



**State of Louisiana**  
Department of Health and Hospitals  
Bureau of Health Services Financing

**VIA ELECTRONIC MAIL ONLY**

April 20, 2016

Bill Brooks  
Centers for Medicare and Medicaid Services  
Division of Medicaid and Children's Health Operations  
Dallas Regional Office  
1301 Young Street, Suite 833  
Dallas, TX 75202

Dear Bill:

**RE: LA SPA TN 15-0026 RAI Response  
Children's Behavioral Health Services**

Please refer to our proposed amendment to the Medicaid State Plan submitted under transmittal number (TN) 15-0026 with a proposed effective date of December 1, 2015. The SPA proposes to amend the provisions governing children's behavioral health services in order to: 1) narrow the statewide management organization's scope of service administration to coordinated system of care (CSoC) services only; 2) delegate provider certification functions to managed care organizations (MCOs) if the department so chooses; 3) establish coverage for crisis stabilization services; 4) remove the service limitations for psychosocial rehabilitation and crisis intervention services; and 5) 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.

We are providing the following in response to your request for additional information (RAI) dated February 3, 2016:

**CMS – 179 Issues**

1. Please explain why there is no Federal Budget Impact in box 7 of the CMS-179.

**RESPONSE: The federal budget impact has been amended to reflect a savings of \$12,595.16 for federal fiscal year (FFY) 2016 and \$15,584.55 for FFY 2017. Please see attached, edited CMS-179.**

### **Coverage Issues**

2. Pages 9a-9c: On the plan page, please describe the component services that comprise Community Psychiatric Support and Treatment, Psychosocial Rehabilitation, Crisis Intervention and Crisis Stabilization.

**RESPONSE: Please see amended Attachment 3.1-A, Item 4.b, pages 9a through 9d and edited CMS-179.**

### **Standard Funding Questions**

The following questions are being asked and should be answered in relation to all payments made to all providers reimbursed pursuant to a methodology described in Attachment 4.19-B of this SPA. For SPAs that provide for changes to payments for clinic or outpatient hospital services or for enhanced or supplemental payments to physician or other practitioners, the questions must be answered for all payments made under the state plan for such service.

1. Section 1903(a)(1) of the Social Security Act (the Act) provides that Federal matching funds are only available for expenditures made by States for services under the approved State plan. Do providers receive and retain the total Medicaid expenditures claimed by the State (includes normal per diem, supplemental, enhanced payments, other) or is any portion of the payments returned to the State, local governmental entity, or any other intermediary organization? If providers are required to return any portion of payments, please provide a full description of the repayment process. Include in your response a full description of the methodology for the return of any of the payments, a complete listing of providers that return a portion of their payments, the amount or percentage of payments that are returned and the disposition and use of the funds once they are returned to the State (i.e., general fund, medical services account, etc.).

**RESPONSE: Providers will receive and retain 100 percent of the payments. No portion of the payments is returned to the State.**

2. Section 1902(a)(2) of the Act provides that the lack of adequate funds from local sources will not result in lowering the amount, duration, scope, or quality of care and services available under the plan. Please describe how the state share of each type of Medicaid payment (normal per diem, supplemental, enhanced, other) is funded. Please describe whether the state share is from appropriations from the legislature to the Medicaid agency, through intergovernmental transfer agreements (IGTs), certified public expenditures (CPEs), provider taxes, or any other mechanism used by the state to provide state share. Note that, if the appropriation is not to the Medicaid agency, the source of the state share would necessarily be derived through either through an IGT or CPE. In this case, please identify the agency to which the funds are

appropriated. Please provide an estimate of total expenditure and State share amounts for each type of Medicaid payment. If any of the non-federal share is being provided using IGTs or CPEs, please fully describe the matching arrangement including when the state agency receives the transferred amounts from the local governmental entity transferring the funds. If CPEs are used, please describe the methodology used by the state to verify that the total expenditures being certified are eligible for Federal matching funds in accordance with 42 Code of Federal Regulations (CFR) 433.51(b). For any payment funded by CPEs or IGTs, please provide the following:

- (i) a complete list of the names of entities transferring or certifying funds;
- (ii) the operational nature of the entity (state, county, city, other);
- (iii) the total amounts transferred or certified by each entity;
- (iv) clarify whether the certifying or transferring entity has general taxing authority; and,
- (v) whether the certifying or transferring entity received appropriations (identify level of appropriations).

**RESPONSE: The State share is paid from the State general fund which is directly appropriated to the Medicaid agency.**

3. Section 1902(a)(30) of the Act requires that payments for services be consistent with efficiency, economy, and quality of care. Section 1903(a)(1) of the Act provides for Federal financial participation to States for expenditures for services under an approved State plan. If supplemental or enhanced payments are made, please provide the total amount for each type of supplemental or enhanced payment made to each provider type.

**RESPONSE: This SPA does not involve supplemental or enhanced payments.**

4. For clinic or outpatient hospital services please provide a detailed description of the methodology used by the state to estimate the upper payment limit (UPL) for each class of providers (State owned or operated, non-state government owned or operated, and privately owned or operated). Please provide a current (i.e., applicable to the current rate year) UPL demonstration.

**RESPONSE: Not applicable to this State Plan amendment.**

5. Does any governmental provider receive payments that in the aggregate (normal per diem, supplemental, enhanced, other) exceed their reasonable costs of providing services? If payments exceed the cost of services, do you recoup the excess and return the Federal share of the excess to CMS on the quarterly expenditure report?

**RESPONSE: The State does not have any public/governmental providers receiving payments that exceed their reasonable costs of services provided.**

Please consider this a formal request to begin the 90-day clock. We trust that this additional information will be sufficient to result in the approval of the pending plan amendment. We look forward to negotiating with CMS to ensure approval.

As always, we appreciate the assistance of CMS in resolving these issues. If further information is required, you may contact Mrs. Darlene A. Budgewater at [Darlene.Budgewater@la.gov](mailto:Darlene.Budgewater@la.gov) or by phone at (225) 342-3881.

Sincerely,



Jen Steele

Interim Medicaid Director

JS:DAB:JH

Attachments (3)

c: Lou Ann Owen  
Cheryl Rupley

**TRANSMITTAL AND NOTICE OF APPROVAL OF  
STATE PLAN MATERIAL**

**FOR: HEALTH CARE FINANCING ADMINISTRATION**

1. TRANSMITTAL NUMBER: <b>15-0026</b>	2. STATE <b>Louisiana</b>
3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL SECURITY ACT (MEDICAID)	
4. PROPOSED EFFECTIVE DATE <b>December 1, 2015</b>	

TO: REGIONAL ADMINISTRATOR  
HEALTH CARE FINANCING ADMINISTRATION  
DEPARTMENT OF HEALTH AND HUMAN SERVICES


5. TYPE OF PLAN MATERIAL (Check One):  
 NEW STATE PLAN     AMENDMENT TO BE CONSIDERED AS NEW PLAN     AMENDMENT  
 COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (Separate Transmittal for each amendment)

6. FEDERAL STATUTE/REGULATION CITATION: <b>42 CFR 440.60</b> <b>42 CFR 440.130</b>	7. FEDERAL BUDGET IMPACT: a. FFY <u>2016</u> <b>\$0 (\$12,595.16)</b> b. FFY <u>2017</u> <b>\$0 (\$15,584.55)</b>
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8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:  <b>Attachment 3.1-A, Item 4.b, Page 8a</b> <b>Attachment 3.1-A, Item 4.b, Pages 9, 9a, 9b and 9c</b> <b>Attachment 3.1-A, Item 4.b, Page 9d</b> <b>Attachment 4.19-B, Item 4b, Page 3a</b> <b>Attachment 4.19-B, Item 4b, Page 3a(1)</b> <b>Attachment 4.19-B, Item 13d, Page 2</b> <b>Attachment 4.19-B, Item 13d, Page 3</b> <b>Attachment 4.19-B, Item 13d, Page 3a</b>	9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable): <b>Same (TN 11-10)</b> <b>Same (TN 11-10)</b> <b>Reserve page Same (TN 11-10)</b> <b>Same (TN 13-38)</b> <b>Same (TN 13-19)</b> <b>Same (TN 13-38)</b> <b>Same (TN 10-55)</b> <b>Same (TN 10-70)</b>
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10. SUBJECT OF AMENDMENT: **The SPA proposes to amend the provisions governing children's behavioral health services in order to: 1) narrow the statewide management organization's scope of service administration to coordinated system of care (CSoC) services only; 2) delegate provider certification functions to managed care organizations (MCOs) if the Department so chooses; 3) establish coverage for crisis stabilization services; 4) remove the service limitations for psychosocial rehabilitation and crisis intervention services; and 5) 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. For recipients enrolled with the CSoC contractor, reimbursement shall be based upon the established Medicaid fee schedule for behavioral health services.**

11. GOVERNOR'S REVIEW (Check One):  
 GOVERNOR'S OFFICE REPORTED NO COMMENT     OTHER, AS SPECIFIED:  
 COMMENTS OF GOVERNOR'S OFFICE ENCLOSED    **The Governor does not review state plan material.**  
 NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL

12. SIGNATURE OF STATE AGENCY OFFICIAL: 	16. RETURN TO: <b>J. Ruth Kennedy, Medicaid Director</b> <b>State of Louisiana</b> <b>Department of Health and Hospitals</b> <b>628 N. 4<sup>th</sup> Street</b> <b>PO Box 91030</b> <b>Baton Rouge, LA 70821-9030</b>
13. TYPED NAME: <b>Kathy H. Kliebert</b>	
14. TITLE: <b>Secretary</b>	
15. DATE SUBMITTED: <b>November 10, 2015</b>	

**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: **The State requests a pen and ink change to boxes 7 and 9 as indicated above.**

LA TITLE XIX SPA

TRANSMITTAL #: 15-0026

TITLE: Children's Behavioral Health Services - LBHP Integration

EFFECTIVE DATE: December 1, 2015

FISCAL IMPACT:  
Decrease

	year	% inc.	fed. match	*# mos	range of mos.	dollars
1st SFY	2016			7	December 1, 2015 - June 30, 2016	(\$14,082,139)
2nd SFY	2017	3.0%		12	July 2016 - June 2017	(\$24,865,034)
3rd SFY	2018	3.0%		12	July 2017 - June 2018	(\$25,610,985)

\*#mos-Months remaining in fiscal year

**Total Decrease in Cost FFY 2016**

SFY 2016 (\$14,082,139) for 7 months December 1, 2015 - June 30, 2016 (\$14,082,139)

SFY 2017 (\$24,865,034) for 12 months July 2016 - June 2017  
 (\$24,865,034) / 12 X 3 July 2016 - September 2016 = (\$6,216,259)  
(\$20,298,398)

**FFP (FFY 2016) = (\$20,298,398) X 62.05% = (\$12,595,156)**

**Total Decrease in Cost FFY 2017**

SFY 2017 (\$24,865,034) for 12 months July 2016 - June 2017  
 (\$24,865,034) / 12 X 9 October 2016 - June 2016 = (\$18,648,776)

SFY 2018 (\$25,610,985) for 12 months July 2017 - June 2018  
 (\$25,610,985) / 12 X 3 July 2017 - September 2017 = (\$6,402,746)  
(\$25,051,522)

**FFP (FFY 2017) = (\$25,051,522) X 62.21% = (\$15,584,552)**

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:

**Item 4.b, EPSDT services (continued)**

**Licensed Mental Health Practitioner**  
**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 use disorders. A LMHP includes the following 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 (APRN) (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).

**General Service Provisions**

All specialized behavioral health services must be medically necessary. The medical necessity for services shall be determined by a LMHP or physician who is acting within the scope of his/her professional license and applicable state law.

In addition to licensure, service providers that offer addiction services must demonstrate competency as defined by the Department, state law (ACT 803 of the Regular Legislative Session 2004) and regulations. Anyone providing addiction or behavioral health services must operate within their scope of practice license.

Children who are in need of specialized behavioral health services shall be served within the context of the family and not as an isolated unit. Services shall be:

1. delivered in a culturally and linguistically competent manner;
2. respectful of the individual receiving services;
3. appropriate to children and youth of diverse racial, ethnic, religious, sexual, and gender identities and other cultural and linguistic groups; and
4. appropriate for age, development and education.

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:

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.

**Covered Services**

The following behavioral health services shall be covered and reimbursed under the Medicaid program:

1. therapeutic services delivered by licensed mental health professionals, including diagnosis and treatment;
2. rehabilitation services, including community psychiatric support and treatment and psychosocial rehabilitation;
3. crisis intervention services; and
4. crisis stabilization services.

**Service Exclusions**

The following services shall be excluded from Medicaid coverage and 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 services;
4. services rendered in an institute for mental disease; and
5. the cost of room and board associated with crisis stabilization. Other funding sources reimburse for room and board, including the family or legally responsible party (e.g., OJJ and DCFS)

The following provisions apply to all rehabilitation services, which includes the following:

- Community Psychiatric Support and Treatment;
- Psychosocial Rehabilitation;
- Crisis Intervention;
- Crisis Stabilization; and
- Therapeutic Group Home services.

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 use disorder diagnosis.

The medical necessity for these rehabilitative services must be determined by, and services recommended by, an LMHP or physician, or under the direction of a licensed practitioner, to promote the maximum reduction of symptoms and/or restoration of an individual to his/her best age-appropriate functional level.



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:

**EPSDT Rehabilitation Services**  
**42 CFR 440.130(d)**

**General Provider Qualifications**

Anyone providing addiction or mental health services must operate within their scope of practice license required for the facility or agency to practice in the State of Louisiana. Providers must maintain medical records that include a copy of the plan of care or 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.

**Service Descriptions**

1. **Community Psychiatric Support and Treatment (CPST):** a comprehensive service which focuses on reducing the disability resulting from mental illness, restoring functional skills of daily living, building natural supports and solution-oriented interventions intended to achieve identified goals or objectives as set forth in the individualized treatment plan. CPST is a face-to-face intervention; however, it may include family or other collaterals. Most contacts occur in community locations where the person lives, works, attends school, and/or socializes.

**Provider Qualifications**

CPST services may be provided by an agency, a licensed mental health practitioner, or a CPST specialist. Practitioners with a master's degree in social work, counseling, psychology or a related human services field may provide all aspects of CPST, including counseling. Other aspects of CPST, except for counseling, may otherwise be performed by an individual with a bachelor's degree in social work, counseling, psychology or a related human services field or four years of equivalent education and/or experience working in the human services field. Certified peer support specialists who meet the qualifications above may also provide this service.

**Components**

- **Development of a treatment plan-** includes an agreement with the individual and family members (or other collateral contacts) on the specific strengths and needs, resources, natural supports and individual goals and objectives for that person. The overarching focus is to utilize the personal strengths, resources, and natural supports to reduce functional deficits associated with their mental illness and increase restoration of independent functioning. The agreement should also include developing a crisis management plan;

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:

- **Individual supportive counseling-** includes problem behavior analysis as well as emotional and behavioral management with the individual recipient. The primary focus is on implementing social, interpersonal, self-care, and independent living skill goals in order to restore stability, support functional gains, and adapt to community living; and
  - **Skills building work-** includes the practice and reinforcement of independent living skills, use of community resources and daily self-care routines. The primary focus is to increase the basic skills that promote independent functioning of the recipient and 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.
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 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 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.

**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. The PSR provider must receive regularly scheduled clinical supervision from a person meeting the qualifications of a LMHP or PIHP-designated LMHP, as defined in 3.1A item 4.b, Page 8a, with experience regarding this specialized mental health service.

**Components**

- Restoration, rehabilitation and support to develop social and interpersonal skills to increase community tenure, enhance personal relationships, establish support networks, increase community awareness, develop coping strategies and effective functioning in the individual's social environment, including home, work and school;
- Restoration, rehabilitation and support to develop 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 necessary to remain in home, school, work and community; and

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:

- Implementing learned skills so the person can remain in a natural community location and achieve developmentally appropriate functioning, and assisting the individual with effectively responding to or avoiding identified precursors or triggers that result in functional impairments.
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 a 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.

**Provider Qualifications**

Must be at least 20 years old and have an AA/AS degree in social work, counseling, psychology or a related human services field 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. The assessment of risk, mental status, and medical stability must be completed by a LMHP or PIHP-designated LMHP, as defined in 3.1A item 4.b, Page 8a, with experience regarding this specialized mental health service. This assessment is billed separately by the LMHP under EPSDT Other Licensed Practitioner per 3.1A Item 4.b, Page 8a.

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.

**Components**

- A preliminary assessment of risk, mental status and medical stability and the need for further evaluation or other mental health services that 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.
- Short-term CIs, including crisis resolution and debriefing with the identified Medicaid-eligible individual; Follow up with the individual and, as necessary, with the individuals' caretaker and/or family members and consultation with a physician or with other qualified providers to assist with the individuals' specific crisis.

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:

4. **Crisis Stabilization (CS)** services are short-term and intensive supportive resources for the youth and his/her family. The intent of this service is to provide an out-of-home crisis stabilization option for the family in order to avoid psychiatric inpatient and institutional treatment of the youth by responding to potential crisis situations. The goal is to support the youth and family in ways that will address current acute and/or chronic mental health needs and coordinate a successful return to the family setting at the earliest possible time. During the time the crisis stabilization is supporting the youth, there is regular contact with the family to prepare for the youth's return and his/her ongoing needs as part of the family. It is expected that the youth, family and crisis stabilization provider are integral members of the youth's individual treatment team.

**Provider Qualifications**

Services must be provided by an agency licensed by the Department of Health and Hospitals or Department of Children and Family Services. Staff providing CS services must use clinical programming and a training curriculum approved by the Department. CS providers work in partnership with the child, the child's family and other persons identified by the family. CS services also work in partnership with the child's other community-based providers and the custodial agency (for youth in state custody). CS services allow the child to benefit from a community-based setting while receiving additional intensive treatment and clinical services as needed. The child or adolescent must require a service that includes direct monitoring by professional behavioral health staff that would not be able to be provided by a less restrictive service.

**Components**

- 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.
- CS includes out of home short-term or extended intervention for the identified Medicaid-eligible individual based on initial and ongoing assessment of needs, including crisis resolution and debriefing. Follow up with the individual and, as necessary, with the individuals' caretaker and/or family members.
- Consultation with a physician or with other qualified providers to assist with the individuals' specific crisis.

STATE OF LOUISIANA

PAYMENTS FOR MEDICAL AND REMEDIAL CARE AND SERVICES  
METHODS AND STANDARDS FOR ESTABLISHING PAYMENT RATES - OTHER TYPES OF  
CARE OR SERVICE LISTED IN SECTION 1905 (A) OF THE ACT THAT ARE 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**

- Effective for dates of service on or after March 1, 2012, reimbursements for services are based upon a Medicaid fee schedule established by the State of Louisiana. The reimbursement rates for physician services rendered under the Louisiana Behavioral Health Partnership (LBHP) shall be a flat fee for each covered service as specified on the established Medicaid fee schedule. The reimbursement rates shall be based on a percentage of the Louisiana Medicare Region 99 allowable for a specified year. If a Medicare fee exists for a defined covered procedure code, then Louisiana will pay Psychologists and ARNPs at 80% of the LBHP physician rates. 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 LBHP physician rates.
- 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.

STATE OF LOUISIANA

PAYMENTS FOR MEDICAL AND REMEDIAL CARE AND SERVICES

METHODS AND STANDARDS FOR ESTABLISHING PAYMENT RATES - OTHER TYPES OF CARE OR SERVICE LISTED IN SECTION 1905 (A) OF THE ACT THAT ARE INCLUDED IN THE PROGRAM UNDER THE PLAN ARE DESCRIBED AS FOLLOWS:

- Except as otherwise noted in the Plan, the State-developed fee schedule is the same for both governmental and private individual providers 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 March 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](http://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.

Effective for dates of service on or after December 1, 2015, children's mental health services shall be reimbursed as follows:

- Reimbursements for services shall be based upon the established Medicaid fee schedule for specialized behavioral health services rendered to recipients enrolled with the Coordinated System of Care (CSoc) contractor. The fee schedule is published on the Medicaid provider website at [www.lamedicaid.com](http://www.lamedicaid.com).
- Monthly capitation payments shall be made by the Department, or its fiscal intermediary, to the managed care organizations (MCOs) for recipients enrolled in the MCOs. The capitation rates paid to MCOs shall be actuarially sound rates and the MCOs will determine the rates paid to its contracted providers. No payment shall be less than the minimum Medicaid rate.

STATE OF LOUISIANA

PAYMENTS FOR MEDICAL AND REMEDIAL CARE AND SERVICES

METHODS AND STANDARDS FOR ESTABLISHING PAYMENT RATES - OTHER TYPES OF CARE OR SERVICE LISTED IN SECTION 1905 (A) OF THE ACT THAT ARE INCLUDED IN THE PROGRAM UNDER THE PLAN ARE DESCRIBED AS FOLLOWS:

<b><u>CITATION</u></b>	<b>Medical and Remedial</b>
<b>42 CFR</b>	<b>Care and Services</b>
<b>447.304</b>	<b>Item 13.d (cont'd.)</b>
<b>440.130</b>	

II. Rehabilitation Services for Mental Illness

A. Reimbursement Methodology

Effective for dates of service on or after February 1, 2009, the reimbursement rates for MHR services shall be reduced by 3.5 percent of the fee amounts on file as of January 31, 2009.

Effective for dates of services on or after August 4, 2009, the reimbursement rates for the following MHR services shall be reduced by 1.23 percent of the fee amounts on file as of August 3, 2009:

- counseling;
- oral medication administration;
- psychosocial skills training;
- community supports; and
- injections.

Effective for dates of service on or after August 4, 2009, the reimbursement rates for parent/family intervention (intensive) services shall be reduced by 17.6 percent of the fee amounts on file as of August 3, 2009.

Effective for dates of service on or after January 22, 2010, the reimbursement rates for Mental Health Rehabilitation services shall be reduced by 1.62 percent of the rates on file as of January 21, 2010.

Effective for dates of service on or after August, 1, 2010, Medicaid reimbursement shall be terminated for parent/family intervention (intensive) services.

Effective for dates of service on or after January 1, 2011, the reimbursement rates for Mental Health Rehabilitation services shall be reduced by 3.3 percent of the rates on file as of December 31, 2010.

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TN \_\_\_\_\_ Approval Date \_\_\_\_\_ Effective Date \_\_\_\_\_  
Supersedes  
TN \_\_\_\_\_

STATE OF LOUISIANA

PAYMENTS FOR MEDICAL AND REMEDIAL CARE AND SERVICES

METHODS AND STANDARDS FOR ESTABLISHING PAYMENT RATES - OTHER TYPES OF CARE OR SERVICE LISTED IN SECTION 1905 (A) OF THE ACT THAT ARE INCLUDED IN THE PROGRAM UNDER THE PLAN ARE DESCRIBED AS FOLLOWS:

Effective for dates of service on or after March 1, 2012, the reimbursement rates for physician services rendered under the Louisiana Behavioral Health Partnership (LBHP) shall be a flat fee for each covered service as specified on the established Medicaid fee schedule. The reimbursement rates shall be based on a percentage of the Louisiana Medicare Region 99 allowable for a specified year. The reimbursement methodology is based on a comparative survey of rates paid in several other states for similar behavioral health services with an adjustment made for economic factors in Louisiana.

- Effective for dates of service on or after April 20, 2013, the reimbursement for behavioral health services rendered by a physician under the LBHP shall be 75 percent of the 2009 Louisiana Medicare Region 99 allowable for services rendered to Medicaid recipients.
- Each service provided to a qualified recipient will be reimbursed on a fee-for-service basis. Reimbursement shall be determined in accordance with the published Medicaid fee schedule and shall be applicable statewide to all MHR providers. Reimbursement for providers of Community Supports services are reimbursed as follows: Master's level practitioners are paid 100% of fee on file, and non-Master's level practitioners are paid 60% of the fee on file. Reimbursement for providers of Medication Management services are reimbursed as follows: Psychiatrist is paid 100% of fee on file, APRN is paid 80%, and RN is paid 67%.
- The state developed fee schedule rates are the same for both governmental and private providers. The fee schedule and any annual/periodic adjustments to the fee schedule are published on the Medicaid provider website at [www.lamedicaid.com](http://www.lamedicaid.com).

Effective for dates of service on or after December 1, 2015, children's mental health rehabilitative services shall be reimbursed as follows:

- Reimbursement for services shall be based upon the established Medicaid fee schedule for specialized behavioral health services rendered to recipients enrolled with the Coordinated System of Care (CSoC) contractor. The fee schedule is published on the Medicaid provider website at [www.lamedicaid.com](http://www.lamedicaid.com).

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TN \_\_\_\_\_  
Supersedes  
TN \_\_\_\_\_

Approval Date \_\_\_\_\_

Effective Date \_\_\_\_\_



STATE OF LOUISIANA

PAYMENTS FOR MEDICAL AND REMEDIAL CARE AND SERVICES

METHODS AND STANDARDS FOR ESTABLISHING PAYMENT RATES - OTHER TYPES OF CARE OR SERVICE LISTED IN SECTION 1905 (A) OF THE ACT THAT ARE INCLUDED IN THE PROGRAM UNDER THE PLAN ARE DESCRIBED AS FOLLOWS:

- Monthly capitation payments shall be made by the Department, or its fiscal intermediary, to the managed care organizations (MCOs) for recipients enrolled in the MCOs. The capitation rates paid to MCOs shall be actuarially sound rates and the MCOs will determine the rates paid to its contracted providers. No payment shall be less than the minimum Medicaid rate.

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TN \_\_\_\_\_  
Supersedes  
TN \_\_\_\_\_

Approval Date \_\_\_\_\_

Effective Date \_\_\_\_\_