



State of Louisiana
Louisiana Department of Health
Bureau of Health Services Financing

VIA ELECTRONIC MAIL ONLY

June 25, 2019

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: LA SPA TN 19-0001 RAI Response
Children's Behavioral Health Services**

Please refer to our proposed amendment to the Medicaid State Plan submitted under transmittal number (TN) 19-0001 with the proposed effective date of January 1, 2019. The State Plan amendment (SPA) proposes to revise 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. We are providing the following in response to your request for additional information (RAI) dated April 30, 2019:

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.

RESPONSE:

In accordance with the CMS call on April 30, the State is not required to revise the language in the rehabilitative services section of the State Plan.

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.

RESPONSE:

Problem behavior analysis, emotional and behavioral management and improving daily functional living skills are treatment descriptions.

- 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.

RESPONSE:

The language has been removed.

3. Attachment 3.1-A, Item 4.b., Page 9b, Skills Building work: Please remove the term “skill building” from this 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.”

RESPONSE:

The language has been revised.

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 also add a Provider Qualifications section to the rehabilitative services section of the state plan, and 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.

RESPONSE:

The language has been added. Please see revised Attachment 3.1-A, Item 4.b., Pages 9b and 9c.

- 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.

RESPONSE:

The services are not discrete. This is common behavioral health terminology and not a medical service. The word “develop” has been removed.

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.

RESPONSE:

The language has been removed.

- 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 add a Provider Qualifications section to the rehabilitative services section of the state plan, and 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.

RESPONSE:

The language has been added. Please see Attachment 3.1-A, Item 4.b., Page 9d.

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 add a Provider Qualifications section to the rehabilitative services section of the state plan, and 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.

RESPONSE:

The State did not submit a Page 9f with this SPA. In accordance with the CMS call on April 30, the State is not required to revise the language in the rehabilitative services section of the State Plan.

- b. Crisis Stabilization (CS): Please clarify how CS services differ from the proposed Crisis Intervention (CI) services.

RESPONSE:

CI is delivered in an individual's home or community setting while CS is delivered in a setting that is licensed to offer crisis residential services for more than 24 hours if medically needed.

- 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).

RESPONSE:

These services are not provided in an 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 clarify why respite agencies will be furnishing CS services.

RESPONSE:

Respite services are not furnished to children.

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.

RESPONSE:

The State did not submit a Page 9g with this SPA. The children and youth on Attachment 3.1-A, Item 4.b., Page 9d(2) are not inmates of public 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.

RESPONSE:

The State did not submit a Page 9g with this SPA. The language has been added to Attachment 3.1-A, Item 4.b., Page 9d(2).

As always, we appreciate CMS for providing guidance in this matter. If further information is required, you may contact Karen H. Barnes at Karen.Barnes@la.gov or by phone (225) 342-3881.

Sincerely,

A handwritten signature in blue ink, appearing to read "Jen Steele", followed by a small mark that looks like "to".

Jen Steele
Medicaid Director

JS:KHB:MVJ

c: Karen H. Barnes
Tobias Griffin
Tamara Sampson

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 ARE DESCRIBED AS FOLLOWS:

Item 4.b, EPSDT services (continued)

Licensed Mental Health Professional
42 CFR 440.60 - Other Licensed Professionals

A licensed mental health professional (LMHP) is an individual who is licensed in the State of Louisiana to diagnose and treat mental illness or substance use disorders. LMHPs include the following individuals licensed to practice independently:

1. Medical Psychologists;
2. Licensed Psychologists;
3. Licensed Clinical Social Workers (LCSWs);
4. Licensed Professional Counselors (LPCs);
5. Licensed Marriage and Family Therapists (LMFTs);
6. Licensed Addiction Counselors (LACs); and
7. Advanced Practice Registered Nurse (APRN) - must be a nurse practitioner specialist in Adult Psychiatric Mental Health, and Family Psychiatric and Mental Health, or a Certified Nurse Specialist in Psychosocial, Gerontological Psychiatric Mental Health, Adult Psychiatric and Mental Health and Child-Adolescent Mental Health, and may practice to the extent that services are within the APRN's scope of practice.

Service Exclusions

The following services shall be excluded from Medicaid coverage:

1. Components that are not provided to, or directed exclusively toward the treatment of, Medicaid eligible children and youth;
2. Services provided at a work site which are job tasks oriented and not directly related to the treatment of the needs of children and youth;
3. Any services or components in which the basic nature are to supplant housekeeping, homemaking, or basic services for the convenience of children and youth receiving services;
4. Services rendered in an institution for mental disease (IMD), other than a psychiatric residential treatment facility (PRTF) or an inpatient psychiatric hospital; and
5. The cost of room and board associated with crisis stabilization.

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EPSDT Rehabilitation Services
42 CFR 440.130(d)

Services to the beneficiary's family and significant others are for the direct benefit of the beneficiary, in accordance with the beneficiary's needs and treatment goals identified in the beneficiary's treatment plan, and for the purpose of assisting in the beneficiary's recovery.

Service Descriptions

- 1. Therapeutic Services:** Individualized therapeutic interventions, including assessment, medication management, individual, family, and group therapy, and psychological testing, focus on the maximum reduction of mental disability and restoration to his/her best possible functional level.

Assessment: This service is a comprehensive evaluation of an individual's physical, mental, and emotional health, including issues related to mental health and substance use, along with their ability to function within a community in order to determine service needs and formulate recommendations for treatment. Psychological tests may be utilized during assessment services in order to determine an individual's recommended treatment plan.

Medication Management: Goal-oriented interactions to assess the appropriateness of medications in an individual's treatment; periodically evaluating and re-evaluating the efficacy of the prescribed medications; and providing ongoing management of a medication regimen within the context of an individual's treatment plan.

Individual, Family, and Group Therapy: A structured, goal-oriented therapeutic process in which an individual, group, or family interacts on a face-to-face basis with a qualified provider in accordance with the individuals' treatment plan to resolve problems related to a mental illness, serious emotional disorder and/or substance use disorder that interferes with the individual's or family's functioning and adjustment. Counseling to the beneficiary's family is for the direct benefit of the beneficiary, in accordance with the beneficiary's needs and treatment goals identified in the beneficiary's treatment plan, and for the purpose of assisting in the beneficiary's recovery.

Components

1. Ongoing assessment of current risk and presenting problem.
2. Assistance in implementing social, interpersonal, self-care, and/or independent living skills as outlined in the treatment plan in order to restore stability, support functional gains, and/or adapt to community living.
3. Assessing progress toward achievement of treatment goals, and adapting emotional and behavioral management interventions commensurate with progress.

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Provider Qualifications

Therapeutic services must be provided by an LMHP, as defined above.

2. **Community Psychiatric Support and Treatment (CPST)** is 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. The supportive intervention component of CPST includes 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. CPST is a face-to-face intervention; however, it may include family or other collaterals. Most contacts occur in community locations where child or youth lives, works, attends school, and/or socializes.

Development of a treatment plan: includes an agreement with the individual and family members (or other collateral contacts) on the specific strengths and needs, resources, natural supports and individual goals and objectives for that person. The overarching focus is to utilize the personal strengths, resources, and natural supports to reduce functional deficits associated with their mental illness and increase restoration of independent functioning. The agreement should also include developing a crisis management plan.

Individual supportive interventions: include problem behavior analysis as well as emotional and behavioral management with the individual member with a focus on restoring skills and improving daily functional living skills. The primary focus is on implementing social, interpersonal, self-care, and independent living skill goals in order to restore stability, support functional gains, and adapt to community living.

NOTE: CPST services are rehabilitative services associated with assisting individuals with skill restoration to restore stability, support functional gains and adapt to community living, and should not be confused with psychotherapy or other clinical treatment, which shall only be provided by a licensed professional.

Skill Restoration: Includes the practice and reinforcement of independent living skills, use of community resources and daily self-care routines. The primary focus is to restore the basic skills that promote independent functioning of the member and 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.

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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:

Skill restoration also includes assisting the member with effectively responding to or avoiding identified precursors or triggers that would risk their remaining in a natural community location, including assisting the individual and family members or other collaterals with identifying a potential psychiatric or personal crisis, developing a crisis management plan and/or, as appropriate, seeking other supports to restore stability and functioning.

Provider Qualifications

To qualify as a CPST agency, the agency must be licensed as a behavioral health service provider by the Louisiana Department of Health and be accredited by a national accrediting organization approved by the Department.

Prior to January 1, 2019, agencies providing CPST services must have or have applied for accreditation by an accrediting organization approved by the Department. Agencies are allowed to render CPST services prior to obtaining full accreditation; however, agencies are required to attain a full accreditation status within 18 months of the initial accreditation application date.

Effective January 1, 2019, agencies providing CPST services must be fully accredited, or obtain preliminary accreditation prior to rendering CPST services. Agencies must maintain continuous, uninterrupted full or preliminary accreditation.

Agencies providing CPST services must obtain a full accreditation status within 18 months of the agency's initial accreditation application date.

Mental Health Rehabilitation (MHR) Specialists and Mental Health Rehabilitation (MHR) Professionals rendering CPST services must operate under an agency licensed to provide mental health services. MHR Specialists and MHR Professionals rendering CPST services may be licensed or unlicensed behavioral health specialists meeting state and federal qualifications and requirements to provide CPST services.

Prior to January 1, 2019, MHR Professionals with a master's degree from an accredited university or college in social work, counseling, psychology, sociology or a human services related field are qualified to provide all aspects of CPST, including the individual supportive intervention. Other aspects of CPST, except for the individual supportive behavioral intervention, can be provided by a MHR Specialist, who has a bachelor's degree in social work, counseling, psychology or a related human services field or four years of equivalent education and/or experience working in the human services field.

Effective January 1, 2019, MHR Specialists rendering CPST services must have a minimum of a bachelor's degree from an accredited university or college in social work, counseling, psychology, or sociology. MHR Specialists shall not provide individual supportive behavioral interventions.

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MHR Professionals, who have a master's degree from an accredited university or college in counseling, social work, psychology or sociology, may render all aspects of CPST, including individual supportive behavioral interventions. Any MHR Professional hired prior to January 1, 2019, rendering the individual supportive intervention component of CPST for a licensed and accredited agency who does not possess the minimum master's degree in one of the four listed educational fields, but who has a minimum of a bachelor's degree in social work, counseling, psychology or sociology and who met all master's degree provider qualifications in effect prior to January 1, 2019, may continue to provide all components of CPST including the individual supportive intervention component of CPST for the same licensed provider agency.

Prior to the MHR Professional rendering the master's level aspects of CPST, including the individual supportive intervention component of CPST, for a different provider agency, the MHR Professional must comply with the minimum master's degree provisions established effective January 1, 2019.

Unlicensed MHR Specialists and unlicensed MHR Professionals must receive regularly scheduled clinical supervision from a person meeting the qualifications of an LMHP with experience regarding this specialized mental health service.

- 3. Psychosocial Rehabilitation (PSR)** services are designed to assist children and youth with compensating for or eliminating functional deficits and interpersonal and/or environmental barriers associated with their mental illness and restoring functional skills of daily living. 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 children and youth as active and productive members of his/ 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 PSR contacts may occur in the community or locations where the child or youth lives, works, attends school, and/or socializes.

Components

1. Restoration, rehabilitation and support of social and interpersonal skills to increase community tenure, enhance personal relationships, establish support networks, increase community awareness, coping strategies and effective functioning in the individual's social environment, including home, work and school.
2. Restoration, rehabilitation and support of daily living skills to improve self-management of the negative effects of psychiatric or emotional symptoms that interfere with a person's daily living. Supporting the individual with daily living skills and daily routines necessary to remain in home, school, work and community.

NOTE: PSR services are psycho-educational services associated with assisting individuals with skill-restoration and rehabilitation, and should not be confused with counseling, psychotherapy or other clinical treatment, which may only be provided by a licensed professional.

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3. Restoring skills so the member may remain in a natural community location and achieve developmentally appropriate functioning, and assisting the individual with effectively responding to or avoiding identified precursors or triggers that result in functional impairment.

Provider Qualifications

To qualify as a PSR agency, the agency must be licensed as a behavioral health service provider by the Louisiana Department of Health and be accredited by a national accrediting organization approved by the Department.

Prior to January 1, 2019, agencies providing PSR services must have or have applied for accreditation by an accrediting organization approved by the Department. Agencies are allowed to render PSR services prior to attaining full accreditation; however, agencies are required to attain a full accreditation status within 18 months of the initial accreditation application date.

Effective January 1, 2019, agencies providing PSR services must be fully accredited, or obtain a preliminary accreditation prior to rendering PSR services. Agencies must maintain continuous, uninterrupted full or preliminary accreditation. Agencies providing PSR services must obtain a full accreditation status within 18 months of the agency's initial accreditation application date.

Effective January 1, 2019, MHR Specialists rendering PSR services for a licensed provider agency shall hold a minimum of a bachelor's degree from an accredited university or college in the field of counseling, social work, psychology or sociology.

PSR services may be provided by an agency licensed to provide mental health services. MHR Specialists rendering PSR services must operate under an agency license. MHR Specialists rendering PSR services may be licensed or unlicensed behavioral health specialists meeting state and federal qualifications and requirements to provide PSR services. Any MHR Specialist rendering PSR services for a licensed provider agency shall hold a minimum of a bachelor's degree from an accredited university or college in counseling, social work, psychology, or sociology. Any MHR Specialist hired prior to January 1, 2019, rendering PSR services who does not possess the minimum bachelor's degree as described here, but who met all qualifications in effect prior to January 1, 2019, may continue to provide PSR services for the same licensed provider agency. Prior to the MHR Specialist rendering PSR services for a different provider agency, the MHR Specialist must comply with the minimum bachelor's degree provisions established effective January 1, 2019.

Unlicensed MHR Specialists must receive regularly scheduled clinical supervision from a person meeting the qualifications of an LMHP with experience regarding this specialized mental health service.

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AMOUNT, DURATION, AND SCOPE OF MEDICAL AND REMEDIAL CARE AND SERVICES PROVIDED
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4. **Crisis Intervention (CI)** is provided to a children and youth who are 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 goals of Crisis Interventions are 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, including an emergency room or clinic setting, in addition to other community locations where the child or youth lives, works, attends school, and/or socializes.

Provider Qualifications

To qualify as a CI agency, the agency must be licensed as a behavioral health service provider by the Louisiana Department of Health and be accredited by a national accrediting organization approved by the Department.

Agencies providing CI services must be fully accredited or have applied for accreditation by an accrediting organization approved by the Department prior to providing CI services. Agencies are allowed to render CI services prior to attaining full accreditation; however, agencies must have applied for full accreditation by an accrediting organization approved by the Department, and must attain full accreditation status within 18 months of the initial accreditation application date. Agencies must maintain continuous, uninterrupted accreditation.

CI Specialists rendering CI services must operate under an agency licensed to provide mental health services. CI Specialists rendering CI services may be licensed or unlicensed behavioral health specialists meeting state and federal qualifications and requirements to provide CI services. At a minimum, CI Specialists rendering CI services must be at least 20 years old and have an associate's degree in social work, counseling, psychology or a related human services field, or two years of equivalent education and/or experience working in the human services field. Additionally, the provider must be at least three years older than children and youth under the age of 18. The assessment of risk, mental status and medical stability must be completed by an LMHP with experience regarding this specialized mental health service, practicing within the scope of their professional license.

Unlicensed CI Specialists must receive regularly scheduled clinical supervision from a person meeting the qualifications of an LMHP with experience regarding this specialized mental health service.

5. **Crisis Stabilization (CS)** services are short-term and intensive supportive resources for children and youth, and their family. The intent of this service is to provide an out-of-home crisis stabilization option for the family in order to avoid psychiatric inpatient and institutional treatment of children and youth by responding to potential crisis situations.

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 ARE DESCRIBED AS FOLLOWS:

The goal is to support children, youth and family in ways that will address current acute and/or chronic mental health needs and coordinate a successful return to the family setting at the earliest possible time. 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 and his/her ongoing needs as part of the family. It is expected that the children and youth, family and crisis stabilization provider are integral members of the treatment team.

To qualify as a CS agency, the agency must be licensed by the Louisiana Department of Health as a Center-Based Respite Care Agency under the Home and Community Based Service Provider license or as a Crisis Receiving Center, or the agency must be licensed by the Louisiana Department of Children and Family Services as a Child Placing Agency.

CS services also work in partnership with the child's/youth's other community-based providers and the custodial agency (for children and youth in state custody). CS services allow children and youth to benefit from a community-based setting while receiving additional intensive treatment and clinical services as needed. The child or youth must require a service that includes direct monitoring by professional behavioral health staff that would not be able to be provided by a less restrictive service.

Provider Qualifications

Services must be provided by an agency licensed by LDH or the Department of Children and Family Services. CS Specialists rendering CS services may be licensed or unlicensed behavioral health specialists. CS Specialists providing CS services must use clinical programming and a training curriculum approved by LDH. Unlicensed CS Specialists must receive regularly scheduled clinical supervision from a person meeting the qualifications of an LMHP with experience regarding this specialized mental health service.