



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

VIA ELECTRONIC MAIL ONLY

February 12, 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 \$14,082,139. 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 Ford Blunt and Cheryl Rupley in resolving these issues. If further information is required, you may contact Darlene A. Budgewater at Darlene.Budgewater@la.gov or by phone (225) 342-3881.

Sincerely,

A handwritten signature in blue ink, appearing to read "Jen Steele", with a horizontal line underneath.

Jen Steele
Medicaid Director

JS:DAB:JH

Attachments (3)

c: Ford Blunt
Cheryl Rupley
Tamara Sampson

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

FOR: HEALTH CARE FINANCING ADMINISTRATION

1. TRANSMITTAL NUMBER:
15-0026

2. STATE
Louisiana

3. PROGRAM IDENTIFICATION: TITLE XIX OF THE
SOCIAL SECURITY ACT (MEDICAID)

4. PROPOSED EFFECTIVE DATE
December 1, 2015

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:
42 CFR 440.60
42 CFR 440.130


7. FEDERAL BUDGET IMPACT:
a. FFY 2016 **\$0 (\$12,595.16)**
b. FFY 2017 **\$0 (\$15,584.55)**

8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:
Attachment 3.1-A, Item 4.b, Page 8a
Attachment 3.1-A, Item 4.b, Pages 9, 9a, 9b and 9c
Attachment 3.1-A, Item 4.b, Page 9d
Attachment 4.19-B, Item 4b, Page 3a
Attachment 4.19-B, Item 4b, Page 3a(1)
Attachment 4.19-B, Item 13d, Page 2
Attachment 4.19-B, Item 13d, Page 3
Attachment 4.19-B, Item 13d, Page 3a

9. PAGE NUMBER OF THE SUPERSEDED PLAN
SECTION OR ATTACHMENT (If Applicable):
Same (TN 11-10)
Same (TN 11-10)
Reserve page Same (TN 11-10)
Same (TN 13-38)
Same (TN 13-19)
Same (TN 13-38)
Same (TN 10-55)
Same (TN 10-70)

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:


13. TYPED NAME:
Kathy H. Kliebert

14. TITLE:
Secretary

15. DATE SUBMITTED:
November 10, 2015

16. RETURN TO:
J. Ruth Kennedy, Medicaid Director
State of Louisiana
Department of Health and Hospitals
628 N. 4th Street
PO Box 91030
Baton Rouge, LA 70821-9030

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 X 3 months July 2016 - June 2017
 (\$24,865,034) / 12 X 3 months 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 X 9 months July 2016 - June 2017
 (\$24,865,034) / 12 X 9 months October 2016 - June 2016 = **(\$18,648,776)**

SFY 2018 (\$25,610,985) for 12 X 3 months July 2017 - June 2018
 (\$25,610,985) / 12 X 3 months 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)

EPSDT Rehabilitation Services
42 CFR 440.130(d)

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 Definitions

The covered services are defined as follows:

1. **Community Psychiatric Support and Treatment (CPST)** are goal-directed supports and solution-focused interventions intended to achieve identified goals 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.

Provider Qualifications

Must have a MA/MS degree in social work, counseling, psychology or a related human services field 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 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.

The CPST 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.

All analysis of problem behaviors must be performed under the supervision of a licensed psychologist/medical psychologist.

Components

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.

TN _____
Supersedes
TN _____

Approval Date _____

Effective Date _____

AMOUNT, DURATION, AND SCOPE OF MEDICAL AND REMEDIAL CARE AND SERVICES PROVIDED
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AND REMEDIAL CARE AND SERVICES ARE DESCRIBED AS FOLLOWS:

Item 4.b, EPSDT services (continued)

EPSDT Rehabilitation Services
42 CFR 440.130(d)

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.

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.

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.

Restoration, rehabilitation and support to develop skills to locate, rent and keep a home, landlord/tenant negotiations, selecting a roommate and renter's rights and responsibilities; and assisting the individual to develop daily living skills specific to managing their own home, including managing their money, medications and using community resources and other self-care requirements.

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.

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.

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AND REMEDIAL CARE AND SERVICES ARE DESCRIBED AS FOLLOWS:

Item 4.b, EPSDT services (continued)

Rehabilitation Services
42 CFR 440.130(d)

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

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

TN _____
Supersedes
TN _____

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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 AS FOLLOWS:

Item 4.b, EPSDT services (continued)

Rehabilitation Services

42 CFR 440.130(d)

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.

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.

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Supersedes
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