



State of Louisiana
Louisiana Department of Health
Office of the Secretary

VIA ELECTRONIC MAIL ONLY

June 30, 2020

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

**RE: Louisiana Title XXI State Plan
CHIP Section 5022 of the SUPPORT Act**

Dear Mr. Brooks:

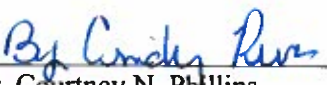
The Louisiana Department of Health is formally submitting the attached Children's Health Insurance Plan (CHIP) Section 5022 of the SUPPORT Act State Plan amendment (SPA) for review and approval.

The purpose of this SPA is to adopt provisions in Section 5022 of the Substance Use Disorder Prevention that Promotes Opioid Recovery and Treatment (SUPPORT) Act that amends section 2103(c)(5) of the Social Security Act (the Act), to make behavioral health services that are culturally and linguistically appropriate and different from the Mental Health Parity and Addiction Equity Act (P.L. 110-343) (MHPAEA) a required benefit in CHIP. This amendment is effective October 24, 2019.

I recommend this material for adoption and inclusion in the body of the State Plan.

Should you have any questions or concerns regarding this matter, please contact Karen Barnes at (225) 342-3881 or via email at Karen.Barnes@la.gov.

Warmly,


_____, for
Dr. Courtney N. Phillips
Secretary

Attachments (1)

CNP:RJ:MVJ

TEMPLATE FOR CHILD HEALTH PLAN UNDER TITLE XXI OF THE SOCIAL SECURITY ACT
CHILDREN'S HEALTH INSURANCE PROGRAM

(Required under 4901 of the Balanced Budget Act of 1997 (New section 2101(b)))

State/Territory: Louisiana
(Name of State/Territory)

As a condition for receipt of Federal funds under Title XXI of the Social Security Act, (42 CFR, 457.40(b))

/s/ Ruth Johnson
Ruth Johnson, Medicaid Executive Director, Louisiana Department of Health

submits the following Child Health Plan for the Children's Health Insurance Program and hereby agrees to administer the program in accordance with the provisions of the approved Child Health Plan, the requirements of Title XXI and XIX of the Act (as appropriate) and all applicable Federal regulations and other official issuances of the Department.

The following State officials are responsible for program administration and financial oversight (42 CFR 457.40(c)):

Name: Ruth Johnson Position/Title: Medicaid Executive Director
Bureau of Health Services Financing

Name: Tara LeBlanc Position/Title: Medicaid Deputy Director
Bureau of Health Services Financing

Disclosure Statement This information is being collected to pursuant to 42 U.S.C. 1397aa, which requires states to submit a State Child Health Plan in order to receive federal funding. This mandatory information collection will be used to demonstrate compliance with all requirements of title XXI of the Act and implementing regulations at 42 CFR part 457. According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid Office of Management and Budget (OMB) control number. The valid OMB control number for this information collection is 0938-1148 (CMS-10398 #34). Public burden for all of the collection of information requirements under this control number is estimated to average 80 hours per response, including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to CMS, 7500 Security Boulevard, Attn: Paperwork Reduction Act Reports Clearance Officer, Mail Stop C4-26-05, Baltimore, Maryland 21244-1850.

Introduction: Section 4901 of the Balanced Budget Act of 1997 (BBA), public law 1005-33 amended

Amendment 22
LA SPA TN 19-0013
CHIP Managed Care
Effective date: July 1, 2018

Amendment 23
LA SPA TN 19-0010
Children’s Health Insurance Program Reauthorization Act (CHIPRA)
Lawfully Resident Children
Effective date: February 1, 2019

Amendment 24
LA SPA TN 19-0022
CHIP Disaster Eligibility and Enrollment
Effective date: July 10, 2019

Provisions for implementing temporary adjustments to eligibility and enrollment policies for application and redetermination, cost sharing, and prior authorization requirements for children in families living in Federal Emergency Management Agency (FEMA) or governor-declared disaster areas at the time of the disaster event. In the event of a disaster, the State will notify the Centers for Medicare & Medicaid Services (CMS) of the intent to provide these temporary adjustments, the effective dates of such adjustments, and the parishes/areas impacted by the disaster.

Amendment 25
LA SPA TN 20-0005
CHIP Disaster Eligibility and Enrollment
Effective date: March 1, 2020
Implementation date: March 1, 2020

To implement provisions for temporary adjustments to eligibility and enrollment policies for tribal consultation, eligibility standards and methodology, and premiums lock-out period for children in families living in state or federally declared disaster or public health emergency areas at the time of the event. In the event of a disaster/public health emergency, the State will notify the Centers for Medicare & Medicaid Services (CMS) of the intent to provide these temporary adjustments, the effective dates of such adjustments, and the parishes/areas impacted by the disaster. The duration of the provisions may not exceed the duration of the state or federal disaster period.

Amendment 26
LA SPA TN 20-0008
Section 5022 of the Substance Use Disorder Prevention that Promotes Opioid Recovery and Treatment (SUPPORT) Act

To adopt provisions in Section 5022 of the Substance Use Disorder Prevention that Promotes Opioid Recovery and Treatment (SUPPORT) Act that amends section 2103(c)(5) of the Social Security Act (the Act), to make behavioral health services that are culturally and linguistically appropriate and different from the Mental Health Parity

and Addiction Equity Act (P.L. 110-343) (MHPAEA) a required benefit in the Children's Health Insurance Program (CHIP).

Proposed effective date: October 24, 2019

Proposed implementation date: October 24, 2019

- 1.4- TC Tribal Consultation** (Section 2107(e)(1)(C)) Describe the consultation process that occurred specifically for the development and submission of this State Plan Amendment, when it occurred and who was involved.

On June 12, 2020 a tribal notification with a summary of the State's intent to seek approval from CMS to adopt provisions in Section 5022 of the SUPPORT Act that amends Section 2103(c)(5) of the Social Security Act (the Act), to make behavioral health services a required benefit in the Children's Health Insurance Program (CHIP). The comment period for the tribal notification ended June 19, 2020.

TN No: Approval Date Effective Date

Section 2. General Background and Description of Approach to Children's Health Insurance Coverage and Coordination

Guidance: The demographic information requested in 2.1. can be used for State planning and will be used strictly for informational purposes. THESE NUMBERS WILL NOT BE USED AS A BASIS FOR THE ALLOTMENT.

Factors that the State may consider in the provision of this information are age breakouts, income brackets, definitions of insurability, and geographic location, as well as race and ethnicity. The State should describe its information sources and the assumptions it uses for the development of its description.

- Population
- Number of uninsured
- Race demographics
- Age Demographics
- Info per region/Geographic information

- 2.1.** Describe the extent to which, and manner in which, children in the State (including targeted low-income children and other groups of children specified) identified, by income level and other relevant factors, such as race, ethnicity and geographic location, currently have creditable health coverage (as defined in 42 CFR 457.10). To the extent feasible, distinguish between creditable coverage under public health insurance programs and public-private partnerships (See Section 10 for annual report requirements). (Section 2102(a)(1)); (42 CFR 457.80(a))

Guidance: Section 2.2 allows states to request to use the funds available under the 10 percent limit on administrative expenditures in order to fund services not otherwise allowable. The health services initiatives must meet the requirements of 42 CFR 457.10.

Guidance: Nursing services may include nurse practitioner services, nurse midwife services, advanced practice nurse services, private duty nursing care, pediatric nurse services, and respiratory care services in a home, school or other setting.

6.2.13. Nursing care services (Section 2110(a)(15))

6.2.14. Abortion only if necessary to save the life of the mother or if the pregnancy is the result of an act of rape or incest (Section 2110(a)(16))

6.2.15. Dental services (Section 2110(a)(17)) States updating their dental benefits must complete 6.2-DC (CHIPRA # 7, SHO # #09-012 issued October 7, 2009)
LaCHIP Phase IV and LaCHIP Phase V has the same benefit as outlined in Medicaid State Plan. Please reference Appendix A: EPSDT Dental Program Fee Schedule for full list of services.

6.2.16. Vision screenings and services (Section 2110(a)(24))

6.2.17. Hearing screenings and services (Section 2110(a)(24))

6.2.18. Case management services (Section 2110(a)(20))

6.2.19. Care coordination services (Section 2110(a)(21))

6.2.20. Physical therapy, occupational therapy, and services for individuals with speech, hearing, and language disorders (Section 2110(a)(22))

6.2.21. Hospice care (Section 2110(a)(23))

Guidance: See guidance for section 6.1.4.1 for a guidance on the statutory requirements for EPSDT under sections 1905(r) and 1902(a)(43) of the Act. If the benefit being provided does not meet the EPSDT statutory requirements, do not check this box.

6.2.22. EPSDT consistent with requirements of sections 1905(r) and 1902(a)(43) of the Act

6.2.22.1 The state assures that any limitations applied to the amount, duration, and scope of benefits described in Sections 6.2 and 6.3- BH of the CHIP state plan can be exceeded as medically necessary.

Guidance: Any other medical, diagnostic, screening, preventive, restorative, remedial, therapeutic or rehabilitative service may be provided, whether in a facility, home, school, or other setting, if recognized by State law and only if the service is: 1) prescribed by or furnished by a physician or other licensed or registered practitioner within the scope of practice as prescribed by State law; 2) performed

under the general supervision or at the direction of a physician; or 3) furnished by a health care facility that is operated by a State or local government or is licensed under State law and operating within the scope of the license.

- 6.2.23. Any other medical, diagnostic, screening, preventive, restorative, remedial, therapeutic, or rehabilitative services. (Section 2110(a)(24))
These services are limited to unborn children covered through LaCHIP Phase IV, who would obtain those services through the Medicaid State Plan.
- 6.2.24. Premiums for private health care insurance coverage (Section 2110(a)(25))
- 6.2.25. Medical transportation (Section 2110(a)(26))
- Guidance: Enabling services, such as transportation, translation, and outreach services, may be offered only if designed to increase the accessibility of primary and preventive health care services for eligible low-income individuals.
- 6.2.26. Enabling services (such as transportation, translation, and outreach services) (Section 2110(a)(27))
- 6.2.27. Any other health care services or items specified by the Secretary and not included under this Section (Section 2110(a)(28))

6.2-BH Behavioral Health Coverage Section 2103(c)(5) requires that states provide coverage to prevent, diagnose, and treat a broad range of mental health and substance use disorders in a culturally and linguistically appropriate manner for all CHIP enrollees, including pregnant women and unborn children.

Guidance: Please attach a copy of the state's periodicity schedule. For pregnancy-related coverage, please describe the recommendations being followed for those services.

6.2.1- BH Periodicity Schedule The state has adopted the following periodicity schedule for behavioral health screenings and assessments. Please specify any differences between any covered CHIP populations:

- State-developed schedule
 American Academy of Pediatrics/ Bright Futures
 Other Nationally recognized periodicity schedule (please specify: _____)
 Other (please describe: _____)

6.3- BH Covered Benefits Please check off the behavioral health services that are provided to the state's CHIP populations, and provide a description of the amount, duration, and scope of each benefit. For each benefit, please also indicate whether the benefit is available for mental health and/or substance use disorders. If there are differences in benefits based on the population or type of condition being treated, please specify those differences.

If EPSDT is provided, as described at Section 6.2.22 and 6.2.22.1, the state should only check off the applicable benefits. It does not have to provide additional information regarding the amount, duration, and scope of each covered behavioral health benefit.

Guidance: Please include a description of the services provided in addition to the behavioral health screenings and assessments described in the assurance below at 6.3.1.1-BH.

6.3.1- BH Behavioral health screenings and assessments. (Section 2103(c)(6)(A))

6.3.1.1- BH The state assures that all developmental and behavioral health recommendations outlined in the AAP Bright Futures periodicity schedule and United States Public Preventive Services Task Force (USPSTF) recommendations graded as A and B are covered as a part of the CHIP benefit package, as appropriate for the covered populations.

Guidance: Examples of facilitation efforts include requiring managed care organizations and their networks to use such tools in primary care practice, providing education, training, and technical resources, and covering the costs of administering or purchasing the tools.

6.3.1.2- BH The state assures that it will implement a strategy to facilitate the use of age-appropriate validated behavioral health screening tools in primary care settings. Please describe how the state will facilitate the use of validated screening tools.

6.3.2- BH Outpatient services (Sections 2110(a)(11) and 2110(a)(19))

Guidance: Psychosocial treatment includes services such as psychotherapy, group therapy, family therapy and other types of counseling services.

6.3.2.1- BH Psychosocial treatment
Provided for: Mental Health Substance Use Disorder

6.3.2.2- BH Tobacco cessation
Provided for: Substance Use Disorder

Guidance: In order to provide a benefit package consistent with section 2103(c)(5) of the Act, MAT benefits are required for the treatment of opioid use disorders. However, if the state provides MAT for other SUD conditions, please include a description of those

benefits below at section 6.3.2.3- BH.

6.3.2.3- BH Medication Assisted Treatment
Provided for: Substance Use Disorder

6.3.2.3.1- BH Opioid Use Disorder

6.3.2.3.2- BH Alcohol Use Disorder

6.3.2.3.3- BH Other

6.3.2.4- BH Peer Support
Provided for: Mental Health Substance Use Disorder

Coordinated System of Care (CSoC) only.

6.3.2.5- BH Caregiver Support
Provided for: Mental Health Substance Use Disorder

6.3.2.6- BH Respite Care
Provided for: Mental Health Substance Use Disorder

CSoC only.

6.3.2.7- BH Intensive in-home services
Provided for: Mental Health Substance Use Disorder

6.3.2.8- BH Intensive outpatient
Provided for: Mental Health Substance Use Disorder

6.3.2.9- BH Psychosocial rehabilitation
Provided for: Mental Health Substance Use Disorder

Guidance: If the state considers day treatment and partial hospitalization to be the same benefit, please indicate that in the benefit description. If there are differences between these benefits, such as the staffing or intensity of the setting, please specify those in the description of the benefit's amount, duration, and scope.

6.3.3- BH Day Treatment
Provided for: Mental Health Substance Use Disorder

6.3.3.1- BH Partial Hospitalization
Provided for: Mental Health Substance Use Disorder

6.3.4- BH Inpatient services, including services furnished in a state-operated mental hospital and including residential or other 24-hour therapeutically planned structural services (Sections 2110(a)(10) and 2110(a)(18))
Provided for: Mental Health Substance Use Disorder

Guidance: If applicable, please clarify any differences within the residential treatment benefit (e.g. intensity of services, provider types, or settings in which the residential treatment services are provided).

6.3.4.1- BH Residential Treatment
Provided for: Mental Health Substance Use Disorder

6.3.4.2- BH Detoxification
Provided for: Substance Use Disorder

Guidance: Crisis intervention and stabilization could include services such as mobile crisis, or short term residential or other facility based services in order to avoid inpatient hospitalization.

6.3.5- BH Emergency services
Provided for: Mental Health Substance Use Disorder

6.3.5.1- BH Crisis Intervention and Stabilization
Provided for: Mental Health Substance Use Disorder

6.3.6- BH Continuing care services
Provided for: Mental Health Substance Use Disorder

6.3.7- BH Care Coordination
Provided for: Mental Health Substance Use Disorder

6.3.7.1- BH Intensive wraparound
Provided for: Mental Health Substance Use Disorder

CSoC only.

6.3.7.2- BH Care transition services
Provided for: Mental Health Substance Use Disorder

6.3.8- BH Case Management
Provided for: Mental Health Substance Use Disorder

6.3.9- BH Other
Provided for: Mental Health Substance Use Disorder

6.4- BH Assessment Tools

6.4.1- BH Please specify or describe all of the tool(s) required by the state and/or each managed care entity:

ASAM Criteria (American Society Addiction Medicine)
 Mental Health Substance Use Disorders

InterQual
 Mental Health Substance Use Disorders

MCG Care Guidelines

- Mental Health Substance Use Disorders
- CALOCUS/LOCUS (Child and Adolescent Level of Care Utilization System)
 Mental Health Substance Use Disorders
- CASII (Child and Adolescent Service Intensity Instrument)
 Mental Health Substance Use Disorders
- CANS (Child and Adolescent Needs and Strengths)
 Mental Health Substance Use Disorders
- State-specific criteria (e.g. state law or policies) (please describe)
 Mental Health Substance Use Disorders
- Plan-specific criteria (please describe)
 Mental Health Substance Use Disorders

Managed care entities may use medical management criteria endorsed by a national or state health care provider or association, such as MCG or Interqual, to support clinical decision-making and service authorization for certain levels of care, such as inpatient and other services, in accordance with the State’s medical necessity criteria.

- Other (please describe)
 Mental Health Substance Use Disorders
- No specific criteria or tools are required
 Mental Health Substance Use Disorders

Guidance: Examples of facilitation efforts include requiring managed care organizations and their networks to use such tools to determine possible treatments or plans of care, providing education, training, and technical resources, and covering the costs of administering or purchasing the assessment tools.

6.4.2- BH Please describe the state’s strategy to facilitate the use of validated assessment tools for the treatment of behavioral health conditions.

The use of the LOCUS/CALOCUS is mandated in the provider manual. The CANS is mandated through the waiver.

6.2.5- BH Covered Benefits The State assures the following related to the provision of behavioral

health benefits in CHIP:

All behavioral health benefits are provided in a culturally and linguistically appropriate manner consistent with the requirements of section 2103(c)(6), regardless of delivery system.

The state will provide all behavioral health benefits consistent with 42 CFR 457.495 to ensure there are procedures in place to access covered services as well as appropriate and timely treatment and monitoring of children with chronic, complex or serious conditions.

6.2-DC Dental Coverage (CHIPRA # 7, SHO # #09-012 issued October 7, 2009) The State will provide dental coverage to children through one of the following. Please update Sections 9.10 and 10.3-DC when electing this option. Dental services provided to children eligible for dental-only supplemental services must receive the same dental services as provided to otherwise eligible CHIP children (Section 2103(a)(5)):

6.2.1-DC State Specific Dental Benefit Package. The State assures dental services represented by the following categories of common dental terminology (CDT¹) codes are included in the dental benefits:

1. Diagnostic (i.e., clinical exams, x-rays) (CDT codes: D0100-D0999) (must follow periodicity schedule)
2. Preventive (i.e., dental prophylaxis, topical fluoride treatments, sealants) (CDT codes: D1000-D1999) (must follow periodicity schedule)
3. Restorative (i.e., fillings, crowns) (CDT codes: D2000-D2999)
4. Endodontic (i.e., root canals) (CDT codes: D3000-D3999)
5. Periodontic (treatment of gum disease) (CDT codes: D4000-D4999)
6. Prosthodontic (dentures) (CDT codes: D5000-D5899, D5900-D5999, and D6200-D6999)
7. Oral and Maxillofacial Surgery (i.e., extractions of teeth and other oral surgical procedures) (CDT codes: D7000-D7999)
8. Orthodontics (i.e., braces) (CDT codes: D8000-D8999)
9. Emergency Dental Services

6.2.1.1-DC Periodicity Schedule. The State has adopted the following periodicity schedule:

- State-developed Medicaid-specific
- American Academy of Pediatric Dentistry
- Other Nationally recognized periodicity schedule
- Other (description attached)

6.2.2-DC Benchmark coverage; (Section 2103(c)(5), 42 CFR 457.410, and 42 CFR 457.420)

6.2.2.1-DC FEHBP-equivalent coverage; (Section 2103(c)(5)(C)(i)) (If checked, attach copy of the dental supplemental plan benefits description and the