



State of Louisiana
Louisiana Department of Health
Office of the Secretary

April 19, 2023

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. 23-0012

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
Stephen R. Russo, JD
Executive Counsel

Attachments (2)

CNP:TAL:UN

**TRANSMITTAL AND NOTICE OF APPROVAL OF
STATE PLAN MATERIAL
FOR: CENTERS FOR MEDICARE & MEDICAID SERVICES**

1. TRANSMITTAL NUMBER
23-0012

2. STATE
LA

3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL SECURITY ACT

TO: CENTER DIRECTOR
CENTERS FOR MEDICAID & CHIP SERVICES
DEPARTMENT OF HEALTH AND HUMAN SERVICES

4. PROPOSED EFFECTIVE DATE
May 1, 2023

5. FEDERAL STATUTE/REGULATION CITATION

42 CFR 440.130 (d)

6. FEDERAL BUDGET IMPACT (Amounts in WHOLE dollars)
a. FFY 2023 \$ 0
b. FFY 2024 \$ 0

7. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT

**Attachment 3.1-A, Item 4.b, Page 9a
Attachment 3.1-A, Item 13.d, Page 13
Attachment 3.1-A, Item 13.d, Page 19**

8. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable)

**Same (TN 22-0026)
Same (TN 22-0026)
Same (TN 22-0007)**

9. SUBJECT OF AMENDMENT
The purpose of this SPA is to amend the provisions governing behavioral health rehabilitation services in order to remove the face-to-face requirement for Community Psychiatric Support and Treatment (CPST) and ~~Peer Support Services (PSS)~~, and to add permanent supportive housing agencies to the provider qualification for PSS.

10. GOVERNOR'S REVIEW (Check One)

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


12. TYPED NAME
Pam Diez, designee for Stephen R. Russo, JD

13. TITLE
Executive Counsel
~~Secretary~~ Director of Legal Audit and Regulatory Compliance

14. DATE SUBMITTED
~~April 14, 2023~~ April 19, 2023

15. RETURN TO
**Tara A. LeBlanc, Medicaid Executive Director
Louisiana Department of Health
628 North 4th Street
P.O. Box 91030
Baton Rouge, LA 70821-9030**

FOR CMS USE ONLY

16. DATE RECEIVED

17. DATE APPROVED

PLAN APPROVED - ONE COPY ATTACHED

18. EFFECTIVE DATE OF APPROVED MATERIAL

19. SIGNATURE OF APPROVING OFFICIAL

20. TYPED NAME OF APPROVING OFFICIAL

21. TITLE OF APPROVING OFFICIAL

22. REMARKS **The State requests pen and ink changes to boxes 9, 13, and 14, prior to submittal.**

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:

- 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. Services must be provided in locations that meet the needs of the persons served.

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.

All CPST practitioners, except LMHPs, must deliver services 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

STATE OF LOUISIANA

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MEDICAL AND REMEDIAL 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 psycho-education, and ongoing monitoring needs as set forth in the individualized treatment plan. Services must be provided in locations that meet the needs of the persons served.

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.

STATE OF LOUISIANA

AMOUNT, DURATION, AND SCOPE OF MEDICAL AND REMEDIAL CARE AND SERVICES PROVIDED
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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 services must be provided under the administrative oversight of licensed and accredited local governing entities (LGEs) or certified Permanent Supportive Housing (PSH) agencies. LGEs and PSH agencies must meet state and federal requirements for providing PSS.

An individual providing Peer Support Services must successfully complete an OBH approved peer training program 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.

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. CPSS must receive regularly scheduled clinical supervision from a Licensed Mental Health Professional (LMHP). LMHP supervisors must have the practice-specific education, experience, training, credentials, and licensure to coordinate an array of behavioral health services.

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.

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.