

DEPARTMENT OF HEALTH & HUMAN SERVICES
Centers for Medicare & Medicaid Services
Dallas Regional Office
1301 Young Street, Suite 833
Dallas, Texas 75202



DIVISION OF MEDICAID & CHILDREN'S HEALTH - REGION VI

September 24, 2018

Our Reference: SPA LA 18-0005

Ms. Jen Steele, State Medicaid Director
Department of Health
628 North 4th St.
Post Office Box 91030
Baton Rouge, LA 70821-9030

Attention: Karen Barnes

Dear Ms. Steele:

We have reviewed your request to amend the Louisiana State Plan submitted under Transmittal No. 18-0005, which was submitted to the Centers for Medicare & Medicaid Services (CMS) on June 27, 2018. This state plan amendment (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.

We conducted our review of your submitted state plan amendment. Before we can continue processing this amendment, we need additional or clarifying information. Since the plan is the basis for Federal financial participation, it is important that the plan's language be clear and unambiguous. Therefore, we have the following questions/concerns regarding TN 18-0005.

1. Attachment 3.1-A, Item 13.d, Page 13 provides for "Exclusions", among them, "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." It appears this may be a description of medical necessity criteria. As such, it should be removed from the coverage page. Moreover, it is not clear how such criteria would not be in conflict with another section of the state plan providing for substance use disorder rehabilitative services.

2. Section 1902(a)(23) of the Act provides that "any individual eligible for medical assistance... may obtain such assistance from any institution, agency, community pharmacy, or person, qualified to perform the service or services required... who undertakes to provide him such

services.” 42 Code of Federal Regulations (CFR) 431.52(c) (2) provides that states may set reasonable standards relating to the qualifications of providers. The state requires providers of community psychiatric support and treatment (CPST), psychosocial rehabilitation services (PSR), crisis intervention services (CI), and assertive community treatment services (ACT) to be licensed agencies accredited by a Department approved organization. During technical assistance discussions, CMS provided guidance that preliminary accreditation could be a reasonable qualification.

- a. Attachment 3.1-A, Item 13.d, Pages 14-15, provide for preliminary accreditation, effective January 1, 2019, of CPST and PSR providers. It is not clear however how the state is defining preliminary accreditation. On these same coverage pages the state provides that “Agencies not accredited prior to rendering PSR services must apply for full accreditation prior to rendering” these services. Further provision is made for agencies which are not accredited to apply for accreditation. Please clarify the provider qualifications on the coverage pages.
- b. Additionally, it is unclear whether applying for accreditation is CI and ACT provider qualification, Attachment 3.1-A, Item 13.d, Page 16 and 17, respectively. Please clarify the provider qualifications on the coverage pages.

3. Section 1905(a) (13) (C) of the Social Security Act and the Code of Federal Regulations (CFR) at 42 CFR 440.130(d) provide for rehabilitative services defined to include any medical or remedial services recommended by a physician or other licensed practitioner of the healing arts within the scope of their practice under state law, for maximum reduction of physical or mental disability and restoration of a beneficiary to the individual’s best possible functional level.

Attachment 3.1-A, Item 13.d, Pages 16 -18, describe ACT service components and practitioner types who would furnish them that are not Medicaid coverable or only coverable through an HCBS waiver, supportive housing services and supported employment respectively. Additionally, components that are not provided to, or directed exclusively toward the treatment of, the Medicaid eligible individual would not be eligible for Medicaid reimbursement. Please remove these components from the coverage pages.

4. SMDL #07-011, August 15, 2007, provided states with guidance for coverage of peer support services. The array of ACT services include peer support services, Attachment 3.1-A, Item 13.d, Pages 16. Peer support provider qualifications are set forth on Attachment 3.1-A, Item 13.d, Pages 18.

Coverage pages should provide a service description and provider qualifications consistent with the minimum requirements set forth in the guidance at:

<https://downloads.cms.gov/cmsgov/archived-downloads/SMDL/downloads/SMD081507A.pdf>.

Additional clarification on the scope of services is available at:

<https://www.medicaid.gov/medicaid/benefits/downloads/clarifying-guidance-support-policy.pdf>.

This additional/clarifying information is being requested under the provisions of Section 1915(f) of the Social Security Act. This has the effect of stopping the 90-day time period for CMS to act on the material. A new 90-day time period will begin once we receive your response to our request.

In accordance with our guidelines to State Medicaid Directors dated January 2, 2001, if we have not received the State's response to our request for additional information within 90 days from the date of this letter, we will initiate disapproval action on the amendment.

If you have any questions please contact Cheryl Rupley of my staff. Ms. Rupley may be reached at (214) 767-6278 or by Email at Cheryl.Rupley@cms.hhs.gov.

Sincerely,

A handwritten signature in black ink that reads "Bill Brooks". The signature is written in a cursive, slightly slanted style.

Bill Brooks
Associate Regional Administrator