

NOTICE OF INTENT

**Department of Health and Hospitals
Bureau of Health Services Financing
and
Office of Behavioral Health**

**Adult Behavioral Health Services
(LAC 50:XXXIII.Chapters 61-67)**

The Department of Health and Hospitals, Bureau of Health Services Financing and the Office of Behavioral Health propose to amend LAC 50:XXXIII.Chapters 61-67 in the Medical Assistance Program as authorized by R.S. 36:254 and pursuant to Title XIX of the Social Security Act. This proposed Rule is promulgated in accordance with the provisions of the Administrative Procedure Act, R.S. 49:950 et seq.

The Department of Health and Hospitals, Bureau of Health Services Financing and the Office of Behavioral Health amended the provisions governing adult behavioral health services in order to ensure the provider certification, assessment, and reevaluation criteria are in alignment with the approved Medicaid State Plan (*Louisiana Register*, Number 41, Volume 2).

The department now proposes to amend the provisions governing adult behavioral health services in order to: 1) update the service criteria for culturally competent care; 2) revise the recipient qualifications and assessment criteria; 3) remove service limitations for psychosocial rehabilitation and crisis intervention services; and 4) revise the reimbursement methodology

to reflect the integration of specialized behavioral health services into Bayou Health by establishing capitation payments to managed care organizations rather than a statewide management organization.

Title 50

PUBLIC HEALTH-MEDICAL ASSISTANCE

Part XXXIII. Behavioral Health Services

Subpart 7. Adult ~~Mental~~ Behavioral Health Services

Chapter 61. General Provisions

§6101. Introduction

A. The Medicaid Program hereby adopts provisions to provide coverage under the Medicaid State Plan for behavioral health services rendered to adults with behavioral health disorders. These services shall be administered under the authority of the Department of Health and Hospitals, ~~Office of Behavioral Health in collaboration with a Statewide Management Organization (SMO) in~~ collaboration with the managed care organizations (MCOs), which shall be responsible for the necessary operational and administrative functions to ensure adequate service coordination and delivery.

B. ...

AUTHORITY NOTE: Promulgated in accordance with R.S. 36:254 and Title XIX of the Social Security Act.

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Bureau of Health Services Financing, LR 38:358

(February 2012), amended by the Department of Health and Hospitals, Bureau of Health Services Financing and the Office of Behavioral Health, LR 41:

§6103. Recipient Qualifications

A. Individuals, ~~over the age of 18, and not otherwise eligible for Medicaid~~ 21 years of age and older, who meet Medicaid eligibility and clinical criteria established in §6103.B, shall qualify to receive adult behavioral health services.

B. - B.4. ...

C. a person with a primary diagnosis of a substance use disorder without an additional co-occurring qualifying mental health diagnosis shall not meet the criteria for acute stabilization needs.

AUTHORITY NOTE: Promulgated in accordance with R.S. 36:254 and Title XIX of the Social Security Act.

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Bureau of Health Services Financing, LR 38:358 (February 2012), amended by the Department of Health and Hospitals, Bureau of Health Services Financing and the Office of Behavioral Health, LR 41:378 (February 2015), LR 41:

Chapter 63. Services

§6301. General Provisions

A. - B. ...

C. There shall be recipient involvement throughout the planning and delivery of services. ~~Services shall be appropriate for:~~

1. ~~age;~~ Services shall be:

a. delivered in a culturally and linguistically competent manner; and

b. respectful of the individual receiving services.

2. ~~development;~~ Services shall be appropriate to individuals of diverse racial, ethnic, religious, sexual, and gender identities and other cultural and linguistic groups.

3. ~~education; and~~ Services shall be appropriate for:

a. age;

b. development; and

c. education.

4. ~~culture~~ Repealed.

D. Anyone providing behavioral health services must ~~be certified by the department, or its designee, in addition to operating~~ operate within their scope of practice license.

E. ...

F. Services may be provided at a site-based facility~~7~~ in the community~~7~~ or in the individual's place of residence as outlined in the plan of care. Services shall not be furnished in an institution.

AUTHORITY NOTE: Promulgated in accordance with R.S. 36:254 and Title XIX of the Social Security Act.

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Bureau of Health Services Financing, LR 38:359 (February 2012), amended by the Department of Health and Hospitals, Bureau of Health Services Financing and the Office of Behavioral Health, LR 41:378 (February 2015), LR 41:

§6303. Assessments

A. - B. ...

C. The assessments shall be conducted by a ~~case manager who is a~~ physician or licensed mental health practitioner (LMHP) (in consultation with a psychiatrist who must complete portions of the assessment) who is trained to administer the evaluation and ~~operating~~ operates within their scope of license, and who is annually recertified. The evaluation and re-evaluation must be face-to-face using the targeting and needs-based assessment criteria designated by the department for this purpose.

D. The evaluation and re-evaluation must be finalized through the ~~SMO~~ MCO using ~~the universal needs assessment criteria~~ and qualified ~~SMO~~ personnel. Needs-based eligibility evaluations are conducted at least every 12 months.

AUTHORITY NOTE: Promulgated in accordance with R.S. 36:254 and Title XIX of the Social Security Act.

HISTORICAL NOTE: Bureau of Health Services Financing, LR 38:359 (February 2012), amended by the Department of Health and Hospitals, Bureau of Health Services Financing and the Office of Behavioral Health, LR 41:378 (February 2015), LR 41:

§6305. Plan of Care

A. - B.1. ...

C. The plan of care shall be developed by an ~~case manager~~ LMHP, or an interdisciplinary team that includes an LMHP, who acts as an advocate for the individual and is a source of information for the individual and the team. ~~The case manager shall be a physician or an LMHP.~~

AUTHORITY NOTE: Promulgated in accordance with R.S. 36:254 and Title XIX of the Social Security Act.

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Bureau of Health Services Financing, LR 38:359 (February 2012), amended by the Department of Health and Hospitals, Bureau of Health Services Financing and the Office of Behavioral Health, LR 41:

§6307. Covered Services

A. The following behavioral health services shall be reimbursed under the Medicaid Program:

1. therapeutic services, including diagnosis and treatment, delivered by licensed mental health professionals (LMHPs);

2. - 3. ...

B. ~~Service Limitations~~Exclusions. The following shall be excluded from Medicaid reimbursement:

1. ~~Psychosocial rehabilitation is limited to 750 hours of group services per calendar year. Hours in excess of 750 may be authorized when deemed medically necessary.~~components that are not provided to, or directed exclusively toward the treatment of, the Medicaid eligible individual;

2. ~~Emergent crisis intervention services are limited to six hours per episode. Ongoing crisis intervention services are limited to 66 hours per episode.~~services provided at a work site which are job tasks oriented and not directly related to the treatment of the recipient's needs;

3. any services or components in which the basic nature of which are to supplant housekeeping, homemaking, or basic services for the convenience of an individual receiving services;
and

4. services rendered in an institute for mental disease.

~~C. Service Exclusions. The following services shall be excluded from Medicaid reimbursement:~~

~~1. components that are not provided to, or directed exclusively toward the treatment of, the Medicaid eligible individual;~~

~~2. services provided at a work site which are job tasks oriented and not directly related to the treatment of the recipient's needs;~~

~~3. any services or components in which the basic nature of which are to supplant housekeeping, homemaking, or basic services for the convenience of an individual receiving substance abuse services; and~~

~~4. services rendered in an institute for mental disease.~~ C. - C.4. Repealed.

AUTHORITY NOTE: Promulgated in accordance with R.S. 36:254 and Title XIX of the Social Security Act.

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Bureau of Health Services Financing, LR 38:359 (February 2012), amended by the Department of Health and Hospitals, Bureau of Health Services Financing and the Office of Behavioral Health, LR 41:

Chapter 65. Provider Participation

§6501. Provider Responsibilities

A. Each provider of behavioral health services shall enter into a contract with ~~the Statewide Management Organization~~ one or more of the managed care organizations in order to receive reimbursement for Medicaid covered services.

B. All services shall be delivered in accordance with federal and state laws and regulations, the provisions of this

Rule, 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. ...

D. Anyone providing behavioral health services must be certified by the department, or its designee, in addition to operating within their scope of practice license. ~~To be certified or recertified, providers shall meet the provisions of this Rule, the provider manual and the appropriate statutes. The provider shall create and maintain documents to substantiate that all requirements are met.~~

E. Providers shall maintain case records that include, at a minimum:

1. a copy of the plan of care and treatment plan;
2. - 5. ...
6. the goals of the plan of care and/or treatment

plan.

AUTHORITY NOTE: Promulgated in accordance with R.S. 36:254 and Title XIX of the Social Security Act.

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Bureau of Health Services Financing, LR 38:360 (February 2012), amended by the Department of Health and

Hospitals, Bureau of Health Services Financing and the Office of Behavioral Health, LR 41:378 (February 2015), LR 41:

Chapter 67. Reimbursement

§6701. Reimbursement Methodology

A. Effective for dates of service on or after December 1, 2015, ~~the~~ department, or its fiscal intermediary, shall make monthly capitation payments to the SMOMCOs. ~~Payments shall be developed and based upon the fee-for-service reimbursement methodology currently established for the covered services.~~

B. The capitation rates paid to the SMOMCOs shall be actuarially sound rates and the SMOMCOs will determine the rates paid to its contracted providers. No payment shall be less than the minimum Medicaid rate.

AUTHORITY NOTE: Promulgated in accordance with R.S. 36:254 and Title XIX of the Social Security Act.

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Bureau of Health Services Financing, LR 38:360 (February 2012), amended by the Department of Health and Hospitals, Bureau of Health Services Financing and the Office of Behavioral Health, LR 41:

Implementation of the provisions of this Rule may be contingent upon the approval of the U.S. Department of Health and Human Services, Centers for Medicare and Medicaid Services (CMS),

if it is determined that submission to CMS for review and approval is required.

In compliance with Act 1183 of the 1999 Regular Session of the Louisiana Legislature, the impact of this proposed Rule on the family has been considered. It is anticipated that this proposed Rule will have no impact on family functioning, stability and autonomy as described in R.S. 49:972.

In compliance with Act 854 of the 2012 Regular Session of the Louisiana Legislature, the poverty impact of this proposed Rule has been considered. It is anticipated that this proposed Rule will have no impact on child, individual, or family poverty in relation to individual or community asset development as described in R.S. 49:973.

In compliance with House Concurrent Resolution (HCR) 170 of the 2014 Regular Session of the Louisiana Legislature, the provider impact of this proposed Rule has been considered. It is anticipated that this proposed Rule will have no impact on the staffing level requirements or qualifications required to provide the same level of service, no direct or indirect cost to the provider to provide the same level of service, and will have no impact on the provider's ability to provide the same level of service as described in HCR 170.

Interested persons may submit written comments to J. Ruth Kennedy, Bureau of Health Services Financing, P.O. Box 91030,

Baton Rouge, LA 70821-9030 or by email to MedicaidPolicy@la.gov. Ms. Kennedy is responsible for responding to inquiries regarding this proposed Rule. A public hearing on this proposed Rule is scheduled for Thursday, September 24, 2015 at 9:30 a.m. in Room 118, Bienville Building, 628 North Fourth Street, Baton Rouge, LA. At that time all interested persons will be afforded an opportunity to submit data, views or arguments either orally or in writing. The deadline for receipt of all written comments is 4:30 p.m. on the next business day following the public hearing.

Kathy H. Kliebert

Secretary