

RULE

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

Therapeutic Group Homes
(LAC 50:XXXIII.Chapters 121-127)

The Department of Health, Bureau of Health Services Financing and the Office of Behavioral Health have amended LAC 50:XXXIII.Chapters 121-127 in the Medical Assistance Program as authorized by R.S. 36:254 and pursuant to Title XIX of the Social Security Act. This Rule is promulgated in accordance with the provisions of the Administrative Procedure Act, R.S. 49:950 et seq. This Rule is hereby adopted on the day of promulgation.

Title 50**PUBLIC HEALTH—MEDICAL ASSISTANCE****Part XXXIII. Behavioral Health Services****Subpart 13. Therapeutic Group Homes****Chapter 121. General Provisions****§12101. Introduction**

A. The Medicaid Program hereby adopts provisions to provide coverage under the Medicaid state plan for behavioral health services rendered to children and youth in a therapeutic group home (TGH). These services shall be administered under the authority of the 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.

B. - C. ...

AUTHORITY NOTE: Promulgated in accordance with R.S. 36:254 and Title XIX of the Social Security Act.

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Bureau of Health Services Financing, LR 38:427 (February 2012), amended by the Department of Health and Hospitals, Bureau of Health Services Financing and the Office of Behavioral Health, LR 41:2371 (November 2015), amended by the Department of Health, Bureau of Health Services Financing and the Office of Behavioral Health, LR 44:1904 (October 2018).

Chapter 123. Services**§12303. Covered Services**

A. - A.4. ...

B. Service Exclusions. The following services/components shall be excluded from Medicaid reimbursement:

1. - 3. ...

4. services rendered in an institution for mental disease;

5. - 6. ...

AUTHORITY NOTE: Promulgated in accordance with R.S. 36:254 and Title XIX of the Social Security Act.

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Bureau of Health Services Financing, LR 38:428 (February 2012), amended by the Department of Health and Hospitals, Bureau of Health Services Financing and the Office of Behavioral Health, LR 41:2371 (November 2015), amended by the Department of Health, Bureau of Health Services Financing and the Office of Behavioral Health, LR 44:1904 (October 2018).

Chapter 125. Provider Participation**§12501. Provider Responsibilities**

A. Each provider of TGH services shall enter into a contract with one or more of the MCOs in order to receive reimbursement for Medicaid covered services. Providers shall meet the provisions of this Rule, the provider manual, and the appropriate statutes.

B. - C. ...

D. Anyone providing TGH services shall be licensed in accordance with state laws and regulations, in addition to operating within their scope of practice license.

E. TGH facilities shall be accredited by an approved accrediting body and maintain such accreditation. 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.

F. - G.2. ...

H. 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 ASAM level of care being provided.

I. - J. ...

AUTHORITY NOTE: Promulgated in accordance with R.S. 36:254 and Title XIX of the Social Security Act.

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Bureau of Health Services Financing, LR 38:428 (February 2012), amended by the Department of Health and Hospitals, Bureau of Health Services Financing and the Office of Behavioral Health, LR 41:2371 (November 2015), amended by the Department of Health, Bureau of Health Services Financing and the Office of Behavioral Health, LR 44:1904 (October 2018).

Chapter 127. Reimbursement**§12701. General Provisions**

A. 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.

A.1. - D. ...

AUTHORITY NOTE: Promulgated in accordance with R.S. 36:254 and Title XIX of the Social Security Act.

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Bureau of Health Services Financing, LR 38:429 (February 2012), amended by the Department of Health and Hospitals, Bureau of Health Services Financing and the Office of Behavioral Health, LR 41:2372 (November 2015), amended by the Department of Health, Bureau of Health Services Financing and the Office of Behavioral Health, LR 44:1904 (October 2018).

§12705. In-State Therapeutic Group Homes

A. In-state publicly and privately owned and operated therapeutic group homes shall be reimbursed according to the MCO established rate within their contract.

AUTHORITY NOTE: Promulgated in accordance with R.S. 36:254 and Title XIX of the Social Security Act.

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Bureau of Health Services Financing, LR 38:429 (February 2012), amended by the Department of Health and Hospitals, Bureau of Health Services Financing and the Office of Behavioral Health, LR:41:2372 (November 2015), amended by the Department of Health, Bureau of Health Services Financing and the Office of Behavioral Health, LR 44:1904 (October 2018).

§12707. Out-of-State Therapeutic Group Homes

A. Out-of-state therapeutic group homes shall be reimbursed for their services according to the rate established by the MCO.

B. ...

AUTHORITY NOTE: Promulgated in accordance with R.S. 36:254 and Title XIX of the Social Security Act.

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Bureau of Health Services Financing, LR 38:429 (February 2012), amended by the Department of Health and Hospitals, Bureau of Health Services Financing and the Office of Behavioral Health, LR 41:2372 (November 2015), amended by the Department of Health, Bureau of Health Services Financing and the Office of Behavioral Health, LR 44:1905 (October 2018).

Implementation of the provisions of this Rule 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.

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Secretary

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RULE

**Department of Health
Office of Aging and Adult Services**

**Traumatic Head and Spinal Cord Injury
(LAC 48:I.Chapter 19)**

Under the authority of R.S. 36:259(T) and in accordance with the provisions of the Administrative Procedure Act, R.S. 49:450 et seq., the Louisiana Department of Health, Office of Aging and Adult Services, hereby amends the Traumatic Head and Spinal Cord Injury regulations, LAC 48:I.Chapter 19.

This Rule amends language in order to align with statute changes to R.S. 46:2631 and R.S. 46:2635 (A) approved in the 2018 Regular Legislative Session, ACT 424, and to codify current processes to ensure timely and efficient delivery of services to participants. This Rule is hereby adopted on the day of promulgation.

Title 48

PUBLIC HEALTH—GENERAL

Part I. General Administration

Subpart 1. General

Chapter 19. Traumatic Head and Spinal Cord Injury

Editor’s Note: This Chapter, formerly LAC 67:VII.Chapter 19, was moved to LAC 48:I.Chapter 19.

§1901. Program Profile

[Formerly LAC 67:VII.1901]

A. ...

B. Program Administration

1. The Department of Health, Office of Aging and Adult Services (OAAS), shall be responsible for administration of the Louisiana Traumatic Head and Spinal Cord Injury Trust Fund.

2. OAAS has the responsibility of:

a. - b. ...

c. evaluating the needs of head injured and spinal cord injured individuals to identify service gaps and needs;

d. submitting an annual report with recommendations to the legislature and governor 60 calendar days prior to each Regular Session of the Legislature; and

e. monitoring, evaluating, and reviewing the development and quality of services funded through the trust fund.

AUTHORITY NOTE: Promulgated in accordance with R.S. 46:2631-2635 and R.S. 36:259(T).

HISTORICAL NOTE: Promulgated by the Department of Social Services, Office of Rehabilitation Services, LR 21:1252 (November 1995), amended by the Department of Health and Hospitals, Office of Aging and Adult Services, LR 40:84 (January 2014), amended by the Louisiana Department of Health, Office of Aging and Adult Services, LR 44:1905 (October 2018).

§1905. Definitions

[Formerly LAC 67:VII.1905]

* * *

Medically Stable—Repealed.

Medically Unstable—Repealed.

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AUTHORITY NOTE: Promulgated in accordance with R.S. 46:2631-2635 and R.S. 36:259(T).

HISTORICAL NOTE: Promulgated by the Department of Social Services, Office of Rehabilitation Services, LR 21:1253 (November 1995), amended by the Department of Health and Hospitals, Office of Aging and Adult Services, LR 40:84 (January 2014), amended by the Department of Health, Office of Aging and Adult Services, LR 42:1669 (October 2016), amended by the Louisiana Department of Health, Office of Aging and Adult Services, LR 44:1905 (October 2018)

§1907. General Requirements

[Formerly LAC 67:VII.1907]

A. ...

B. Case Record Documentation. A case record will be maintained for each individual served.

1. The record shall contain the following:

a. documentation to support the decision to provide, deny, or amend services;

b. documentation of the amounts and dates of each service delivery;

c. service plans and progress notes;

d. proof of individual identifications; and

e. any applicable assessments.

2. Repealed.

AUTHORITY NOTE: Promulgated in accordance with R.S. 46:2631-2635 and R.S. 36:259(T).

HISTORICAL NOTE: Promulgated by the Department of Social Services, Office of Rehabilitation Services, LR 21:1253 (November 1995), amended by the Department of Health and Hospitals, Office of Aging and Adult Services, LR 40:85 (January 2014), amended by the Louisiana Department of Health, Office of Aging and Adult Services, LR 44:1905 (October 2018).

§1909. Individual Appeals Rights

[Formerly LAC 67:VII.1911]

A. Administrative Review. The administrative review is the first level appeal process used by individuals for a timely resolution of disagreements pertaining to eligibility decisions or a denial of services.

1. All applicants/participants shall be provided written notification to inform them of their appeal rights regarding eligibility and/or the denial of services.

a. The written notification shall include:

i. the decision being reached;

ii. the basis for and effective date of the decision;