

DEPARTMENT OF HEALTH & HUMAN SERVICES

Centers for Medicare & Medicaid Services
601 East 12th Street, Suite 0300
Kansas City, Missouri 64106-2898



Medicaid and CHIP Operations Group

March 16, 2021

Ms. Tara LeBlanc, Interim Medicaid Director
State of Louisiana
Department of Health
628 N 4th Street
P.O. Box 91030
Baton Rouge, LA 70821-9030

RE: TN LA 20-0015

Dear Ms. LeBlanc:

We have reviewed the State's proposed amendment to the Louisiana State Plan submitted under Transmittal Number (TN) 20-0015 dated December 23, 2020. This state plan amendment is to amend the provisions governing adult mental health services in order to add peer support services as a covered rehabilitative service.

Based on the information submitted, we approved the amendment on March 16, 2021, for incorporation into the official Louisiana State Plan with an effective date of February 1, 2020. A copy of the CMS-179 and approved plan pages are enclosed with this letter.

If you have any questions regarding this matter, you may contact Tobias Griffin at (214) 767-4425, or by email at tobias.griffin@cms.hhs.gov.

Sincerely,

A handwritten signature in blue ink that reads 'James G. Scott'.

Digitally signed by James G.
Scott -S
Date: 2021.03.16 17:16:03
-05'00'

James G. Scott, Director
Division of Program Operations

Enclosures

cc: Billy Bob Farrell, Branch Manager
Karen Barnes, LA Department of Health

TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL FOR: CENTERS FOR MEDICARE & MEDICAID SERVICES	1. TRANSMITTAL NUMBER 20-0015	2. STATE Louisiana
TO: REGIONAL ADMINISTRATOR CENTERS FOR MEDICARE & MEDICAID SERVICES DEPARTMENT OF HEALTH AND HUMAN SERVICES	3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL SECURITY ACT (MEDICAID)	
4. PROPOSED EFFECTIVE DATE February 1, 2021		
5. TYPE OF PLAN MATERIAL (Check One) <input type="checkbox"/> NEW STATE PLAN <input type="checkbox"/> AMENDMENT TO BE CONSIDERED AS NEW PLAN <input checked="" type="checkbox"/> AMENDMENT		

COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (Separate transmittal for each amendment)

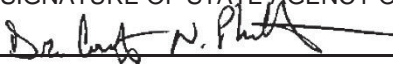
6. FEDERAL STATUTE/REGULATION CITATION 42 CFR 440.60 42 CFR 440.130 (d) 42 CFR 447.304	7. FEDERAL BUDGET IMPACT a. FFY 2021 \$ 0 b. FFY 2022 \$ 0
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT Attachment 3.1-A, Item 13d, Pages 12, 19-20	9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable) Same (TN 18-0005)

10. SUBJECT OF AMENDMENT:

The purpose of the SPA is to amend the provisions governing adult mental health services in order to add peer support services as a covered **rehabilitative service.**

11. GOVERNOR'S REVIEW (Check One)


GOVERNOR'S OFFICE REPORTED NO COMMENT OTHER, AS SPECIFIED
 COMMENTS OF GOVERNOR'S OFFICE ENCLOSED The Governor does not review State Plan material.
 NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL

12. SIGNATURE OF STATE AGENCY OFFICIAL 	16. RETURN TO Tara A. LeBlanc Interim Medicaid Executive Director State of Louisiana Department of Health 628 North 4th Street P.O. Box 91030 Baton Rouge, LA 70821-9030
13. TYPED NAME Dr. Courtney N. Phillips	
14. TITLE Secretary	
15. DATE SUBMITTED December 23, 2020	

FOR REGIONAL OFFICE USE ONLY

17. DATE RECEIVED December 30, 2020	18. DATE APPROVED March 16, 2021
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PLAN APPROVED - ONE COPY ATTACHED

19. EFFECTIVE DATE OF APPROVED MATERIAL February 1, 2021	20. SIGNATURE OF REGIONAL OFFICIAL  <small>Digitally signed by James G. Scott -S Date: 2021.03.16 17:17:08 -05'00'</small>
21. TYPED NAME James G. Scott	22. TITLE Director, Division of Program Operations

23. REMARKS **The State requests a pen and ink change to boxes 6 and 10.**

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 DESCRIBED AS FOLLOWS:

CITATION **Rehabilitation Health Services**
42 CFR 440.130 (d)

Adult Mental Health Services

The Medicaid program provides coverage under the Medicaid State Plan for mental health services rendered to adults with mental health disorders. The mental health services rendered to adults shall be necessary to reduce the disability resulting from mental illness and to restore the individual to their best possible functioning level in the community.

Qualifying individuals, 21 years of age and older who are enrolled in Healthy Louisiana, shall be eligible to receive the following medically necessary adult mental health services:

1. Therapeutic services; and
2. Mental health rehabilitation services, including community psychiatric support and treatment (CPST), psychosocial rehabilitation (PSR) crisis intervention (CI) services, assertive community treatment (ACT), and peer support services.

Licensed Mental Health Professionals

Licensed mental health professionals (LMHPs) are individuals licensed in the State of Louisiana to diagnose and treat mental illness or substance use disorders. LMHPs include the following individuals who are 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 Nurses (APRN) (must be a nurse practitioner specialist in Adult Psychiatric & Mental Health, and Family Psychiatric & 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).

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6. Peer Support Services:

Peer support services (PSS) are an evidence-based behavioral health service that consists of a qualified peer support provider, who assists members with their recovery from mental illness and/or substance use. PSS are behavioral health rehabilitative services to reduce the disabling effects of an illness or disability and restore the beneficiary to the best possible functional level in the community. PSS are person-centered and recovery focused. PSS are face-to-face interventions with the member. Most contacts occur in community locations where the member lives, works, attends school and/or socializes.

Provider Qualifications

Peer Support Specialists must successfully complete the OBH approved Peer Employment Training prior to providing peer support services. Training provides the Peer Support Specialist with a basic set of competencies necessary to perform the peer support function. The Peer Support Specialist must also complete a minimum of ten (10) Continuing Education Units (CEU) per calendar year.

Peer support services must be provided under the administrative oversight of licensed and accredited local governing entities (LGEs). LGEs must meet state and federal requirements for providing PSS.

Credentialed Peer Support Specialists (CPSS) must have lived experience with a mental illness and/or substance use challenge or condition and must be at least 21 years of age. A CPSS must have at least twelve (12) months of continuous recovery, which is demonstrated by a lifestyle and decisions supporting an individual's overall wellness and recovery.

Service Delivery

- A. All mental health services must be medically necessary. The medical necessity for services shall be determined by an LMHP or physician who is acting within the scope of their professional license and applicable state law.
- B. All services shall be delivered in accordance with federal and state laws and regulations, the provider manual, and other notices or directives issued by the Department. The provider shall create and maintain documents to substantiate that all requirements are met.
- C. Services rendered by the Peer Specialist will be coordinated within the context of a comprehensive, individualized plan of care that includes specific individualized goals, with supervision provided to the Peer Specialist by a Licensed Mental Health Professional.
- D. Each provider of adult mental health services shall enter into a contract with one or more of the

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managed care organizations in order to receive reimbursement for Medicaid covered services.

- E. There shall be recipient involvement throughout the planning and delivery of services.
 - 1. Services shall be:
 - a. delivered in a culturally and linguistically competent manner; and
 - b. respectful of the individual receiving services.
 - 2. Services shall be appropriate to individuals of diverse racial, ethnic, religious, sexual, and gender identities and other cultural and linguistic groups.
 - 3. Services shall be appropriate for:
 - a. age;
 - b. development; and
 - c. education.
- F. Anyone providing adult mental health services must operate within their scope of practice license.
- G. Fidelity reviews must be conducted for evidenced based practices on an ongoing basis as determined necessary by the Department.
- H. Services may be provided in the community or in the individual's place of residence as outlined in the treatment plan. Services shall not be provided at an institution for mental disease (IMD).

Assessments

For mental health rehabilitation, each enrollee shall be assessed, at least annually, by a LMHP and shall have a treatment plan developed for CPST, PSR and ACT based on that assessment.

Treatment Plan

Treatment plans shall:

- 1. be based on the assessed needs of the member;
- 2. be developed by a LMHP or physician in collaboration with direct care staff, the member, family and natural supports; and
- 3. contain goals and interventions targeting areas of risk and need identified in the assessment.

The individualized treatment plan shall be developed and reviewed in accordance with the criteria and frequency established by the Department, and in accordance with the provider manual and other notices or directives issued by the Department.