

Louisiana Department of Health Office of the Secretary

May 6, 2022

James G. Scott, Director Division of Program Operations Medicaid & CHIP Operations Group 601 East 12th Street, Room 0300 Kansas City, Missouri 64106-2898

RE: Louisiana Title XIX State Plan Transmittal No. 22-0007

Dear Mr. Scott:

I have reviewed and approved the enclosed Louisiana Title XIX State Plan material.

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.

Sincerely,

FOR: Dr. Courtney N. Phillips

Luth Johnson

Secretary

Attachments (3)

CNP:PG:UN

TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL	1. TRANSMITTAL NUMBER 22-0007	2. STATE LA		
FOR: CENTERS FOR MEDICARE & MEDICAID SERVICES	3. PROGRAM IDENTIFICATION: TITLE <u>XIX</u> OF THE SOCIAL SECURITY ACT			
TO: CENTER DIRECTOR CENTERS FOR MEDICAID & CHIP SERVICES DEPARTMENT OF HEALTH AND HUMAN SERVICES	4. PROPOSED EFFECTIVE DATE July 1, 2022			
5. FEDERAL STATUTE/REGULATION CITATION 42 CFR 440.130 (d)	6. FEDERAL BUDGET IMPACT (Amounts in WHOLE dollars) a. FFY 2023 \$ 11,606,116 b. FFY 2024 \$ 9,625,114			
7. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT	8. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable)			
Attachment 3.1-A, Item 13d., Pages 12, 19-20 Attachment 3.1-A, Item 13d., Pages 21-23 New Pages	Same (TN 20-0015)			
9. SUBJECT OF AMENDMENT The purpose of this SPA is to services in order to add crisis stabilization as a covered	•	g adult mental health		
10. GOVERNOR'S REVIEW (Check One)	ZOTUED AS ODESUED			
GOVERNOR'S OFFICE REPORTED NO COMMENT COMMENTS OF GOVERNOR'S OFFICE ENCLOSED NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL	OTHER, AS SPECIFIED: The Governor does not review State Plan material.			
11. SIGNATURE OF STATE AGENCY OFFICIAL	15. RETURN TO			
12. TYPED NAME	Patrick Gillies, Medicaid Exe			
Ruth Johnson, designee for Dr. Courtney N. Phillips	Louisiana Department of Head 628 North 4 th Street	alth		
13. TITLE Secretary	P.O. Box 91030			
14. DATE SUBMITTED May 6, 2022	Baton Rouge, LA 70821-9030	•		
FOR CMS U	I SE ONLY			
16. DATE RECEIVED	17. DATE APPROVED			
PLAN APPROVED - ON	E COPY ATTACHED			
18. EFFECTIVE DATE OF APPROVED MATERIAL	19. SIGNATURE OF APPROVING OFFIC	CIAL		
20. TYPED NAME OF APPROVING OFFICIAL	1. TITLE OF APPROVING OFFICIAL			
22. REMARKS				

LA TITLE XIX SPA

TRANSMITTAL #: 22-0007

TITLE: Adult Mental Health Services (Crisis Stabilization)

EFFECTIVE DATE: July 1, 2022

FISCAL IMPACT: Increase

1st SFY 2nd SFY 3rd SFY	year % inc. 2023 2024 2025			fed. match	0.00% 0.00% 0.00%	12 July 20	022 - June 2023 023- June 2024 024 - June 2025	range of mos.		dollars \$13,690,848 \$14,238,482 \$14,808,021	
Total inc	rease or decrea	se cost FFY	2023								
SFY	2023	\$13,690,848	for	12 months		July 2022 - June 2023				\$13,690,848	
SFY	2024	\$14,238,482 \$14,238,482 /	for	12 months 12 X 3		July 2023- June 2024 July 2023 - September	2023		=	\$3,559,621 \$17,250,469	
		ı	FFP (FFY	2023)=		\$17,250,469	X	67.28%	=	=	\$11,606,116
Total ind SFY	crease or decrea 2024	se cost FFY \$14,238,482 \$14,238,482	2024 for	12 months 12 X 9		July 2023- June 2024 October 2023 - June 2	024		=	\$10,678,862	
SFY	2025	\$14,808,021 \$14,808,021	for	12 months 12 X 3		July 2024 - June 2025 July 2024 - Septembe			=	\$3,702,005 \$14,380,867	
			FFP (FFY	2024)=		\$14,380,867	x	66.93%	=	=	\$9,625,114

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 REMEDICAL CARE AND SERVICES DESCRIBED AS FOLLOWS:

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

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;
- 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; and
- 3. Crisis stabilization.

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).

TN <u>22-0007</u>
Supersedes
TN 20-0015

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 REMEDICAL CARE AND SERVICES DESCRIBED AS FOLLOWS:

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 personcentered 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.

7. Crisis Stabilization

Crisis Stabilization (CS) is a short-term bed-based crisis treatment and support service for members who have received a lower level of crisis services and are at risk of hospitalization or institutionalization, including nursing home placement.

TN <u>22-0007</u>	
Supersedes	
TN 20-0015	

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 REMEDICAL CARE AND SERVICES DESCRIBED AS FOLLOWS:

CS is utilized when additional crisis supports are necessary to stabilize the crisis and ensure community tenure in instances in which more intensive inpatient psychiatric care is not warranted or when the member's needs are better met at this level. This service is designed to ameliorate a psychiatric crisis and/or reduce acute symptoms of mental illness and to provide crisis relief, resolution, and intensive supportive resources for adults who need temporary twenty-four (24) hours a day, seven (7) days a week support and is not intended to be a housing placement.

Services are provided in an organized bed-based non-medical setting, delivered by appropriately trained staff that provide safe twenty-four (24) hour crisis relieving/resolving intervention and support, medication management, observation, and care coordination in a supervised environment where the member is served.

Provider Qualifications

CS services may be provided by an agency licensed to provide behavioral health services. Agencies providing CS services must be fully accredited by or have applied for accreditation from the Commission on Accreditation of Rehabilitation Facilities (CARF), the Council on Accreditation (COA), or The Joint Commission (TJC) prior to providing CS services. Agencies are allowed to render CS services prior to attaining full accreditation; however, agencies must have applied for full accreditation, and must attain full accreditation status within 18 months of the initial accreditation application date. Agencies must maintain continuous, uninterrupted accreditation.

Staffing Requirements

Crisis stabilization facilities or agencies shall comply with core staffing requirements within the scope of practice of the license required to practice in the state of Louisiana.

Crisis stabilization service providers shall have the following staff:

Clinical Director

The Clinical Director shall be a physician licensed in the state of Louisiana with expertise in managing psychiatric and medical conditions or a psychiatric and mental health nurse practitioner who has an unrestricted Advanced Practice Registered Nurses (APRN) license with prescriptive authority and who is in collaborative practice with a Louisiana licensed physician for consultation. The Clinical Director is responsible for developing and implementing policies and procedures, oversees clinical services and treatment, and must be on duty as needed and on call and available at all times.

TN	22-0007
Sup	ersedes
ΤŃ	20-0015

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 REMEDICAL CARE AND SERVICES DESCRIBED AS FOLLOWS:

Authorized Licensed Prescriber

The Authorized Licensed Prescriber shall be a physician licensed in the state of Louisiana with expertise in managing psychiatric and medical conditions or a psychiatric and mental health nurse practitioner who has an unrestricted license and prescriptive authority and has a licensed physician on call at all times to be available for consultation. The Authorized Licensed Prescriber is responsible for managing the psychiatric and medical care of the clients and must be on call at all times to be available for consultation.

Crisis Receiving Center (CRC) Manager

The CRC Manager shall have a minimum of a master's degree in a human services field or is a licensed registered nurse. The CRC Manager shall have at least one year of qualifying experience in the field of behavioral health and is a full time employee.

Nurse Manager

The nurse manager shall hold a current unrestricted license as a registered nurse (RN) in the state of Louisiana; has been a RN for a minimum of five years with three years of qualifying experience providing direct care to patients with behavioral health diagnoses and at least one year qualifying experience providing direct care to medical/surgical inpatients; and is a full time employee.

Licensed Mental Health Professionals

Licensed Mental Health Professionals (LMHPs) shall have a current, valid and unrestricted license in the State of Louisiana. LMHPs shall have at least one year of qualifying experience in direct care to clients with behavioral health diagnoses. A sufficient number of LMHPs shall be maintained to meet the needs of the members, with at least one LMHP on duty during hours of operation.

Nursing Staff

Nursing Staff shall have a valid current nursing license in the State of Louisiana with at least one year qualifying experience in providing direct care to clients with a behavioral health diagnosis and at least one year qualifying experience providing direct care to medical/surgical inpatients. At least one RN shall be on duty at the CRC during hours of operation.

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 REMEDICAL CARE AND SERVICES DESCRIBED AS FOLLOWS:

Unlicensed Professionals

Unlicensed Professionals of Crisis Stabilization services must meet the following requirements:

- 1. Be at least twenty-four (24) years old; and
- 2. Possess a minimum of bachelor's degree (preferred) OR an associate's degree and two (2) years of work experience in the human services field.

Peer Support Specialist

A Peer Support Specialist is an individual who has successfully completed required training and credentialing requirements through the Office of Behavioral Health (OBH) as a peer support specialist. This includes ongoing completion of continuing education requirements consistent with Louisiana requirements for Peer Support.

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 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.

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 REMEDICAL CARE AND SERVICES DESCRIBED AS FOLLOWS:

- 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.