



State of Louisiana
Louisiana Department of Health
Office of the Secretary

VIA ELECTRONIC MAIL ONLY

June 27, 2018

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. 18-0005

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.

Warmly,

A handwritten signature in blue ink, appearing to read "Rebekah E. Gee", written over a blue circular stamp.

Rebekah E. Gee MD, MPH
Secretary

Attachments (3)

REG:JS:JH

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

FOR: HEALTH CARE FINANCING ADMINISTRATION

1. TRANSMITTAL NUMBER:

18-0005

2. STATE

Louisiana

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

4. PROPOSED EFFECTIVE DATE

June 20, 2018

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(d)

42 CFR 447.304

7. FEDERAL BUDGET IMPACT:

a. FFY **2019**

(\$3,473,225)

b. FFY **2020**

(\$2,835,731)

8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:

Attachment 3.1-A, Item 13d, Pages 12-16

Attachment 3.1-A, Item 13d, Pages 17-19 (Remove pages)

9. PAGE NUMBER OF THE SUPERSEDED PLAN
SECTION OR ATTACHMENT (*If Applicable*):

Same (TN 15-0030)

Same (TN 15-0030)

10. SUBJECT OF AMENDMENT: **The SPA proposes to revise the provisions governing adult behavioral health services, in order to: 1) clarify the medical necessity criteria and target population for mental health services; 2) allow for more frequent assessments and treatment plan updates based on individual needs; 3) clarify information required to ensure treatment records are comprehensive and include all necessary documents; and 4) update language and revise service authorization requirements.**

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:

13. TYPED NAME:

Rebekah E. Gee MD, MPH

14. TITLE:

Secretary

15. DATE SUBMITTED:

June 27, 2018

16. RETURN TO:

Jen Steele, Medicaid Director

State of Louisiana

Department of Health

628 North 4th Street

P.O. 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:

LA TITLE XIX SPA

TRANSMITTAL #: 18-0005

TITLE: Adult BH Services

EFFECTIVE DATE: June 20, 2018

FISCAL IMPACT:
Decrease

year	% inc.	fed. match	# mos	range of mos	dollars
1st SFY 2019			11.7	June 20, 2018- June 2019	-\$4,362,662
2nd SFY 2020		0.00%	12	July 2019- June 2020	-\$4,362,662
3rd SFY 2021		0.00%	12	July 2020 - June 2021	-\$4,362,662

*#mos-Months remaining in fiscal year

Total Increase or Decrease Cost FFY 2019 for 11.7 months (\$4,362,662) June 20, 2018- June 2019 (\$4,362,662)

SFY 2020 (\$4,362,662) for 12 months
 (\$4,362,662) / 12 X 3 = (\$1,090,666)
 (\$5,453,328)

FFP (FFY 2019) = (\$5,453,328) X 63.69% = (\$3,473,225)

Total Increase or Decrease Cost FFY 2020 for 12 months
 (\$4,362,662) / 12 X 9 = (\$3,271,997)

SFY 2021 (\$4,362,662) for 12 months
 (\$4,362,662) / 12 X 3 = (\$1,090,666)
 (\$4,362,663)

FFP (FFY 2020)= (\$4,362,663) X 65.00% = (\$2,835,731)

STATE OF LOUISIANA

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 440.130 (d)

Rehabilitation Health Services

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.

Effective for dates of service on or after June 20, 2018, individuals 21 years of age and older who meet Medicaid eligibility, if medically necessary, shall qualify to receive adult mental health services if:

1. The recipient presents with mental health symptoms that are consistent with a diagnosable mental disorder; and
2. The services are therapeutically appropriate and most beneficial to the recipient.

Qualifying individuals, 21 years of age and older who are enrolled in Healthy Louisiana, shall be eligible to receive the following medically necessary adult mental health services:

1. Therapeutic services, including diagnosis and treatment delivered by licensed mental health practitioners (LMHPs) and physicians; and
2. Mental health rehabilitation services, including community psychiatric support and treatment (CPST), psychosocial rehabilitation (PSR) and crisis intervention (CI) services.

The services shall be in accordance with published criteria set forth by the Department.

TN _____
Supersedes
TN _____

Approval Date _____

Effective Date _____

STATE OF LOUISIANA

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Eligibility Criteria

Recipients of CPST and PSR must meet the Substance Abuse and Mental Health Services Administration's (SAMHSA) definition of serious mental illness (SMI).

In addition to having a diagnosable mental disorder, the condition must substantially interfere with, or limit, one or more major life activities as defined in the Department's published guides governing adult behavioral health services (i.e., Administrative Rule, provider manual, etc.).

Exclusions

The following 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 the service(s) are to supplant housekeeping, homemaking, or basic services for the convenience of an individual receiving services; and
4. Services furnished to an adult with a diagnosis of a substance use disorder or intellectual and developmental disability without an additional co-occurring qualifying mental health diagnosis.

Covered Services

The following mental health services shall be reimbursed under the Medicaid program:

1. Therapeutic services, including diagnosis and treatment delivered by LMHPs and physicians; and
2. Rehabilitation services, including community psychiatric support and treatment (CPST), psychosocial rehabilitation and crisis intervention.

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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.
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.
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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Service Delivery

- A. All mental health services must be medically necessary. The medical necessity for services shall be determined by an LMHP or physician who is acting within the scope of their professional license and applicable state law.
- B. All services must be authorized.
- C. 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.
- D. Each provider of adult mental health services shall enter into a contract with one or more of the managed care organizations in order to receive reimbursement for Medicaid covered services.
- E. 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.
- F. Anyone providing adult mental health services must operate within their scope of practice license.
- G. Evidence-based practices require prior approval and fidelity reviews on an ongoing basis as determined necessary by the Department.

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- H. Services may be provided at a facility, in the community, or in the individual's place of residence as outlined in the treatment plan. 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).

Assessments

For mental health rehabilitation, each enrollee shall be assessed annually by an LMHP, and shall have a treatment plan developed for CPST and PSR based on that assessment.

Treatment Plan

The individualized treatment plan shall be developed and reviewed according to the criteria and frequency established by the Department, and in accordance with the provider manual and other notices or directives issued by the Department.