

Louisiana Department of Health Office of the Secretary

August 31, 2022

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

RE: Louisiana Title XIX State Plan Transmittal No. 22-0026

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,

Dr. Courtney N. Phillips

Secretary

Attachments (2)

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CNP:TAL:SSJ

DETAILED OF THE BIOTHER A MEDICAL DETAILS		
TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL	1. TRANSMITTAL NUMBER <b>22-0026</b>	2. STATE <b>LA</b>
FOR: CENTERS FOR MEDICARE & MEDICAID SERVICES	3. PROGRAM IDENTIFICATION: TITLE <u>XI</u> SECURITY ACT	X OF THE SOCIAL
TO: CENTER DIRECTOR CENTERS FOR MEDICAID & CHIP SERVICES DEPARTMENT OF HEALTH AND HUMAN SERVICES	4. PROPOSED EFFECTIVE DATE  January 1, 2023	
5. FEDERAL STATUTE/REGULATION CITATION 42 CFR 440.60 42 CFR 440.130 (d)	6. FEDERAL BUDGET IMPACT (Amounts a. FFY 2023 \$ 0 b. FFY 2024 \$ 0	in WHOLE dollars)
7. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT  Attachment 3.1-A, Item 4.b, Page 9-9c Attachment 3.1-A, Item 4.b, Page 9d Attachment 3.1-A, Item 13.d, Page 12 Attachment 3.1-A, Item 13.d, Pages 13-14 Attachment 3.1-A, Item 13.d, Page 15	8. PAGE NUMBER OF THE SUPERSEDE ATTACHMENT (If Applicable) Same (TN 19-0001) Same (TN 21-0023) Same (TN 22-0007) Same (TN 18-0005) Same (TN 21-0023) Attachment 3.1-A, Item 4.b, Page 9 Attachment 3.1-A, Item 4.b, Page 9	(d)1 (Delete Page)
9. SUBJECT OF AMENDMENT  The purpose of this SPA is to amend the provisions governous to update Community Psychiatric Support and Treservices.  10. GOVERNOR'S REVIEW (Check One)  GOVERNOR'S OFFICE REPORTED NO COMMENT COMMENTS OF GOVERNOR'S OFFICE ENCLOSED	other, as specified:	Rehabilitation (PSR
NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL  11. SIGNATURE OF STATE AGENCY OFFICIAL	The Governor does not review S	itate Plan material.
12. TYPED NAME  Ruth Johnson, designee for Dr. Courtney N. Phillips  13. TITLE  Secretary  14. DATE SUBMITTED	Tara A. LeBlanc, Medicaid Ex Louisiana Department of Heal 628 North 4 <sup>th</sup> Street P.O. Box 91030 Baton Rouge, LA 70821-9030	
August 31, 2022  FOR CMS US	SE ONLY	
16. DATE RECEIVED	17. DATE APPROVED	
PLAN APPROVED - ON	I E COPY ATTACHED	_
18. EFFECTIVE DATE OF APPROVED MATERIAL	19. SIGNATURE OF APPROVING OFFICIA	AL
20. TYPED NAME OF APPROVING OFFICIAL	21. TITLE OF APPROVING OFFICIAL	
22. REMARKS		

#### 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:

### EPSDT Rehabilitation Services 42 CFR 440.130(d)

Services to the beneficiary's family and significant others are for the direct benefit of the beneficiary, in accordance with the beneficiary's needs and treatment goals identified in the beneficiary's treatment plan, and for the purpose of assisting in the beneficiary's recovery.

#### **Service Descriptions**

1. Therapeutic Services: Individualized therapeutic interventions, including assessment, medication management, individual, family, and group therapy, and psychological testing, focus on the maximum reduction of mental disability and restoration to his/her best possible functional level.

Assessment: This service is a comprehensive evaluation of an individual's physical, mental, and emotional health, including issues related to mental health and substance use, along with their ability to function within a community in order to determine service needs and formulate recommendations for treatment. Psychological tests may be utilized during assessment services in order to determine an individual's recommended treatment plan.

<u>Medication Management</u>: Goal-oriented interactions to assess the appropriateness of medications in an individual's treatment; periodically evaluating and re-evaluating the efficacy of the prescribed medications; and providing ongoing management of a medication regimen within the context of an individual's treatment plan.

<u>Individual</u>, <u>Family</u>, <u>and Group Therapy</u>: A structured, goal-oriented therapeutic process in which an individual, group, or family interacts on a face-to-face basis with a qualified provider in accordance with the individuals' treatment plan to resolve problems related to a mental illness, serious emotional disorder and/or substance use disorder that interferes with the individual's or family's functioning and adjustment. Counseling to the beneficiary's family is for the direct benefit of the beneficiary, in accordance with the beneficiary's needs and treatment goals identified in the beneficiary's treatment plan, and for the purpose of assisting in the beneficiary's recovery.

#### Components

- 1. Ongoing assessment of current risk and presenting problem.
- 2. Assistance in implementing social, interpersonal, self-care, and/or independent living skills as outlined in the treatment plan in order to restore stability, support functional gains, and/or adapt to community living.
- 3. Assessing progress toward achievement of treatment goals, and adapting emotional and behavioral management interventions commensurate with progress.

#### **Provider Qualifications**

Therapeutic services must be provided by an LMHP, as defined above.

TN <u>22-0026</u>	Approval Date	Effective Date January 1, 2023
Supersedes		
TÑ <u>19-0001</u>		

# 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:

2. Community Psychiatric Support and Treatment (CPST) is a comprehensive service which focuses on reducing the disability resulting from mental illness, restoring functional skills of daily living, building natural supports and achieving identified person-centered goals or objectives through counseling, clinical psycho-education, and ongoing monitoring needs as set forth in the individualized treatment plan. CPST is a face-to-face intervention; however, it may include family or other collaterals. Most contacts occur in community locations where child or youth lives, works, attends school, and/or socializes.

The assessment and treatment planning components of CPST must be rendered by a licensed mental health professional (LMHP).

**Development of a treatment plan:** includes an agreement with the individual and family members (or other collateral contacts) on the specific strengths and needs, resources, natural supports and individual goals and objectives for that person. The overarching focus is to utilize the personal strengths, resources, and natural supports to reduce functional deficits associated with their mental illness and increase restoration of independent functioning. The agreement should also include developing a crisis management plan.

#### **Provider Qualifications**

To qualify as a CPST 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 CPST services must operate under an agency license.

CPST services shall be rendered by one of the following:

- 1. Licensed Mental Health Professionals (LMHP)
- 2. Provisionally Licensed Professional Counselor (PLPC)
- 3. Provisionally Licensed Marriage and Family Therapist (PLMFT)
- 4. Licensed Master Social Worker (LMSW)
- 5. Certified Social Worker (CSW)
- 6. Psychology intern from an American Psychological Association approved internship program.

Services provided by a non-LMHP must be provided under regularly scheduled supervision in accordance with requirements established by the practitioner's professional licensing board.

3. Psychosocial Rehabilitation (PSR) services are designed to assist children and youth with compensating for or eliminating functional deficits and interpersonal and/or environmental barriers associated with their mental illness and restoring functional skills of daily living. 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 children and youth as active and productive members of his/ 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 PSR contacts may occur in the community or locations where the child or youth lives, works, attends school, and/or socializes.

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:

#### **Components**

- 1. Restoration, rehabilitation and support of social and interpersonal skills to increase community tenure, enhance personal relationships, establish support networks, increase community awareness, coping strategies and effective functioning in the individual's social environment, including home, work and school.
- Restoration, rehabilitation and support of daily living skills to improve self-management of the negative
  effects of psychiatric or emotional symptoms that interfere with a person's daily living. Supporting the
  individual with daily living skills and daily routines necessary to remain in home, school, work and
  community.
- 3. Skills restoration includes the practice and reinforcement of independent living skills, use of community resources and daily self-care routines. The primary focus is to increase the basic skills that promote independent functioning so the member can remain in a natural community location and achieve developmentally appropriate functioning, and assisting the member 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:

- 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, criminal justice 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.

Mental Health Rehabilitation (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 an LMHP with experience regarding this specialized mental health service.

TN	<u>22-0026</u>
Sup	ersedes
$\overline{TN}$	19-0001

# 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:

4. **Crisis Intervention (CI)** is provided to a children and youth who are experiencing a psychiatric crisis, designed to interrupt and/or ameliorate a crisis experience including a preliminary assessment, immediate crisis resolution and de-escalation, and referral and linkage to appropriate community services to avoid more restrictive levels of treatment.

The goals of Crisis Interventions are symptom reduction, stabilization, and restoration to a previous level of functioning. All activities must occur within the context of a potential or actual psychiatric crisis. Crisis Intervention is a face-to-face intervention and can occur in a variety of locations, including an emergency room or clinic setting, in addition to other community locations where the child or youth lives, works, attends school, and/or socializes.

#### **Provider Qualifications**

To qualify as a CI agency, the agency must be licensed as a behavioral health service provider by the Louisiana Department of Health and be accredited by a national accrediting organization approved by the Department.

Agencies providing CI services must be fully accredited or have applied for accreditation by an accrediting organization approved by the Department prior to providing CI services. Agencies are allowed to render CI services prior to attaining full accreditation; however, agencies must have applied for full accreditation by an accrediting organization approved by the Department, and must attain full accreditation status within 18 months of the initial accreditation application date. Agencies must maintain continuous, uninterrupted accreditation.

CI Specialists rendering CI services must operate under an agency licensed to provide mental health services. CI Specialists rendering CI services may be licensed or unlicensed behavioral health specialists meeting state and federal qualifications and requirements to provide CI services. At a minimum, CI Specialists rendering CI services must be at least 20 years old and have an associate's degree in social work, counseling, psychology or a related human services field, or two years of equivalent education and/or experience working in the human services field. Additionally, the provider must be at least three years older than children and youth under the age of 18. The assessment of risk, mental status and medical stability must be completed by an LMHP with experience regarding this specialized mental health service, practicing within the scope of their professional license.

Unlicensed CI Specialists must receive regularly scheduled clinical supervision from a person meeting the qualifications of an LMHP with experience regarding this specialized mental health service.

5. Crisis Stabilization (CS) services are short-term and intensive supportive resources for children and youth, and their family. The intent of this service is to provide an out-of-home crisis stabilization option for the family in order to avoid psychiatric inpatient and institutional treatment of children and youth by responding to potential crisis situations.

ΓN <u>22-0026</u>	Approval Date	Effective Date January 1, 2023
Supersedes		
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## STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT MEDICAL ASSISTANCE PROGRAM STATE OF LOUISIANA

Attachment 3.1-A Item 4.b, Page 9d

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:

The goal is to support children, youth and family in ways that will address current acute and/or chronic mental health needs and coordinate a successful return to the family setting at the earliest possible time. During the time the crisis stabilization is supporting the child or youth, there is regular contact with the family to prepare for the child's/youth's return and his/her ongoing needs as part of the family. It is expected that the children and youth, family and crisis stabilization provider are integral members of the treatment team.

To qualify as a CS agency, the agency must be licensed by the Louisiana Department of Health as a Center-Based Respite Care Agency under the Home and Community Based Service Provider license or as a Crisis Receiving Center, or the agency must be licensed by the Louisiana Department of Children and Family Services as a Child Placing Agency.

CS services also work in partnership with the child's/youth's other community-based providers and the custodial agency (for children and youth in state custody). CS services allow children and youth to benefit from a community-based setting while receiving additional intensive treatment and clinical services as needed. The child or youth must require a service that includes direct monitoring by professional behavioral health staff that would not be able to be provided by a less restrictive service.

#### **Provider Qualifications**

Services must be provided by an agency licensed by LDH or the Department of Children and Family Services. CS Specialists rendering CS services may be licensed or unlicensed behavioral health specialists. CS Specialists providing CS services must use clinical programming and a training curriculum approved by LDH. Unlicensed CS Specialists must receive regularly scheduled clinical supervision from a person meeting the qualifications of an LMHP with experience regarding this specialized mental health service.

TN <u>22-0026</u>	
Supersedes	
TN <u>21-0023</u>	

#### 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; and
- 2. Mental health rehabilitation (MHR) 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	22-0026
Sup	ersedes
ΤÑ	22-0007

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:

#### **Exclusions**

The following shall be excluded from Medicaid reimbursement:

- 1. Components that are not provided to, or directed exclusively toward the treatment of, the Medicaid eligible individual;
- 2. Services provided at a work site which are job tasks oriented and not directly related to the treatment of the recipient's needs; and
- 3. Any services, or components in which the basic nature of the service(s) are to supplant housekeeping, homemaking, or basic services for the convenience of an individual receiving services.

#### **Service Descriptions**

**1. Therapeutic Services:** Individualized therapeutic interventions including assessment, medication management, individual, family, and group therapy, and psychological testing.

#### **Provider Qualifications**

A licensed mental health professional as defined above, must provide therapeutic services.

2. Community Psychiatric Support and Treatment (CPST): A comprehensive service which focuses on reducing the disability resulting from mental illness, restoring functional skills of daily living, building natural supports, and achieving identified person-centered goals or objectives through counseling, clinical psychoeducation, and ongoing monitoring needs as set forth in the individualized treatment plan, including supportive intervention. CPST is a face-to-face intervention; however, it may include family or other collaterals. Most contacts occur in the community where the person lives, works, attends school, and/or socializes.

The assessment and treatment planning components of CPST must be rendered by an LMHP.

#### **Provider Qualifications**

To qualify as a CPST agency, the agency must be licensed as a behavioral health service provider by the Louisiana Department of Health (LDH) 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 CPST services must operate under an agency license.

TN <u>22-0026</u>	
Supersedes	
TN 18-0005	

#### 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:

CPST services shall be rendered by one of the following:

- 1. Licensed Mental Health Professionals (LMHP)
- 2. Provisionally Licensed Professional Counselor (PLPC)
- 3. Provisionally Licensed Marriage and Family Therapist (PLMFT)
- 4. Licensed Master Social Worker (LMSW)
- 5. Certified Social Worker (CSW)
- 6. Psychology intern from an American Psychological Association approved internship program

Services provided by a non-LMHP must be provided under regularly scheduled supervision in accordance with requirements established by the practitioner's professional licensing board.

3. Psychosocial Rehabilitation Services (PSR): Services that are designed to assist the individual with compensating for, or eliminating functional deficits and interpersonal and/or environmental barriers associated with their mental illness through skill restoration to restore and rehabilitate social and interpersonal skills and daily living skills.

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.

#### **Provider Qualifications**

To qualify as a PSR agency, the agency must be licensed as a behavioral health service provider by LDH 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,

TN <u>22-0026</u> Supersedes TN 18-0005

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:

secondary education, family and consumer sciences, criminal justice, 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 agency since prior to January 1, 2019.

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