



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 15-0030 RAI Response
Adult Behavioral Health Services – Covered Services and Recipient
Qualifications**

Please refer to our proposed amendment to the Medicaid State Plan submitted under transmittal number (TN) 15-0030 with a proposed effective date of December 1, 2015. The SPA proposes to amend the provisions governing adult behavioral health services in order to: 1) provide Medicaid coverage and reimbursement for license mental health professional services and mental health rehabilitative services to adult members enrolled in Bayou Health and terminate the behavioral health services rendered under the 1915(i) State Plan authority; 2) establish the recipient qualifications criteria; and 3) revise the assessment and plan of care requirements.

We are providing the following response to your request for additional information (RAI) dated March 17, 2016:

Questions/Technical Guidance

1. Attachment 3.1-A, Item 6, Page 6, Licensed Mental Health Practitioner (LMHP): Under bullet B. the state indicates that LMHP services are covered for individuals aged 21 and over. Please remove this age restriction as it does not comport with EPSDT requirements in that any medically necessary service must be made available to individuals under 21.

RESPONSE: The language has been removed. Please see revised Attachment 3.1-A, Item 6, page 6.

2. Attachment 3.1-A, Item 13d., Pages 10 and 11, Psychosocial Rehabilitation Services (PSR) and Crisis Intervention Services: The state includes Certified Peer Support

Specialists as authorized to furnish services. Please include provider qualifications for this provider type. If the qualifications are identified elsewhere in the plan, please make reference to that page number.

RESPONSE: The language has been added. Please see revised Attachment 3.1-A, Item 13.d., pages 13-14 and revised CMS-179.

3. Attachment 3.1-A, Item 13d. Page 13, Provider Responsibilities: Under bullet C. the state indicates that anyone providing adult mental health services must be operating within their scope of practice. However, the state has identified unlicensed providers as authorized to furnish services. Please add language to clarify this statement.

RESPONSE: The language has been added. Please see revised Attachment 3.1-A, Item 13.d., page 13.

4. Community Psychiatric Support and Treatment (CPST): Please revise the service description of CPST to describe how this service reduces disability and restores function. Additionally, it appears that the components currently identified can be collapsed into the following 3 services: development of a treatment plan, supportive counseling, and restoration of skills and functions for daily living. Please collapse the components into these 3 services and provide a general service description that specifies the restorative nature of the service.

RESPONSE: Please see revised Attachment 3.1-A, Item 13.d., pages 8 and 9.

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 or by phone (225) 342-3881.

Sincerely,




Jen Steele
Interim Medicaid Director

JS:DAB:JH

Attachments (3)

c: Lou Ann Owen
Cheryl Rupley

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|--|--|--|------------------------------|
| TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL | | 1. TRANSMITTAL NUMBER: 15-0030 | 2. STATE Louisiana |
| FOR: HEALTH CARE FINANCING ADMINISTRATION | | 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): <input type="checkbox"/> NEW STATE PLAN <input type="checkbox"/> AMENDMENT TO BE CONSIDERED AS NEW PLAN <input checked="" type="checkbox"/> 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 Part 440.130 (d) 42 CFR 447.304 | | 7. FEDERAL BUDGET IMPACT: a. FFY <u>2016</u> \$2,063.23 b. FFY <u>2017</u> \$2,833.78 | |
| 8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT: Attachment 3.1-A, Item 6, Page 6 and 7 Attachment 3.1-A, Item 13d, Pages 7 - 13 14 Attachment 4.19-B, Item 13d, Page 2 Attachment 4.19-B, Item 13d, Page 3 Attachment 4.19-B, Item 13.d, Page 3a (Reserve page) | | 9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable): None – New Page None – New Pages Same (TN 13-38) Same (TN 10-55) Same (TN 10-70) | |
| 10. SUBJECT OF AMENDMENT: The SPA proposes to amend the provisions governing adult behavioral health services in order to: 1) provide Medicaid coverage and reimbursement for license mental health professional services and mental health rehabilitative services to adult members enrolled in Bayou Health and terminate the behavioral health services rendered under the 1915(i) State Plan authority; 2) establish the recipient qualifications criteria; and 3) revise the assessment and plan of care requirements. | | | |
| 11. GOVERNOR'S REVIEW (Check One): <input type="checkbox"/> GOVERNOR'S OFFICE REPORTED NO COMMENT <input checked="" type="checkbox"/> OTHER, AS SPECIFIED: <input type="checkbox"/> COMMENTS OF GOVERNOR'S OFFICE ENCLOSED The Governor does not review state plan material. <input type="checkbox"/> NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL | | | |
| 12. SIGNATURE OF STATE AGENCY OFFICIAL:  | | 16. RETURN TO: 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 | |
| 13. TYPED NAME: Kathy H. Kliebert | | | |
| 14. TITLE: Secretary | | | |
| 15. DATE SUBMITTED: December 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: The State requests a pen and ink change to box 8 as indicated above. | | | |

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 DESCRIBED AS FOLLOWS:

CITATION

42 CFR 440.60

Other Licensed Practitioners

Licensed Mental Health Practitioner

- A. 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. An 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 (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)
- B. The Medicaid Program shall provide coverage for, and payment to, LMHPs for mental health and therapeutic services rendered to individuals with behavioral health disorders who meet Medicaid eligibility and clinical criteria. These services shall be necessary to reduce the disability resulting from mental illness and to restore the individual to their best possible functioning level in the community.
- C. Provider Responsibilities:
1. All mental health services delivered must be medically necessary. The medical necessity shall be determined by a LMHP or physician who is acting within the scope of their professional practice license and applicable state laws and regulations.

TN _____
Supersedes
TN _____

Approval Date _____

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

CITATION
42 CFR 440.60

2. LMHPs may render services at a facility, in the community, or in the individual's place of residence as outlined in the plan of care (POC). Services may be furnished in a nursing facility only in accordance with policies and procedures issued by the Department. Services shall not be provided at an institute for mental disease (IMD).

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 DESCRIBED AS FOLLOWS:

CITATION **Rehabilitation Health Services**
42 CFR 440.130 (d)

Adult Mental Health Rehabilitation Services

The Medicaid program provides coverage under the Medicaid State Plan for mental health rehabilitation services rendered to adults with behavioral health disorders. The mental health services rendered to adults shall be necessary to reduce the disability resulting from mental illness and to restore the individual to their best possible functioning level in the community.

Recipient Qualifications

- A. Effective for dates of service on or after December 1, 2015, individuals who meet Medicaid eligibility and clinical criteria, shall qualify to receive adult mental health services.
- B. Qualifying individuals shall be eligible to receive the following adult mental health services:
 - 1. Licensed mental health professional services are available to adults enrolled in Bayou Health, provided the services are determined to be medically necessary.
 - 2. Mental health rehabilitation services are available to adults enrolled in Bayou Health, provided the services are determined to be medically necessary, and in accordance with published criteria set forth by the Department.

Covered Services

- A. The following mental health services shall be reimbursed under the Medicaid program:
 - 1. Community psychiatric support and treatment (CPST);
 - 2. Psychosocial rehabilitation; and
 - 3. Crisis intervention services.

AMOUNT, DURATION, AND SCOPE OF MEDICAL AND REMEDIAL CARE AND SERVICES PROVIDED
LIMITATIONS ON THE AMOUNT, DURATION, AND SCOPE OF CERTAIN ITEMS OF PROVIDED
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B. 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;

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- **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 Services (PSR):** Services that are designed to assist the individual with compensating for, or eliminating 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. Most contacts occur in community locations where the person lives, works, attends school, and/or socializes.

Provider Qualifications

PSR services may be provided by an agency, a licensed mental health practitioner, or a psychosocial rehabilitation specialist. At minimum, providers of PSR services must be at least 18 years old and have a high school diploma or equivalent. The provider must be at least three years older than any individual they serve under the age of 18. Certified peer support specialists may also provide PSR services.

AMOUNT, DURATION, AND SCOPE OF MEDICAL AND REMEDIAL CARE AND SERVICES PROVIDED
LIMITATIONS ON THE AMOUNT, DURATION, AND SCOPE OF CERTAIN ITEMS OF PROVIDED
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Components

- Restoration, rehabilitation and support with the development of social and interpersonal skills to increase community tenure, enhance personal relationships, establish support networks, increase community awareness, develop coping strategies, and effective functioning in the individual's social environment including home, work and school;
 - Restoration, rehabilitation and support with the development of daily living skills to improve self-management of the negative effects of psychiatric or emotional symptoms that interfere with a person's daily living. Supporting the individual with development and implementation of daily living skills and daily routines critical to remaining in home, school, work, and community; and
 - Implementing learned skills so the person can remain in a natural community location; and assisting the individual with effectively responding to or avoiding identified precursors or triggers that result in functional impairments.
3. **Crisis Intervention Services (CI):** Services that 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 goal of crisis intervention is 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 where the person lives, works, attends school, and/or socializes.

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Provider Qualifications

Crisis intervention services may be provided by an agency, a licensed mental health practitioner, or crisis intervention specialist. At minimum, providers of crisis intervention services must be at least 20 years old and have an associate's 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. The provider must be at least three years older than an individual under the age of 18. Certified peer support specialists with the above qualifications may provide crisis intervention services.

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. Short-term crisis interventions including crisis resolution and de-briefing 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.

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

1. Components that are not provided to, or directed exclusively toward the treatment of, the Medicaid eligible individual;
2. Services provided at a work site which are job tasks oriented and not directly related to the treatment of the recipient's needs; and
3. Any services, or components in which the basic nature of the service(s) are, to supplant housekeeping, homemaking, or basic services for the convenience of an individual receiving services.

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 DESCRIBED AS FOLLOWS:

Service Delivery

- A. All mental health services must be medically necessary. The medical necessity for services shall be determined by a licensed mental health practitioner (LMHP) or physician who is acting within the scope of their professional license and applicable state law.
- B. There shall be recipient involvement throughout the planning and delivery of services.
 - 1. Services shall be:
 - a. delivered in a culturally and linguistically competent manner; and
 - b. respectful of the individual receiving services;
 - 2. Services shall be appropriate to individuals of diverse racial, ethnic, religious, sexual, and gender identities and other cultural and linguistic groups; and
 - 3. Services shall be appropriate for:
 - a. age;
 - b. development; and
 - c. education.
- C. Anyone providing mental health services must operate within their scope of practice license.
- D. Evidence-based practices require prior approval and fidelity reviews on an ongoing basis as determined necessary by the Department.
- E. Services may be provided at a facility, in the community, or in the individual's place of residence as outlined in the plan of care (POC). Services may be furnished in a nursing facility only in accordance with policies and procedures issued by the Department. Services shall not be provided at an institute for mental disease (IMD).

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 DESCRIBED AS FOLLOWS:

Assessments

- A. Each enrollee shall be assessed, and shall have a POC developed based on that assessment.
- B. Assessments shall be performed by a LMHP.
- C. Assessments must be performed at least every 365 days or as needed any time there is a significant change to the enrollee's circumstances

Plan of Care

- A. The individualized POC shall be developed according to the criteria established by the Department and in accordance with the provider manual and other notices or directives issued by the Department. The POC is reviewed at least every 365 days and as needed when there is significant change in the individual's circumstances; and
- B. The POC shall be developed by a case manager who acts as an advocate for the individual and is a source of information for the individual and the team.

Provider Responsibilities

- A. All services shall be delivered in accordance with federal and state laws and regulations, the provider manual, and other notices or directives issued by the Department. The provider shall create and maintain documents to substantiate that all requirements are met.
- B. Any licensed practitioner providing adult mental health services must be operating within their scope of practice license.

Provider Qualifications for Peer Support Specialist (unlicensed)

Since 2008, the Office of Behavioral Health (OBH) has utilized standardized criteria for which a peer support specialist is hired and chosen for training, which is consistent with peer support specialist programming in other states. Peer support specialists must:

- Have lived experience with a behavioral health diagnosis. A behavioral health diagnosis may include a diagnosis with mental health challenges, addiction challenges, or co-occurring disorders;

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- Have a minimum of a high school diploma or have passed the General Education Development (GED) test;
- Be at least 18 years of age; have at least twelve months of continuous demonstrated recovery as indicated by the Substance Abuse and Mental Health Services Administration's (SAMHSA's) working definition of recovery found in Appendix 3: *A process of change through which individuals improve their health and wellness, live a self-directed life, and strive to reach their full potential.* An employer may request an exception to the rule regarding a minimum of 12 months of continuous recovery by submitting a written request to the appropriate OBH identified staff for review and approval.

Through the Recovery Support Strategic Initiative, SAMHSA has delineated four major dimensions that support a life in recovery:

1. Health – overcoming or managing one's disease(s) or symptoms, and for everyone in recovery, making informed, healthy choices that support physical and emotional well-being;
2. Home – a stable and safe place to live;
3. Purpose – meaningful daily activities, such as a job, school, volunteerism, family caretaking, or creative endeavors, and possess the independence, income and resources to participate in society; and
4. Community - relationships and social networks that provide support, friendship, love, and hope.

Additional qualifications may be required by the agency through which the peer support specialist is employed. If affiliated with a Medicaid reimbursable program, the agency through which the individual is employed must ensure that the staff members possess the minimum requisite skills, qualifications, training, supervision, and coverage in accordance with the requirements described in the most recent version of the behavioral health manual.

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 1902(A) OF THE ACT THAT IS INCLUDED IN THE PROGRAM UNDER THE PLAN ARE DESCRIBED AS FOLLOWS:

CITATION **Rehabilitation Health Services**
42 CFR 440.130 (d)
42 CFR 447.304.

II. Rehabilitation Services for Adult Mental Health

Reimbursement Methodology

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.

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 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.

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.

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 1902(A) OF THE ACT THAT IS INCLUDED IN THE PROGRAM UNDER THE PLAN ARE DESCRIBED AS FOLLOWS:

Effective for dates of service on or after January 22, 2010, the reimbursement rates for MHR 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 MHR services shall be reduced by 3.3 percent of the rates on file as of December 31, 2010.

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 mental health rehabilitation (MHR) providers. Reimbursement for providers of community supports services are reimbursed as follows:

- Master's level practitioners are paid 100 percent of fee on file, and non-Master's level practitioners are paid 60 percent of the fee on file.
- Reimbursement for providers of medication management services are reimbursed as follows: Psychiatrist is paid 100 percent of fee on file, APRN is paid 80 percent, and RN is paid 67 percent.

Effective for dates of service on or after December 1, 2015, the Department, or its fiscal intermediary, shall make monthly capitation payments to the managed care organizations (MCOs) for adult rehabilitation services.

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.

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Approval Date _____

Effective Date _____

STATE OF LOUISIANA

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RESERVED

TN _____ Approval Date _____ Effective Date _____
Supersedes
TN _____