

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

August 15, 2024

Kimberly Sullivan, J.D.
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) – 24-0011

Dear Medicaid Executive Director Sullivan:

The Centers for Medicare & Medicaid Services (CMS) reviewed your Medicaid State Plan Amendment (SPA) submitted under transmittal number (TN) 24-0011. This amendment proposes to amend the provisions governing children's and adult mental health services to expand the mental health professionals eligible to provide therapeutic services to include provisionally licensed professional counselors, provisionally licensed marriage and family therapists, and licensed master social workers.

We conducted our review of your submittal according to statutory requirements in Title XIX of the Social Security Act and implementing regulations 42CFR 440.130(d) and 41 CFR 440.60. This letter informs you that Louisiana's Medicaid SPA TN 24-0011 was approved on August 15, 2024, with an effective date of August 1, 2024.

Enclosed are copies of Form CMS-179 and approved SPA pages to be incorporated into the Louisiana State Plan.

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

Enclosures

cc: Mandy Strom, West Branch Manager
Marjorie Jenkins, LA Department of Health

TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL FOR: CENTERS FOR MEDICARE & MEDICAID SERVICES		1. TRANSMITTAL NUMBER 24-0011	2. STATE LA
		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 August 1, 2024	
5. FEDERAL STATUTE/REGULATION CITATION 42 CFR 440.130(d) 42 CFR 440.60		6. FEDERAL BUDGET IMPACT (Amounts in WHOLE dollars) a. FFY <u>2024</u> \$0 b. FFY <u>2025</u> \$0	
7. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT Attachment 3.1-A, Item 4b, Page 9 Attachment 3.1-A, Item 4b, Page 9a Attachment 3.1-A, Item 4b, Pages 9b Attachment 3.1-A, Item 6, Pages 6-7 Attachment 3.1-A, Item 13.d., Page 13		8. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable) Same (TN 23-0044) Same (TN 23-0012) Same (TN 22-0026) Same (TN 15-0030) Same (TN 23-0012)	
9. SUBJECT OF AMENDMENT The purpose of this SPA is to amend the provisions governing children’s and adult mental health services to expand the mental health professionals eligible to provide therapeutic services to include provisionally licensed professional counselors, provisionally licensed marriage and family therapists, and licensed master social workers.			
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 		15. RETURN TO Kimberly Sullivan, J.D. Medicaid Executive Director Louisiana Department of Health 628 North 4th Street P.O. Box 91030 Baton Rouge, LA 70821-9030	
12. TYPED NAME Michael Harrington, MBA, MA designee for Ralph L. Abraham, M.D.			
13. TITLE Secretary			
14. DATE SUBMITTED June 18, 2024			
FOR CMS USE ONLY			
16. DATE RECEIVED June 18, 2024		17. DATE APPROVED August 15, 2024	
PLAN APPROVED - ONE COPY ATTACHED			
18. EFFECTIVE DATE OF APPROVED MATERIAL August 1, 2024		19. SIGNATURE OF APPROVING OFFICIAL	
20. TYPED NAME OF APPROVING OFFICIAL James G. Scott		21. TITLE OF APPROVING OFFICIAL Director, Division of Program Operations	
22. REMARKS On August 8, 2024, the State made a pen and ink change to box 5.			

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.

All services must be recommended by a physician or licensed mental health professional, within the scope of his or her practice under State law.

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 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 may be provided by an LMHP, as defined above, a provisionally licensed

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professional counselor (PLPC), provisionally licensed marriage and family therapist (PLMFT), or licensed master social worker (LMSW) in good standing in the state of Louisiana to practice within the scope of all applicable state laws, practice acts, and the practitioner's professional license. PLPCs, PLMFTs, and LMSWs shall be supervised in accordance with requirements established by the practitioner's professional licensing board. Any licensed practitioner providing behavioral health services shall operate within the scope of practice of their license.

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.

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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 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:

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 LMHP with experience regarding this specialized mental health service.

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CITATION

42 CFR 440.60

Other Licensed Practitioners

Licensed Mental Health Practitioners

- A. Licensed mental health practitioners are licensed individuals who are in good standing in the state of Louisiana to practice within the scope of all applicable state laws, practice acts, and the practitioner's professional license. Licensed mental health practitioners include the following individuals:
1. Licensed Mental Health Professionals (LMHPs), who are licensed in the state of Louisiana to diagnose and treat mental illness or substance use disorders. LMHPs include the following individuals licensed to practice independently:
 - Medical Psychologists
 - Licensed Psychologists
 - Licensed Clinical Social Workers (LCSWs)
 - Licensed Professional Counselors (LPCs)
 - Licensed Marriage and Family Therapists (LMFTs)
 - Licensed Addiction Counselors (LACs)
 - 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 Specialists 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);
 2. Provisionally licensed professional counselors (PLPCs);
 3. Provisionally licensed marriage and family therapists (PLMFTs); and
 4. Licensed master social workers (LMSWs).
- B. The Medicaid program shall provide coverage for, and payment to, licensed mental health practitioners for mental health and therapeutic services rendered to individuals, 21 years of age and older, with behavioral health disorders who meet Medicaid eligibility and clinical criteria. These services 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. Any licensed practitioner providing behavioral health services shall operate within the scope of practice of their license.

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C. Provider Responsibilities:

1. All mental health services delivered must be medically necessary and authorized. The medical necessity shall be determined by an LMHP or physician who is acting within the scope of their professional practice license and applicable state laws and regulations.
2. Evidence-based practices require fidelity reviews on an ongoing basis as determined necessary by the Department.
3. PLPCs, PLMFTs, and LMSWs shall be supervised in accordance with requirements established by the practitioner's professional licensing board.
4. Licensed practitioners may render services at a facility, in the community, or in the individual's place of residence as outlined in the treatment plan. Services may be furnished in a nursing facility only in accordance with policies and procedures issued by the Department. Services shall not be provided at an institute for mental disease (IMD).

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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

Therapeutic services may be provided by a licensed mental health professional (LMHP), provisionally licensed professional counselor (PLPC), provisionally licensed marriage and family therapist (PLMFT), or licensed master social worker (LMSW) in good standing in the state of Louisiana to practice within the scope of all applicable state laws, practice acts, and the practitioner's professional license. PLPCs, PLMFTs, and LMSWs shall be supervised in accordance with requirements established by the practitioner's professional licensing board. Any licensed practitioner providing behavioral health services shall operate within the scope of practice of their license.

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.