

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:

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.

Medication Management: 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.

Individual, Family, and Group Therapy: 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.

- 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 ~~solution-oriented interventions intended to achieve~~

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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. ~~The supportive intervention component of CPST includes problem behavior analysis, as well as, emotional and behavioral management with a focus on developing skills and improving daily functional living skills in order to restore stability, support functional gains and adapt to community living.~~ 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.

~~**Individual supportive interventions:** include problem behavior analysis as well as emotional and behavioral management with the individual member with a focus on restoring skills and improving daily functional living skills. The primary focus is on implementing social, interpersonal, self-care, and independent living skill goals in order to restore stability, support functional gains, and adapt to community living.~~

~~**NOTE:** CPST services are rehabilitative services associated with assisting individuals with skill restoration to restore stability, support functional gains and adapt to community living, and should not be confused with psychotherapy or other clinical treatment, which shall only be provided by a licensed professional.~~

~~**Skill Restoration:** Includes the practice and reinforcement of independent living skills, use of community resources and daily self-care routines. The primary focus is to restore the basic skills that promote independent functioning of the member and 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.~~

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~~Skill restoration also includes assisting the member with effectively responding to or avoiding identified precursors or triggers that would risk their remaining in a natural community location, including assisting the individual and family members or other collaterals with identifying a potential psychiatric or personal crisis, developing a crisis management plan and/or, as appropriate, seeking other supports to restore stability and functioning.~~

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.

~~and be accredited by a national accrediting organization approved by the Department. Prior to January 1, 2019, agencies providing CPST services must have or have applied for accreditation by an accrediting organization approved by the Department. Agencies are allowed to render CPST services prior to obtaining full accreditation; however, agencies are required to attain a full accreditation status within 18 months of the initial accreditation application date.~~

~~Effective January 1, 2019, agencies providing CPST services must be fully accredited, or obtain preliminary accreditation prior to rendering CPST services. Agencies must maintain continuous, uninterrupted full or preliminary accreditation.~~

~~Agencies providing CPST services must obtain a full accreditation status within 18 months of the agency's initial accreditation application date.~~

~~Mental Health Rehabilitation (MHR) Specialists and Mental Health Rehabilitation (MHR) Professionals rendering CPST services must operate under an agency licensed to provide mental health services. MHR Specialists and MHR Professionals rendering CPST services may be licensed or unlicensed behavioral health specialists meeting state and federal qualifications and requirements to provide CPST services.~~

~~Prior to January 1, 2019, MHR Professionals with a master's degree from an accredited university or college in social work, counseling, psychology, sociology or a human services related field are qualified to provide all aspects of CPST, including the individual supportive intervention. Other aspects of CPST, except for the individual supportive behavioral intervention, can be provided by a MHR Specialist, who has a bachelor's degree in social work, counseling, psychology or a related human services field or four years of equivalent education and/or experience working in the human services field.~~

~~Effective January 1, 2019, MHR Specialists rendering CPST services must have a minimum of a bachelor's degree from an accredited university or college in social work, counseling, psychology, or sociology. MHR Specialists shall not provide individual supportive behavioral interventions. MHR Professionals, who have a master's degree from an accredited university or college in counseling, social work, psychology or sociology, may render all aspects of CPST, including individual supportive~~

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~~behavioral interventions. Any MHR Professional hired prior to January 1, 2019, rendering the individual supportive intervention component of CPST for a licensed and accredited agency who does not possess the minimum master's degree in one of the four listed educational fields, but who has a minimum of a bachelor's degree in social work, counseling, psychology or sociology and who met all master's degree provider qualifications in effect prior to January 1, 2019, may continue to provide all components of CPST including the individual supportive intervention component of CPST for the same licensed provider agency.~~

~~Prior to the MHR Professional rendering the master's level aspects of CPST, including the individual supportive intervention component of CPST, for a different provider agency, the MHR Professional must comply with the minimum master's degree provisions established effective January 1, 2019.~~

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

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.
2. 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
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individual with daily living skills and daily routines necessary to remain in home, school, work and community.

~~**NOTE:** PSR services are psycho-educational services associated with assisting individuals with skill-restoration and rehabilitation, and should not be confused with counseling, psychotherapy or other clinical treatment, which may only be provided by a licensed professional.~~

~~4.3. 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. 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:

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, 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 ~~an Licensed Mental Health Professional (LMHP)~~ with experience regarding this specialized mental health service.

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5.4. 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.

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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.