

DEPARTMENT OF HEALTH & HUMAN SERVICES

Centers for Medicare & Medicaid Services
601 E. 12th St., Room 355
Kansas City, Missouri 64106



Medicaid and CHIP Operations Group

November 10, 2021

Mr. Patrick Gillies
Medicaid Executive Director
State of Louisiana
Department of Health
628 N 4th Street
P.O. Box 91030
Baton Rouge, LA 70821-9030

Re: Louisiana State Plan Amendment (SPA) TN 21-0023

Dear Mr. Gillies:

The Centers for Medicare & Medicaid Services (CMS) reviewed your Medicaid State Plan Amendment (SPA) submitted under transmittal number (TN) 21-0023. This amendment proposes to amend the provisions governing Children's Behavioral Health Services in order to revise provider and staff qualifications relative to Psychosocial Rehabilitation services.

We conducted our review of your submittal according to statutory requirements in Title XIX of the Social Security Act and implementing regulations 42 CFR § 435.733. This letter is to inform you that Louisiana Medicaid SPA 21-0023 was approved on November 10, 2021, with an effective date of January 1, 2022.

If you have any questions, please contact Tobias Griffin at (214) 767-4425 or via email at Tobias.Griffin@cms.hhs.gov.

Sincerely,

James G. Scott, Director
Division of Program Operations

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 21-0023	2. STATE Louisiana
	3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL SECURITY ACT (MEDICAID)	
TO: REGIONAL ADMINISTRATOR CENTERS FOR MEDICARE & MEDICAID SERVICES DEPARTMENT OF HEALTH AND HUMAN SERVICES	4. PROPOSED EFFECTIVE DATE January 1, 2022	

5. TYPE OF PLAN MATERIAL (Check One)
 NEW STATE PLAN AMENDMENT TO BE CONSIDERED AS NEW PLAN 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	7. FEDERAL BUDGET IMPACT a. FFY <u>2022</u> \$ 0 b. FFY <u>2023</u> \$ 0
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8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT Attachment 3.1-A, Item 4b, Page 9d Attachment 3.1-A, Item 13d, Page 15	9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable) Same (TN 19-0001) Same (TN 18-0005)
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10. SUBJECT OF AMENDMENT **The purpose of this SPA is to amend the provisions governing Children’s Behavioral Health Services in order to revise provider and staff qualifications relative to Psychosocial Rehabilitation services.**

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 Patrick Gillies 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 Ruth Johnson, designee for Dr. Courtney N. Phillips	
14. TITLE Secretary	
15. DATE SUBMITTED September 21, 2021	

FOR REGIONAL OFFICE USE ONLY

17. DATE RECEIVED September 21, 2021	18. DATE APPROVED November 10, 2021
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PLAN APPROVED - ONE COPY ATTACHED

19. EFFECTIVE DATE OF APPROVED MATERIAL January 1, 2022	20. SIGNATURE OF REGIONAL OFFICIAL
21. TYPED NAME James G. Scott	22. TITLE Director, Division of Program Operations

23. REMARKS

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:

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 must obtain a preliminary accreditation or be fully accredited by the Commission on Accreditation of Rehabilitation Facilities (CARF), the Council on Accreditation (COA), or The Joint Commission (TJC). Individuals rendering PSR services must operate under an agency license.

Any individual rendering PSR services for a licensed and accredited provider agency must meet the following qualifications:

1. Possess a bachelor's degree from an accredited university or college in the field of counseling, social work, psychology, sociology, rehabilitation services, special education, early childhood education, secondary education, family and consumer sciences, or human growth and development; or any bachelor's degree from an accredited university or college with a minor in counseling, social work, sociology, or psychology; or
2. Be 21 years of age or older as of January 1, 2022, have a high school diploma or equivalency, and have been continuously employed by a PSR provider agency since prior to January 1, 2019.

MHR Specialists rendering PSR services may be licensed or unlicensed behavioral health specialists meeting state requirements to provide PSR services. All MHR specialists who are not licensed must receive regularly scheduled clinical supervision from a person meeting the qualifications of a Licensed Mental Health Professional (LMHP) with experience regarding this specialized mental health service.

STATE OF LOUISIANA

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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 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. PSR is a face-to-face intervention provided individually or in a group setting. Most contacts occur in community locations where the person lives, works, attends school, and/or socializes.

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