

[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. On July 16, 2019, a tribal notification with a summary of the State’s intent to seek approval from CMS to implement 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, was sent to the five federally recognized tribes. The seven-day comment period for the tribal notification ended July 23, 2019.**~~

~~**In the event of a state or federally declared disaster or public health emergency, the State may modify the tribal consultation process by shortening the number of days before submission of the SPA and/or conducting consultation after submission of the SPA. The duration of the provisions may not exceed the duration of the state or federal disaster period.**~~

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.

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.

Children in need of peer support, respite care, and intensive wraparound services will be evaluated to determine whether the child is eligible for services through the State’s Coordinated System of Care. The Coordinated System of Care ensures there is a coordinated network of services and supports for children and youth with behavioral health challenges and their families. Children eligible for services through the Coordinated System of Care include those in, or at risk of, out-of-home placement.

**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.

All EPSDT medically necessary services are provided through referral to a behavioral health clinician by the primary care provider, even when such health care is not otherwise covered under State Plan. These services may require prior authorization.

**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.

The screening tools are required through the State's managed care contracts. The MCOs are tasked with educating providers on the screening tool requirements as well as care coordination and service referrals if member needs cannot fully be met by the attending provider.

**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<sub>[JK1]</sub>

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<sup>[JK2]</sup>  
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. The assessment tools are required through the State's managed care contracts and the Behavioral Health Provider Manual. The tools are updated by the State as frequently as they are updated by the developer of the tools. The CSoc contractor and the MCOs push the updates out to their providers. The CSoc services are available to all CHIP populations who meet the level of care.

**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.