervention – Ongoing is limited to 66 hours per episode. An episode is defined as the initial face to face contact with the individual until the current crisis is resolved, not to exceed 14 days. The individual's chart must reflect resolution of the crisis which marks the end of the current episode. If the individual has another crisis within 7 calendar days of a previous episode, it shall be considered part of the previous episode and a new episode will not be allowed.

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Rehabilitation Services:
42 CFR 440.130(d)

4. Therapeutic Group Homes (TGHs) provide a community-based residential service in a home-like setting of no greater than eight beds under the supervision and program oversight of a psychiatrist or psychologist. The treatment should be targeted to support the development of adaptive and functional behaviors that will enable the child or adolescent to remain successfully in his/her home and community, and to regularly attend and participate in work, school or training. TGHs deliver an array of clinical and related services within the home including psychiatric supports, integration with community resources and skill-building taught within the context of the home-like setting. TGH treatment must target reducing the severity of the behavioral health issue that was identified as the reason for admission. Most often, targeted behaviors will relate directly to the child or adolescent's ability to function successfully in the home and school environment (e.g., compliance with reasonable behavioral expectations; safe behavior and appropriate responses to social cues and conflicts). Treatment must:
- Focus on reducing the behavior and symptoms of the psychiatric disorder that necessitated the removal of the child or adolescent from his/her usual living situation
 - Decrease problem behavior and increase developmentally-appropriate, normative and pro-social behavior in children and adolescents who are in need of out-of-home placement
 - Transition child or adolescent from therapeutic group home to home or community based living with outpatient treatment (e.g., individual and family therapy).

Less intensive levels of treatment must have been determined to be unsafe, unsuccessful or unavailable. The child must require active treatment that would not be able to be provided at a less restrictive level of care is being provided on a 24-hour basis with direct supervision/oversight by professional behavioral health staff. The setting must be ideally situated to allow ongoing participation of the child's family. The child or adolescent must attend a school in the community (e.g., a school integrated with children not from the institution and not on the institution's campus). In this setting, the child or adolescent remains involved in community-based activities and may attend a community educational, vocational program or other treatment setting.

TGHs provide twenty-four hours/day, seven days/week structured and supportive living environment. However, Medicaid does not reimburse for supervision. Care coordination is provided to plan and arrange access to a range of educational and therapeutic services. Psychotropic medications should be used with specific target symptoms identification, with medical monitoring and 24-hour medical availability, when appropriate and relevant. Screening and assessment is required upon admission and every 14 days thereafter to track progress and revise the treatment plan to address any lack of progress and to monitor for current medical problems and concomitant substance use issues. The individualized, strengths-based services and supports:

- Are identified in partnership with the child or adolescent and the family and support system, to the extent possible, and if developmentally appropriate
- Are based on both clinical and functional assessments
- Are clinically monitored and coordinated, with 24-hour availability
- Are implemented with oversight from a licensed mental health professional
- Assist with the development of skills for daily living and support success in community settings, including home and school

The TGH is required to coordinate with the child or adolescent's community resources, with the goal of transitioning the youth out of the program as soon as possible and appropriate. Discharge planning begins upon admission with concrete plans for the child to transition back into the community beginning within the first week of admission with clear action steps and target dates outlined in the treatment plan. The treatment plan must include behaviorally-measurable discharge goals.

TN# _____ Approval Date _____ Effective Date January 1, 2012

Supersedes

TN# None-New Page

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Item 4.b, EPSDT services (Cont'd)

Rehabilitation Services:
42 CFR 440.130(d)

For treatment planning, the program must use a standardized assessment and treatment planning tool such as the Child and Adolescent Needs and Strengths. The assessment protocol must differentiate across life domains, as well as risk and protective factors, sufficiently so that a treatment plan can be tailored to the areas related to the presenting problems of each youth and their family in order to ensure targeted treatment. The tool should also allow tracking of progress over time. The specific tools and approaches used by each program must be specified in the program description and are subject to approval by the State. In addition, the program must ensure that requirements for pretreatment assessment are met prior to treatment commencing. Annually, facilities must submit documentation demonstrating compliance with fidelity monitoring for at least two evidence-based practices (EBP) and/or one level of ASAM criteria. The State must approve the auditing body providing the EBP/ASAM fidelity monitoring. TGH facilities may specialize and provide care for sexually deviant behaviors, substance abuse, or dually diagnosed individuals. If a program provides care to any of these categories of youth, the program must submit documentation regarding the appropriateness of the research-based, trauma-informed programming and training, as well as compliance with the ASAM level of care being provided.

For service delivery, the program must incorporate at least two research-based approaches pertinent to the sub-populations of TGH clients to be served by the specific program. The specific research-based models to be used should be incorporated into the program description and submitted to the State for approval. All research-based programming in TGH settings must be approved by the State. For milieu management, all programs should also incorporate some form of research-based, trauma-informed programming and training, if the primary research-based treatment model used by the program does not.

Provider Qualifications: A Therapeutic Group Home must be accredited and licensed as residential treatment facility by the Louisiana DHH and may not exceed eight beds. TGH staff must be supervised by a psychiatrist or psychologist with experience in evidence-based treatments. Staff includes paraprofessional, Master's and Bachelor's level staff. At least 21 hours of active treatment per week for each child is required to be provided by qualified staff (e.g., having a certification in the EBPs selected by the facility and/or licensed practitioners operating under their scope of practice in Louisiana), consistent with each child's treatment plan and meeting assessed needs.

Direct care staff must be at least 18 years old, and have a high school diploma or equivalent. Additionally, the direct care staff must be at least three years older than an individual under the age of 18. Certification in the State of Louisiana to provide the service, which includes criminal, abuse/neglect registry and professional background checks, and completion of a state approved standardized basic training program.

Staffing schedules shall reflect overlap in shift hours to accommodate information exchange for continuity of youth treatment, adequate numbers of staff reflective of the tone of the unit, appropriate staff gender mix and the consistent presence and availability of professional staff. In addition, staffing schedules should ensure the presence and availability of professional staff on nights and weekends, when parents are available to participate in family therapy and to provide input on the treatment of their child.

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Supersedes
TN# None-New Page

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:

Medical and Remedial Care and Services
Item 4.b, EPSDT services (Cont'd)

Rehabilitation Services:
42 CFR 440.130(d)

Unit of Service: Reimbursement for the TGH is based on a daily rate for the skill building provided by unlicensed practitioners.

Limitations: Licensed psychologists and LMHP bill for their services separately under the approved State Plan for EPSDT Other Licensed Practitioners. The psychiatrist or psychologist must provide twenty-four (24) hour, on-call coverage seven (7) days a week. The psychologist or psychiatrist must see the client at least once, prescribe the type of care provided, and, if the services are not time-limited by the prescription, review the need for continued care every 14 days. Although the psychologist or psychiatrist does not have to be on the premises when his/her client is receiving covered services, the supervising practitioner must assume professional responsibility for the services provided and assure that the services are medically appropriate. Therapy (individual, group and family, whenever possible) and ongoing psychiatric assessment and intervention (by a psychiatrist) are required of TGH, but provided and billed separately by licensed practitioners for direct time spent.

TGHs are located in residential communities in order to facilitate community integration through public education, recreation and maintenance of family connections. The facility is expected to provide recreational activities for all enrolled children but not use Medicaid funding for payment of such non-Medicaid activities. Medicaid does not reimburse for room and board.

TGHs may not be Institutions for Mental Disease. Each organization owning Therapeutic Group Homes must ensure that the definitions of institutions are observed and that in no instance does the operation of multiple TGH facilities constitute operation of an Institution of Mental Disease. All new construction, newly acquired property or facility or new provider organization must comply with facility bed limitations not to exceed eight beds. Existing facilities may not add beds if the bed total would exceed eight beds in the facility.

Average Length of stay ranges from 14 days to 120 days. TGH programs focusing on transition or short-term crisis are typically in the 14 to 30 day range. Discharge will be based on the child no longer making adequate improvement in this facility (and another facility is being recommended) or the child is no longer having medical necessity at this level of care. Continued TGH stay should be based on a clinical expectation that continued treatment in the TGH can reasonably be expected to achieve treatment goals and improve or stabilize the child or adolescent's behavior, such that this level of care will no longer be needed and the child or adolescent can return to the community. Transition should occur to a more appropriate level of care (either more or less restrictive) if the child or adolescent is not making progress toward treatment goals and there is no reasonable expectation of progress at this level of care (e.g., child or adolescent's behavior and/or safety needs requires a more restrictive level of care, or alternatively, child or adolescent's behavior is linked to family functioning and can be better addressed through a family/home-based treatment).

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 BELOW:

Medical and Remedial
Care and Services
440.130 Item 13.d. (cont'd)

Rehabilitation Services:
42 CFR 440.130(d)

4. Addiction services include an array of individual centered outpatient, intensive outpatient, and residential services consistent with the individual's assessed treatment needs, with a rehabilitation and recovery focus designed to promote skills for coping with and managing substance abuse symptoms and behaviors. These services are designed to help individuals achieve changes in their substance abuse behaviors. Services should address an individual's major lifestyle, attitudinal and behavioral problems that have the potential to undermine the goals of treatment. Outpatient services may be indicated as an initial modality of service for an individual whose severity of illness warrants this level of treatment, or when an individual's progress warrants a less intensive modality of service than they are currently receiving. Intensive outpatient treatment is provided any time during the day or week and provides essential skill restoration and counseling services. Outpatient, intensive outpatient, and residential services are delivered on an individual or group basis in a wide variety of settings including treatment in residential settings of 16 beds or less designed to help individuals achieve changes in their substance abuse behaviors.

Limitations:

These rehabilitation services are provided as part of a comprehensive specialized psychiatric program available to all Medicaid eligible individuals with significant functional impairments resulting from an identified addiction diagnosis. Services are subject to prior approval, must be medically necessary and must be recommended by a licensed mental health practitioner or physician, who is acting within the scope of his/her professional licensed and applicable state law, to promote the maximum reduction of symptoms and/or restoration of a individual to his/her best age-appropriate functional level according to an individualized treatment plan.

The activities included in the service must be intended to achieve identified treatment plan goals or objectives. The treatment plan should be developed in a person-centered manner with the active participation of the individual, family and providers and be based on the individual's condition and the standards of practice for the provision of rehabilitative services. The treatment plan should identify the medical or remedial services intended to reduce the identified condition as well as the anticipated outcomes of the individual. The treatment plan must specify the frequency, amount and duration of services. The treatment plan must be signed by the licensed mental health practitioner or physician responsible for developing the plan. The plan will specify a timeline for reevaluation of the plan that is at least an annual redetermination. The reevaluation should involve the individual, family and providers and include a reevaluation of plan to determine whether services have contributed to meeting the stated goals. A new treatment plan should be developed if there no measureable reduction of disability or restoration of functional level. The new plan should identify different rehabilitation strategy with revised goals and services.

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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 BELOW:

CITATION Medical and Remedial 11. Mental Health Rehabilitation Services
42 CFR Care and Services
440.130 Item 13.d. (cont'd)

Rehabilitation Services:
42 CFR 440.130(d)

4. Addiction services (cont)

Providers must maintain case records that include a copy of the treatment plan, the name of the individual, dates of services provided, nature, content and units of rehabilitation services provided, and progress made toward functional improvement and goals in the treatment plan.

Services provided to children and youth must include communication and coordination with the family and/or legal guardian. Coordination with other child serving systems should occur as needed to achieve the treatment goals. All coordination must be documented in the youth's medical record. Components that are not provided to, or directed exclusively toward the treatment of, the Medicaid eligible individual are not eligible for Medicaid reimbursement.

Services provided at a work site must not be job tasks oriented. Any services or components of services the basic nature of which are to supplant housekeeping, homemaking, or basic services for the convenience of a person receiving covered services (including housekeeping, shopping, child care, and laundry services) are non-covered. Services cannot be provided in an institute for mental disease (IMD). Room and board is excluded from any rates provided in a residential setting. American Society of Addiction Medicine levels of care require prior approval and reviews on an ongoing basis as determined necessary by DHH to document compliance with the national standards.

A unit of service is defined according to the HCPCS approved code set unless otherwise specified.

Provider qualifications: Services are provided by unlicensed professional staff, who are at least 18 years of age with a High School or equivalent diploma, according to their areas of competence as determined by degree, required levels of experience as defined by state law and regulations and departmentally approved guidelines and certifications. Anyone who is unlicensed providing addiction services must be certified under the DHH and demonstrate competency as defined by the Department of Health and Hospitals, state law (Louisiana R.S. 37:3387 et seq.) and regulations.

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STATE OF LOUISIANA

AMOUNT, DURATION AND SCOPE OF MEDICAL AND REMEDIAL CARE AND SERVICES PROVIDED

METHODS AND STANDARDS FOR ESTABLISHING PAYMENT RATES – OTHER TYPES OF CARE OR SERVICE LISTED
IN SECTION 1902(A) OF THE ACT THAT IS INCLUDED IN THE PROGRAM UNDER THE PLAN ARE DESCRIBED AS
FOLLOWS:

Medical and Remedial Care Services Item 4b (cont)

2. Standards for Payment

Reimbursement is provided to chiropractors who are licensed by the State to provide
chiropractic care and services and who are enrolled in the Medicaid program as a provider.

NOTE: Christian Science Nurses:
Christian Science Nurses are not licensed to practice in the State.

Christian Science Sanatoria:
There are no Christian Science Sanatoria facilities in the State.

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Supersedes
TN# 06-34

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Effective Date January 1, 2012

STATE OF LOUISIANA

AMOUNT, DURATION AND SCOPE OF MEDICAL AND REMEDIAL CARE AND SERVICES PROVIDED

METHODS AND STANDARDS FOR ESTABLISHING PAYMENT RATES – OTHER TYPES OF CARE OR SERVICE LISTED IN SECTION 1902(A) OF THE ACT THAT IS INCLUDED IN THE PROGRAM UNDER THE PLAN ARE DESCRIBED AS FOLLOWS:

EPSDT Rehabilitation and Other Licensed Practitioner's Behavioral Health Services

Methods and Standards for Establishing Payment Rates

Reimbursements for services are based upon a Medicaid fee schedule established by the State of Louisiana.

If a Medicare fee exists for a defined covered procedure code, then Louisiana will pay Psychologists and ARNPs at 80% of the Medicaid physician rates as outlined under Attachment 4.19-B, Item 5. If a Medicare fee exists for a defined covered procedure code, then Louisiana will pay LCSWs, LPCs, LMFTs, and LAC's as well as qualified unlicensed practitioners delivering Community Psychiatric Support and Treatment at 70% of the Medicaid physician rates as outlined under Attachment 4.19-B, Item 5.

Where Medicare fees do not exist for a covered code, the fee development methodology will build fees considering each component of provider costs as outlined below. These reimbursement methodologies will produce rates sufficient to enlist enough providers so that services under the Plan are available to individuals at least to the extent that these services are available to the general population, as required by 42 CFR 447.204. These rates comply with the requirements of Section 1902(a)(3) of the Social Security Act 42 CFR 447.200, regarding payments and consistent with economy, efficiency and quality of care. Provider enrollment and retention will be reviewed periodically to ensure that access to care and adequacy of payments are maintained. The Medicaid fee schedule will be equal to or less than the maximum allowable under the same Medicare rate, where there is a comparable Medicare rate. Room and board costs are not included in the Medicaid fee schedule.

Except as otherwise noted in the Plan, the State-developed fee schedule is the same for both governmental and private individual practitioners and the fee schedule and any annual/periodic adjustments to the fee schedule are published in the Louisiana Register. The Agency's fee schedule rate was set as of January 1, 2012 and is effective for services provided on or after that date. All rates are published on the agency's website at www.lamedicaid.com.

The fee development methodology will primarily be composed of provider cost modeling, though Louisiana provider compensation studies, cost data and fees from similar State Medicaid programs may be considered, as well. The following list outlines the major components of the cost model to be used in fee development.

- Staffing Assumptions and Staff Wages
- Employee-Related Expenses – Benefits, Employer Taxes (e.g., FICA, unemployment, and workers compensation)
- Program-Related Expenses (e.g., supplies)
- Provider Overhead Expenses
- Program Billable Units

The fee schedule rates will be developed as the ratio of total annual modeled provider costs to the estimated annual billable units.

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TN# None – New Page

STATE OF LOUISIANA

AMOUNT, DURATION AND SCOPE OF MEDICAL AND REMEDIAL CARE AND SERVICES PROVIDED

METHODS AND STANDARDS FOR ESTABLISHING PAYMENT RATES – OTHER TYPES OF CARE OR SERVICE LISTED IN SECTION 1902(A) OF THE ACT THAT IS INCLUDED IN THE PROGRAM UNDER THE PLAN ARE DESCRIBED AS FOLLOWS:

CITATION

42 CFR

447.304

440.130

Medical and Remedial

Care and Services

Item 13.d.(cont'd.)

4. The rehabilitation services provider has evaluated the client and submitted a copy of its proposed plan of services to the Prior Authorization Unit for approval.
5. The rehabilitation services provider has agreed to provide evaluation reports as requested by the Prior Authorization Unit when the plan is approved.
6. The BHSF Prior Authorization Unit has approved the plan of treatment.

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Effective Date January 1, 2012

Supersedes

TN# 09-33

STATE OF LOUISIANA

AMOUNT, DURATION AND SCOPE OF MEDICAL AND REMEDIAL CARE AND SERVICES PROVIDED

METHODS AND STANDARDS FOR ESTABLISHING PAYMENT RATES – OTHER TYPES OF CARE OR SERVICE LISTED IN SECTION 1902(A) OF THE ACT THAT IS INCLUDED IN THE PROGRAM UNDER THE PLAN ARE DESCRIBED AS FOLLOWS:

Substance Abuse Rehabilitation Health Services

Methods and Standards for Establishing Payment Rates

Reimbursements for services are based upon a Medicaid fee schedule established by the State of Louisiana.

If a Medicare fee exists for a defined covered procedure code, then Louisiana will pay Psychologists and ARNPs at 80% of the Medicaid physician rates as outlined under Attachment 4.19-B, Item 5. If a Medicare fee exists for a defined covered procedure code, then Louisiana will pay LCSWs, LPCs, LMFTs, and LAC's as well as qualified unlicensed practitioners delivering substance abuse services at 70% of the Medicaid physician rates as outlined under Attachment 4.19-B, Item 5.

Where Medicare fees do not exist for a covered code, the fee development methodology will build fees considering each component of provider costs as outlined below. These reimbursement methodologies will produce rates sufficient to enlist enough providers so that services under the Plan are available to individuals at least to the extent that these services are available to the general population, as required by 42 CFR 447.204. These rates comply with the requirements of Section 1902(a)(3) of the Social Security Act 42 CFR 447.200, regarding payments and consistent with economy, efficiency and quality of care. Provider enrollment and retention will be reviewed periodically to ensure that access to care and adequacy of payments are maintained. The Medicaid fee schedule will be equal to or less than the maximum allowable under the same Medicare rate, where there is a comparable Medicare rate. Room and board costs are not included in the Medicaid fee schedule.

Except as otherwise noted in the Plan, the State-developed fee schedule is the same for both governmental and private individual practitioners and the fee schedule and any annual/periodic adjustments to the fee schedule are published in the Louisiana Register. The Agency's fee schedule rate was set as of August 1, 2011 and is effective for services provided on or after that date. All rates are published on the agency's website at www.lamedicaid.com.

The fee development methodology will primarily be composed of provider cost modeling, though Louisiana provider compensation studies, cost data and fees from similar State Medicaid programs may be considered, as well. The following list outlines the major components of the cost model to be used in fee development.

- Staffing Assumptions and Staff Wages
- Employee-Related Expenses – Benefits, Employer Taxes (e.g., FICA, unemployment, and workers compensation)
- Program-Related Expenses (e.g., supplies)
- Provider Overhead Expenses
- Program Billable Units

The fee schedule rates will be developed as the ratio of total annual modeled provider costs to the estimated annual billable units.

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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 BELOW:

CITATION
42 CFR
447.304
440.130

Medical and Remedial Care and Services
Item 9

Clinic Services (Other than Hospitals)

A. Prenatal Health Care Clinics, Family Planning Clinics, End Stage Renal Disease Facilities and Radiation Therapy Centers

Clinic services are defined as diagnostic, preventive, therapeutic, rehabilitative or palliative items or services furnished to an outpatient by or under the direction of a physician in a facility which is not part of a hospital but is organized to provide medical care to outpatients. The Bureau of Health Services Financing will make payment to private and public end stage renal disease facilities for outpatient dialysis services, radiation therapy centers for radiation therapy service, prenatal health care clinics for outpatient prenatal services, and to family planning clinics for family planning services.

Occupational therapy, recreational therapy, music therapy and art therapy are not reimbursable services under the Medicaid program.

Prenatal care provided in a prenatal health care clinic is subject to limitations on these services described in Attachment 3.1-A, Item 20.a.

EPSDT RECIPIENTS MAY BE EXCLUDED FROM SERVICE LIMITATIONS BASED ON MEDICAL NECESSITY

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