

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

February 11, 2019

Our Reference: SPA LA 18-0026

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 the State's proposed amendment to the Louisiana State Plan submitted under Transmittal Number 18-0026 dated December 20, 2018. This state plan amendment proposes to amend the provisions governing therapeutic group homes (TGH) in order to reflect the coordinated system of care (CSoC) contractor moving from a non-risk contract to a full-risk capitated contract and to reflect that TGH are carved out of management by the CSoC contractor to align with current practice and contract requirements.

Based on the information submitted, we have approved the amendment for incorporation into the official Louisiana State Plan with an effective date change of November 1, 2018. A copy of the CMS-179 and approved plan pages are enclosed with this letter.

If you have any questions, please contact Cheryl Rupley 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

TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL FOR: CENTERS FOR MEDICARE & MEDICAID SERVICES	1. TRANSMITTAL NUMBER 18 - 0026	2. STATE Louisiana
	3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL SECURITY ACT (MEDICAID)	
TO: REGIONAL ADMINISTRATOR CENTERS FOR MEDICARE & MEDICAID SERVICES DEPARTMENT OF HEALTH AND HUMAN SERVICES	4. PROPOSED EFFECTIVE DATE November 1, 2018	

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 440.130(d)	7. FEDERAL BUDGET IMPACT a. FFY 2019 \$0.00 b. FFY 2020 \$0.00
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8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT Attachment 3.1-A, Item 4.b, Page 9e Attachment 4.19-B, Item 4.b, Page 3d	9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable) Same (TN 15-0027) Same (TN 14-0035)
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10. SUBJECT OF AMENDMENT **The SPA proposes to amend the provisions governing therapeutic group homes (TGH) in order to: 1) reflect the coordinated system of care (CSoC) contractor moving from a non-risk contract to a full-risk capitated contract; 2) ~~remove the requirement for OBH certification of providers;~~ and 3) reflect that TGH are carved out of management by the CSoC contractor to align with current practice and contract requirements.**

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 	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
13. TYPED NAME Rebekah E. Gee MD, MPH	
14. TITLE Secretary	
15. DATE SUBMITTED December 20, 2018	

FOR REGIONAL OFFICE USE ONLY

17. DATE RECEIVED December 20, 2018	18. DATE APPROVED February 11, 2019
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PLAN APPROVED - ONE COPY ATTACHED

19. EFFECTIVE DATE OF APPROVED MATERIAL November 1, 2018	20. SIGNATURE OF REGIONAL OFFICIAL 
21. TYPED NAME Bill Brooks	22. TITLE Associate Regional Administrator Division of Medicaid & Children's Health

23. REMARKS **The State requests a pen and ink change to box 10.**

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:

CITATION **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 Louisiana Department of Health (LDH), in collaboration with managed care organizations (MCOs) and the Coordinated System of Care (CSoC) contractor for children and youth enrolled in the CSoc program, 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. Individual, group, and family therapy may be provided by master's level staff employed by the TGH as part of the daily rate. 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.

State: Louisiana
Date Received: 12-20-18
Date Approved: 2-11-2019
Date Effective: 11-01-18
Transmittal Number: 18-0026

TN 18-0026
Supersedes
TN 15-0027

Approval Date 2-11-2019

Effective Date 11-01-2018

STATE OF LOUISIANA

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

**EPSDT Rehabilitation and Other Licensed Practitioner’s Behavioral Health Services
Methods and Standards for Establishing Payment Rates (continued)**

New Therapeutic Group Homes and Change of Ownership of Existing Facilities

- A. Changes of ownership (CHOW) exist if the beds of a new owner have previously been certified to participate in the Medicaid program under the previous owner’s provider agreement. The acceptance of a CHOW will be determined solely by LDH Reimbursement will continue to be based on the Medicaid reimbursement rate. The rate adjustment process will be determined using the previous owners cost report information for the applicable time periods.
- B. New providers are those entities whose beds have not previously been certified to participate in the Medicaid program. New providers will be reimbursed, depending on provider type, in accordance with the Therapeutic Group Home Unit of Service section of the State Plan.

Therapeutic Group Home Providers with Disclaimed Cost Reports or Non-Filer Status

- A. Providers with disclaimed cost reports are those providers that receive a disclaimer of opinion from the LDH audit contractor after conclusion of the audit process.
- B. Providers with non-filer status are those providers that fail to file a complete cost report in accordance with the Therapeutic Group Home (TGH) Cost Reporting Requirements section of the State Plan.
- C. Providers with disclaimed cost reports, or providers with non-filer status will not receive any additional reimbursement through the rate adjustment process. These providers will however be subject to the recoupment of Medicaid payments equal to the provider with the greatest recoupment of Medicaid payments in the State of Louisiana for the applicable fiscal year.

Effective for dates of service on or after July 1, 2012, the reimbursement rates for the following behavioral health services provided to children/adolescents shall be reduced by 1.44 percent of the rates in effect on June 30, 2012:

- 1. Therapeutic services;
- 2. Rehabilitation services; and
- 3. Crisis intervention services.

Effective for dates of service on or after January 20, 2013, supplemental Medicaid payments for state-owned and operated behavioral health providers shall be made in accordance with the payment methodology as described under **Attachment 4.19-B, Item 13d, page 8.**

Unlicensed Practitioners

Reimbursement for the TGH is based on a daily rate for the skill building provided by unlicensed practitioners as defined in the provider qualifications under Attachment 3.1-A, Item 4.b, Page 9F.

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