Bobby Jindal
GOVERNOR

Kathy H. Kliebert
SECRETARY

State of Louisiana

Department of Health and Hospitals
Office of the Secretary

VIA ELECTRONIC MAIL ONLY

October 21, 2015

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

Dear Mr. Brooks:

RE: Louisiana Title XIX State Plan
Transmittal No. 15-0027

I have reviewed and approved the enclosed Louisiana Title XIX State Plan material.

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

Sincerely,

Approved for

Kathy H. Kliebert
Secretary

Attachments (3)

KHK:WJR:JH

Bienville Building • 628 North 4th Street • P.O. Box 629 • Baton Rouge, Louisiana 70821-0629
Phone #: 225/342-9509 • Fax #: 225/342-5568 • *WWW.DHH.LA.GOV*
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DEPARTMENT OF HEALTH AND HUMAN SERVICES
HEALTH CARE FINANCING ADMINISTRATION

FORM APPROVED
OMB NO. 0938-0193

TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL **FOR: HEALTH CARE FINANCING ADMINISTRATION**	1. TRANSMITTAL NUMBER: **15-0027**	2. STATE **Louisiana**
	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 **December 1, 2015**	

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:	7. FEDERAL BUDGET IMPACT:
42 CFR 440.130(d)	a. FFY **2016** **$0** b. FFY **2017** **$0**

8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:	9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT *(If Applicable)*:
Attachment 3.1-A, Item 4.b, Page 9e	**Same (TN 14-35)**
Attachment 3.1-A, Item 4.b, Page 9e(1)	**Same (TN 14-35)**
Attachment 3.1-A, Item 4.b, Page 9e(2)	**None – New Page**
Attachment 3.1-A, Item 4.b, Page 9e(3)	**None – New Page**
Attachment 3.1-A, Item 4.b, Page 9f	**Same (TN 14-35)**
Attachment 3.1-A, Item 4.b, Page 9g	**Same (TN 14-35)**
Attachment 4.19-B, Item 4.b, Page 3b	**Same (TN 14-35)**
Attachment 4.19-B, Item 4.b, Page 3c	**Same (TN 11-10)**

10. SUBJECT OF AMENDMENT: **The SPA proposes to amend the provisions governing therapeutic group homes (TGHs) in order to: 1) revise the terminology to be consistent with current program operations; and 2) revise the reimbursement methodology to establish capitation payments to managed care organizations for children's services.**

11. GOVERNOR=S REVIEW *(Check One)*:

☐ GOVERNOR=S OFFICE REPORTED NO COMMENT
☐ COMMENTS OF GOVERNOR=S OFFICE ENCLOSED
☐ NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL
☒ OTHER, AS SPECIFIED:
The Governor does not review state plan material.

12. SIGNATURE OF STATE AGENCY OFFICIAL:	16. RETURN TO:
13. TYPED NAME: **Kathy H. Kliebert**	**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**
14. TITLE: **Secretary**	
15. DATE SUBMITTED: **October 21, 2015**	

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:

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:

Rehabilitation Services:
42 CFR 440.130(d)

4. Therapeutic Group Homes

The Medicaid Program provides coverage under the Medicaid State Plan for behavioral health services rendered to children and youth in a therapeutic group home (TGH). Qualifying children and adolescents with an identified mental health or substance use diagnosis shall be eligible to receive behavioral health services rendered by a TGH. TGHs provide community-based residential services in a home-like setting of no greater than 10 beds under the supervision and program oversight of a psychiatrist or psychologist. These services shall be administered under the authority of the Department of Health and Hospitals in collaboration with managed care organizations (MCOs), which shall be responsible for the necessary operational and administrative functions to ensure adequate service coordination and delivery. The specialized behavioral health services rendered shall be those services medically necessary to reduce the disability resulting from the illness and to restore the individual to his/her best possible functioning level in the community.

TGHs deliver an array of clinical and related services including:

Psychiatric Supports and Therapeutic Services:
Psychiatric supports and therapeutic services include medication management, individual counseling, group counseling, and family counseling. Interventions such as Cognitive Behavioral Therapy (CBT) and other behavior interventions which are evidence-based practices are delivered by community-based providers, if clinically necessary. TGHs must incorporate at least one research-based approach pertinent to the sub-populations of TGH clients to be served by the specific program. As part of the daily rate, individual, group and family therapy may be provided by master's level staff employed by the TGH. All psychiatric supports and therapeutic services delivered by licensed mental health professionals (LMHPs) must be billed separately and not included in the per diem rate (Qualifications for LMHPs are listed in Attachment 3.1-A, Item 4.b, Page 8a.) Preventing the duplication of these services by LMHP and non-LMHP staff is assured through monitoring of the authorized treatment plan. . TGHs teach pro-social skills, anger management, illness education, and other daily living skills on the treatment 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:

The psychiatrist or psychologist must provide 24-hour, on-call coverage, seven days per 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 28 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.

Integration with Community Resources:
Integration with community resources is an overarching goal of the TGH level of care, which is, in part, achieved through rules governing the location of the TGH facility, the physical space of the TGH facility, and the location of schooling for resident youth. The intention of the TGH level of care is to provide a 24-hour intensive treatment option for youth who need it, and to provide it in a location with more opportunities for community integration than can be found in other, more restrictive residential placements such as inpatient hospital psychiatric residential treatment facilities (PRTFs). To enhance community integration, TGHs must be 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. To enhance community integration, TGH facilities must be located within a neighborhood in a community, must resemble a family home as much as possible, and resident youth must attend community schools (as opposed to being educated at a school located on the campus of an institution).

Skill-building:
Skill-building includes services and supports that cultivate the child's or adolescent's ability to function successfully in the home and community. Based on the individual assessment, a treatment plan is developed that includes specific skills to be addressed to accomplish the indicated goals. Skill-building includes activities such as job seeking, study skills and social skills which assist with the development of skills for daily living, support success in the community settings, and assist with transitioning to adulthood.

Most often, targeted behaviors will relate directly to the child's 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).

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:

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; and
- 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 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. 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.

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 28 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. Any services that exceed established limitations beyond the initial authorization must be approved for re-authorization prior to service delivery.

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; and
- Assist with the development of skills for daily living and support success in community settings, including home and school.

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:

The TGH is required to coordinate with the child's 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.

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).

For treatment planning, the program must use a standardized assessment and treatment planning tool such as the Child and Adolescent Needs and Strengths (CANS). 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. A TGH must ensure that youth are receiving appropriate therapeutic care to address assessed needs on the child's treatment plan.

1. Therapeutic care may include treatment by TGH staff, as well as community providers.
2. Treatment provided in the TGH or in the community should incorporate research-based approaches appropriate to the child's needs, whenever possible.

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:

For TGH facilities that provide care for sexually deviant behaviors, substance use, or dually diagnosed individuals, the facility shall submit documentation to their contracted MCOs regarding the appropriateness of the research-based, trauma-informed programming and training, as well as compliance with the American Society of Addiction Medicine (ASAM) level of care being provided.

A TGH must incorporate at least one research-based approach pertinent to the sub-populations of TGH clients to be served by the specific program. The specific research-based model to be used should be incorporated into the program description and be approved by the Department. . 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 TGH must be licensed by the Louisiana Department of Health and Hospitals, and accredited by the Commission of Accreditation of Rehabilitation Facilities (CARF), the Commission of Accreditation (COA), or the Joint Commission. Denial, loss of, or any negative change in, accreditation status must be reported to their contracted MCOs in writing within the time limit established by the Department. . Staff must be supervised by a licensed mental health professional (supervising practitioner) with experience in evidence-based treatments and operating within their scope of practice license. Staff includes paraprofessional and bachelor's level staff (who provide integration with community resources, skill building, and peer support services) and master's level staff (who provide individual, group, and family therapy) with degrees in social work, counseling, psychology or a related human services field, with oversight by a psychologist or psychiatrist. A TGH must provide the minimum amount of active treatment hours established by the Department, and performed by qualified staff per week for each child, 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. 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.

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:

Service Exclusions:

The following services/components 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;
4. services rendered in an institution for mental disease;
5. room and board; and
6. supervision associated with the child's stay in the TGH.

EPSDT Rehabilitation and Other Licensed Practitioner's Behavioral Health Services

Methods and Standards for Establishing Payment Rates

Therapeutic Group Home Reimbursement

Each provider of Therapeutic Group Home (TGH) services shall enter into a contract with one or more of the managed care organizations (MCOs) in order to receive reimbursement for Medicaid covered services. Providers shall meet the provisions herein, the provider manual, and the appropriate statutes. For recipients enrolled in one of the MCOs, the Department or its fiscal intermediary shall make monthly capitation payments to the MCOs. The capitation rates paid to the 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.

TGH services shall be inclusive of, but not limited to the allowable cost of clinical and related services, psychiatric supports, integration with community resources, the skill-building provided by unlicensed practitioners, and allowable and non-allowable costs components, as defined by the Department.. Services provided by psychologists and licensed mental health practitioners shall be billed to the MCO separately. The facility is expected to provide recreational activities for all enrolled children but not use Medicaid funding for payment of such non-Medicaid activities. Definitions of allowable and non-allowable costs are defined by the Department. The TGH provider types and associated reimbursement are as follows:

In-State Therapeutic Group Homes Reimbursement Rates

A. In-State publicly and privately owned and operated TGHs shall be reimbursed according to the MCO established rate within their contract.

EPSDT Rehabilitation and Other Licensed Practitioner's Behavioral Health Services

Methods and Standards for Establishing Payment Rates (continued)

A. Out-of-State Therapeutic Group Home Reimbursement Rates
   Out-of-State therapeutic group homes shall be reimbursed for their services according to the rate established by the MCO.
B. Payments to out-of-state TGH facilities that provide covered services shall not be subject to TGH cost reporting requirements.

Therapeutic Group Home Cost Reporting Requirements

All in-state Medicaid participating TGH providers are required to file an annual Medicaid cost report according to the Department's specifications and departmental guides and manuals.

A. Costs reports must be submitted annually. The due date for filing annual cost reports is the last day of the fifth month following the facility's fiscal year end. Separate cost reports must be filed for the facilities central/home office when costs of that entity are reported on the facilities cost report. If the facility experiences unavoidable difficulties in preparing the cost report by the prescribed due date, a filing extension may be requested. A filing extension must be submitted to Medicaid prior to the cost report due date.
B. Facilities filing a reasonable extension request will be granted an additional 30 days to file their cost report.

The newspapers of **Louisiana** make public notices from their printed pages available electronically in a single database for the benefit of the public. This enhances the legislative intent of public notice - keeping a free and independent public informed about activities of their government and business activities that may affect them. Importantly, Public Notices now are in one place on the web (www.PublicNoticeAds.com), not scattered among thousands of government web pages.

County: Terrebonne
Printed In: The Courier
Printed On: 2015/05/04

LA SPA TN 15-0027

X000393325, Publication 05/04/2015
PUBLIC NOTICE

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

Louisiana Behavioral Health Partnership

The Department of Health and Hospitals provides a comprehensive system for behavioral health services to eligible children and adults through the Louisiana Behavioral Health Partnership under the authority of Sections 1915(b), 1915(c), and 1915(i) of Title XIX of the Social Security Act. Effective December 1, 2015 the implementation of behavioral health services will transition from a single statewide management organization to an integrated behavioral and physical health model which will be administered by the five Bayou Health managed care organizations.
One of our primary goals with Bayou Health is to create better coordination of care and the integration of behavioral health services with other acute care services as the best way for us to meet the health care needs of Louisiana residents. The specialized behavioral health services will be coordinated along with the physical health services managed by Bayou Health plans. The primary purpose of integration is to care for the individual as a whole person rather than compartmentalizing types of services by the provider type. Integrating responsibility for coordinating these services into one entity allows us to better manage an individual's care to promote improvements for both physical and behavioral health care. In addition, certain children with special health care needs that were voluntarily enrolled in managed care will now be mandatory enrollees under the new integrated model.
The department hereby gives public notice of its intent to submit to the U.S. Department of Health and Human Services, Centers for Medicare and Medicaid Services (CMS), amendments to the 1915(b) Behavioral Health Services Waiver, 1915(c) Coordinated System of Care Waiver, the 1932(a) State Plan authority (which will replace the single statewide management organization with the Bayou Health MCOs), the 1915(i) Behavioral Health section of the State Plan, the Early and Periodic Screening, Diagnosis, and Treatment (EPSDT) Program section of the State Plan, and the associated reimbursement pages of the Medicaid State Plan to: 1) exclude coverage of the medically needy spend down population; 2) revise the payment methodology for children's services to include a per member per month actuarially sound risk-adjusted rate; 3) add crisis stabilization and therapeutic foster care services to the Medicaid State plan; 4) update the quality improvement strategy performance measures in the 1915(c) Waiver and the 1915(i) State Plan; 5) change language in the outpatient reimbursement pages of the State Plan to allow Medicaid coverage of methadone treatment for persons diagnosed with substance use disorder; and 6) update language in the associated reimbursement pages of the State Plan to clarify when annual cost reports must be submitted to the Department by psychiatric residential treatment facility (PRTF) and therapeutic group home (TGH) providers.
Implementation of these provisions 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.
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 public notice. The draft version of the 1915(c) and corresponding State Plan amendments will be available for online viewing at http://new.dhh.louisiana.gov/index.cfm/subhome/43. The deadline for receipt of all written comments is June 6, 2015 by 4:30 p.m.
Kathy H. Kliebert
Secretary

Public Notice ID:

Bobby Jindal
GOVERNOR

Kathy H. Kliebert
SECRETARY

State of Louisiana

Department of Health and Hospitals
Bureau of Health Services Financing

VIA ELECTRONIC MAIL ONLY

May 4, 2015

Karen Matthews, Health Director
Chitimacha Health Clinic
3231 Chitimacha Trail
Jeanerette, LA 70544

Angela Martin
Chitimacha Tribe of Louisiana
P. O. Box 640
Jeanerette, LA 70544

Anita Molo
Chitimacha Tribe of Louisiana
P. O. Box 640
Jeanerette, LA 70544

Marshall Pierite, Chairman
Misty Hutchby, Health Director
Tunica-Biloxi Tribe of Louisiana
P. O. Box 1589
Marksville, LA 71351-1589

Lovelin Poncho, Chairman
Paula Manuel, Health Director
Coushatta Tribe of Louisiana
P. O. Box 818
Elton, LA 70532

Chief Beverly Cheryl Smith
Holly Vanhoozen, Health Director
The Jena Band of Choctaw Indians
P. O. Box 14
Jena, LA 71342

Dear Louisiana Tribal Contact:

RE: Notification of Integrated Behavioral Health and Physical Health Managed Care Model

In compliance with the provisions of the American Recovery and Reinvestment Act (ARRA) of 2009, the Department of Health and Hospitals, Bureau of Health Services Financing is taking this opportunity to notify you of our proposal to transition the delivery of behavioral health services from a single statewide management organization to an integrated behavioral and physical health managed care model which will be administered by the five Bayou Health managed care organizations. This transition may have an impact on your tribe.

One of the primary goals with Bayou Health is to create better coordination of care, and the integration of behavioral health services with other acute care services is the best way for us to meet the health care needs of Louisiana residents. The specialized behavioral health services will be coordinated along with the physical health services managed by Bayou Health plans. The primary purpose of integration is to care for the individual as a

whole person rather than compartmentalizing types of services by the provider type. Integrating responsibility for coordinating these services into one entity allows the Department to better manage an individual's care to promote improvements for both physical and behavioral health care. In addition, certain children with special health care needs that were voluntarily enrolled in managed care will now be mandatory enrollees under the new integrated model.

To secure federal approval for the proposed integration, the Department intends to submit to the U.S. Department of Health and Human Services, Centers for Medicare and Medicaid Services (CMS), amendments to the:

- 1915(b) Behavioral Health Services Waiver;
- 1915(c) Coordinated System of Care Waiver;
- 1932(a) State Plan authority;
- 1915(i) Behavioral Health section of the Medicaid State Plan;
- Early and Periodic Screening, Diagnosis, and Treatment (EPSDT) Program section of the Medicaid State Plan; and
- Associated reimbursement pages of the Medicaid State Plan.

Upon CMS approval of the afore-mentioned authorities, the integration will allow the Medicaid Program to:

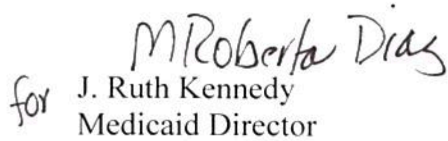
1. Exclude coverage of the Spend-Down Medically Needy population;
2. Revise the payment methodology for children's special services to include a per member per month actuarially sound risk-adjusted rate;
3. Add crisis stabilization and therapeutic foster care services to the Medicaid State Plan;
4. Update the quality improvement strategy performance measures in the 1915(c) waiver and the 1915(i) State Plan;
5. Change language in the outpatient reimbursement pages of the Medicaid State Plan to allow Medicaid coverage of methadone treatment for persons diagnosed with substance use disorder; and
6. Update language in the associated reimbursement pages of the Medicaid State Plan to clarify when annual cost reports must be submitted to the Department by psychiatric residential treatment facility and therapeutic group home providers.

Please provide any comments you may have by June 3, 2015 to Mrs. Darlene Budgewater via email to Darlene.Budgewater@la.gov or by postal mail to:

Department of Health and Hospitals
Bureau of Health Services Financing
Medicaid Policy and Compliance
P.O. Box 91030
Baton Rouge, LA 70821-9030

Should you have additional questions about Medicaid policy, Ms. Budgewater will be glad to assist you. You may reach her by email or by phone at (225) 342-3881. Thanks for your continued support of the tribal consultation process.

Sincerely,



for J. Ruth Kennedy
Medicaid Director

JRK/DAB/KS

c: Ford J. Blunt, III
Jeanne Levelle
Stacie Shuman