



**Regional Operations Group**

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April 30, 2019

Our Reference: SPA LA 19-0001

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

Attention: Karen Barnes

Dear Ms. Steele:

We have completed our review of the proposed amendment submitted under transmittal number (TN) 19-0001. This plan amendment has an effective date of January 1, 2019 and was submitted in order to amend provider and staff qualifications relative to Community Psychiatric Support and Treatment (CPST) and Psychosocial Rehabilitation (PSR) Services and to establish a preliminary accreditation requirement for providers of CPST and PSR services.

Before we can continue processing this amendment, we need additional or clarifying information.

1. Attachment 3.1-A, Item 4.b., Page 9: Please add a Provider Qualifications section to the rehabilitative services section of the state plan, and please describe the provider qualifications in the state plan amendment (SPA) for all practitioners furnishing services. Provider qualifications descriptions should include any education, training, certification, licensure, registration, experience, or supervision requirements, as applicable.
2. Attachment 3.1-A, Item 4.b., Page 9a:
  - a. Second Sentence: The state has listed the component services of Community Psychiatric Support and Treatment (CPST) services as “problem behavior analysis, as well as, emotional and behavioral management with a focus on developing skills and improving daily functional living skills in order to restore stability, support functional gains and adapt to community living.” In order to receive federal reimbursement for services under Medicaid, all services and component services under the rehabilitative services benefit at 42 CFR 440.130(d) must be described in the state plan language. As a result, please amend the SPA language to add descriptions for the following component services to allow CMS to determine if the services comport with Medicaid coverage requirements: 1) problem behavior analysis; 2) emotional and behavioral management with a focus on developing skills and improving daily functional living skills in order to restore stability; and 3) support functional gains adapt to community living.

- b. Individual Supportive Interventions, Last Sentence: Please remove this sentence from the SPA coverage pages, as all reimbursement and billing language must be located on the 4.19B SPA reimbursement pages.
3. Attachment 3.1-A, Item 4.b., Page 9b, Skills Building Work: Please remove the term “skill building” from the service title and replace this phrase with “skill restoration”, as rehabilitative services are not building new skills and instead are solely restorative in nature. Please also remove “increase the basic skills” and replace this phrase with “restore the basic skills.”
4. Attachment 3.1-A, Item 4.b., Page 9c:
  - a. Provider Qualifications: The state references “individuals” instead of identifying practitioners by title. In the SPA language please remove “individuals” and identify all practitioners who are able to furnish services by practitioner title. Please describe the provider qualifications in the SPA for all practitioners furnishing services. Provider qualifications descriptions should include any education, training, certification, licensure, registration, experience, or supervision requirements, as applicable.
  - b. Psychosocial Rehabilitation (PSR), Components: In the SPA language please clarify what discrete medical services to beneficiaries are “restoration, rehabilitation, and support.” Please also remove the word “develop” from the entire service description, as rehabilitative services are not developing new skills and instead are solely restorative in nature.
5. Attachment 3.1-A, Item 4.b., Page 9d:
  - a. Psychosocial Rehabilitation (PSR), Components: In the SPA language, please remove “skill-building” and “learned skills”, as rehabilitative services are not developing new skills and instead are solely restorative in nature.
  - b. Provider Qualifications: The state references “individuals” instead of identifying practitioners by title. In the SPA language please remove “individuals” and identify all practitioners who are able to furnish services by practitioner title. Please also describe the provider qualifications in the SPA for all practitioners furnishing services. Provider qualifications descriptions should include any education, training, certification, licensure, registration, experience, or supervision requirements, as applicable.
6. Attachment 3.1-A, Item 4.b., Page 9f:
  - a. Provider Qualifications: The state references “individuals” instead of identifying practitioners by title. In the SPA language please remove “individuals” and identify all practitioners who are able to furnish services by practitioner title. Please also describe the provider qualifications in the SPA for all practitioners furnishing services. Provider

qualifications descriptions should include any education, training, certification, licensure, registration, experience, or supervision requirements, as applicable.

- b. Crisis Stabilization (CS): Please clarify how CS services differ from the proposed Crisis Intervention (CI) services.
- c. Crisis Stabilization (CS): The state has indicated that “during the time the crisis stabilization is supporting the child or youth, there is regular contact with the family to prepare for the child’s/youth’s return.” Please clarify if this is a residential treatment facility? If so, please confirm all facilities are less than 16 beds, as CMS is prohibited from reimbursing for Institutions for Mental Disease (IMD).
- d. Crisis Stabilization (CS), Second Paragraph: CMS is unable to furnish respite services in the Medicaid state plan. The state has listed that to qualify as a CS agency “the agency must be licensed by the Louisiana Department of Health as a Center-Based Respite Care Agency.” Please confirm respite services are not being furnished to children. Please also clarify why respite agencies will be furnishing CS services.

7. Attachment 3.1-A, Item 4.b., Page 9g:

- a. Crisis Stabilization (CS): The state has indicated that “CS services also work in partnership with the custodial agency (for children and youth in state custody).” Please explain if these children and youth in state custody are inmates of public institutions, as CMS is not permitted to reimburse for services provided to inmates of public institutions, including correctional institutions.
- b. Provider Qualifications: The state references “individuals” instead of identifying practitioners by title. In the SPA language please remove “individuals” and identify all practitioners who are able to furnish services by practitioner title. Please also describe the provider qualifications in the SPA for all practitioners furnishing services. Provider qualifications descriptions should include any education, training, certification, licensure, registration, experience, or supervision requirements, as applicable.

We are requesting this additional/clarifying information under provisions of section 1915(f) of the Social Security Act (added by PL 97-35). This has the effect of stopping the 90-day clock for CMS to take action on the material, which would have expired on May 2, 2019. A new 90-day clock will not begin until we receive your response to this request.

In accordance with our guidelines to all State Medicaid directors dated January 2, 2001, and subsequently reiterated in the August 16, 2018 Center for Medicaid and CHIP Services Informational Bulletin, if a response to a formal request for additional information from CMS is not received from the state within 90 days of issuance, CMS will initiate disapproval of the SPA or waiver action. In addition, because this amendment was submitted after January 2, 2001 and is effective after January 1, 2001, please be advised that we will defer federal financial participation (FFP) for state payments made in accordance with this amendment until it is approved. Upon approval, FFP will be available for the period beginning with the effective date through the date of approval.

We ask that you respond to this RAI via the Dallas Regional Office SPA/Waiver e-mail address at CMS SPA\_Waivers\_Dallas\_R06. The original signed response should also be sent to the Dallas Regional Office.

If you have any questions, please contact Cheryl Rupley at 214-767-6278.

Sincerely,

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

Bill Brooks  
Director  
Centers for Medicaid & CHIP Services  
Regional Operations Group