TRANSMITTAL AND NOTICE OF APPROVAL OF	1. TRANSMITTAL NUMBER:	2. STATE	
STATE PLAN MATERIAL	10-19 Louisiana		
FOR: HEALTH CARE FINANCING ADMINISTRATION	3. PROGRAM IDENTIFICATION: ' SOCIAL SECURITY ACT (MED		
TO: REGIONAL ADMINISTRATOR	4. PROPOSED EFFECTIVE DATE		
HEALTH CARE FINANCING ADMINISTRATION	January 22, 2010		
DEPARTMENT OF HEALTH AND HUMAN SERVICES	Julius 22, 2010		
5. TYPE OF PLAN MATERIAL (Check One):	_		
☐ NEW STATE PLAN ☐ AMENDMENT TO BE CONS		IENDMENT	
COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AME		n amendment)	
6. FEDERAL STATUTE/REGULATION CITATION:	7. FEDERAL BUDGET IMPACT:	(DEE # CO)	
42 CFR Part 447 Subpart B	a. FFY 2010	(\$775.60)	
42 CFR Part 440.130	b. FFY <u>2011</u>	(\$906.82)	
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:	9. PAGE NUMBER OF THE SUPER		
	SECTION OR ATTACHMENT (	f Applicable):	
Attachment 4.19-B, Item 13d, Pages 3 and 7	Same (Pending TN 09-33)		
Attachment 3.1-A, Item 13d, Page 15	Same (TN 08-07)		
* Attachment 3.1-A, Item 13d, Pages 5, 11, & 11a	Same (TN 09-33)		
* Attachment 3.1-A, Item 13d, Pages 9 & 10	Same (TN 05-34)		
* Attachment 3.1-A, Item 13d, Pages 12, 13. & 14	Same (TN 08-07)		
rates for mental health rehabilitation services and multi- authorization requirements for multi-systemic therapy s  11. 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	Services.  ☑ OTHER, AS SPECIFIED:  The Governor does not revie		
12. SIGNATURE OF STATE AGENCY OFFICIAL:	16. RETURN TO:		
	State of Louisiana		
13. TYPED NAME:		Josnitale	
Alan Levine	Department of Health and Hospitals 628 N. 4 <sup>th</sup> Street		
14. TITLE:			
Secretary	PO Box 91030	- 4	
15. DATE SUBMITTED:	Baton Rouge, LA 70821-90	30	
March 1, 2010			
FOR REGIONAL OF	FICE USE ONLY		
17. DATE RECEIVED: 5 March, 2010	18. DATE APPROVED: 20 Decemb	er, 2010	
PLAN APPROVED – ON			
19. EFFECTIVE DATE OF APPROVED MATERIAL: 22 January, 2010	20. SIGNATHING OF REGIONAL OFF	ICIAL:	
21. TYPED NAME: Bill Brooks	22. TITLE: Associate Regional Ad Division of Medicaid &	ministrator & Children's Health	
23. REMARKS:			
* Pen and Ink Change made per State's Letter Dat added to this State Plan Amendment.	ted 29 November, 2010 requesting	g the above pages be	

## PAYMENTS FOR MEDICAL AND REMEDIAL CARE AND SERVICES

METHODS AND STANDARDS FOR ESTABLISHING PAYMENT RATES - OTHER TYPES OF CARE OR SERVICE LISTED IN SECTION 1905 (A) OF THE ACT THAT ARE INCLUDED IN THE PROGRAM UNDER THE PLAN ARE DESCRIBED AS FOLLOWS:

The state developed fee schedule rates are the same for both governmental and private providers. The fee schedule and any annual/periodic adjustments to the fee schedule are published on the Medicaid provider website at www.lamedicaid.com.

Effective for dates of service on or after February 1, 2009, the reimbursement rates for MHR services shall be reduced by 3.5 percent of the fee amounts on file as of January 31, 2009.

Effective for dates of services on or after August 4, 2009, the reimbursement rates for the following MHR services shall be reduced by 1.23 percent of the fee amounts on file as of August 3, 2009:

- counseling;
- oral medication administration;
- psychosocial skills training;
- community supports; and
- injections.

Effective for dates of service on or after August 4, 2009, the reimbursement rates for parent/family intervention (intensive) services shall be reduced by 17.6 percent of the fee amounts on file as of August 3, 2009.

Effective for dates of service on or after January 22, 2010, the reimbursement rates for Mental Health Rehabilitation services shall be reduced by 1.62 percent of the rates on file as of January 21, 2010.

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SUPERSEDES: TN- 09-33

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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 BELOW:

CITATION Care and Services 42 CFR Item 13.d. (cont'd)

Medical and Remedial II. Mental Health Rehabilitation Services

#### A. Definition

Mental Health Rehabilitative (MHR) services are those medical or remedial services recommended by a physician or other licensed practitioner of the healing arts, within the scope of his practice under State law, for maximum reduction of mental illness and restoration of a recipient to his best possible functional level. MHR services may be provided by or under the supervision of a physician or a licensed mental health professional, are offered in out-patient community settings, are provided to Medicaid eligible individuals according to the comprehensive, individualized service and recovery plan (ISRP) and are not services that are included in programs with a focus other than that of Medicaid.

These services must be provided to, or directed exclusively toward the treatment of the Medicaid eligible individual. These services cannot be delivered in an Institution for Mental Disease (IMD). These services do not duplicate services provided through other mental health programs or non-Medicaid programs, such as foster care.

A unit of service is defined as 15 minutes of service unless otherwise indicated by the CPT code definition.

## **B.** Staffing Qualifications

Licensed Mental Health Professional (LMHP)-an individual who has a graduate degree in a mental health related field and is licensed to practice in the state of Louisiana by the applicable professional board of examiners. A mental health related field is an academic program with a curriculum content in which at least 70% of the required courses for the major field of study are based upon the core mental health disciplines (psychiatry, psychology, counseling, social work and psychiatric nursing). LMHPs include:

Psychiatrist-must be a licensed medical doctor who is boardcertified or board-eligible, authorized to practice psychiatry in Louisiana.

Psychologist-must be licensed as a practicing psychologist.

Advanced Practice Registered Nurse (APRN)-must

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#### PAYMENTS FOR MEDICAL AND REMEDIAL CARE AND SERVICES

METHODS AND STANDARDS FOR ESTABLISHING PAYMENT RATES – OTHER TYPES OF CARE OR SERVICE LISTED IN SECTION 1905(A) OF THE ACT THAT ARE INCLUDED IN THE PROGRAM UNDER THE PLAN DESCRIBED AS FOLLOWS:

#### III. Multi-Systemic Therapy (MST)

#### Reimbursement Methodology

Reimbursement for MST services shall be a prospective rate paid uniformly to governmental and non-governmental providers for each approved unit of service provided to the recipient. One quarter hour (15 minutes) is the standard unit of service, which covers both service provision and administrative costs. The rates are based on an average of direct, general and administrative costs which were obtained from providers within the state. Direct costs included those items necessary for the provision of the service such as salaries, benefits, taxes, travel costs, phone, training, and professional clinical consultation. General and administrative costs are 10% of the total direct costs and include building costs, equipment, accounting, billing, office supplies, and management personnel.

The resulting rate is \$38.59 per 15 minute unit. Services provided by a Master's level clinician are reimbursed at 100% of the rate. Services provided by Bachelor's level staff are reimbursed at 80% of the rate. The agency's fee schedule rate was set as of 7/1/2008 and is effective for services provided on or after that date. The rates are the same for both non-governmental and governmental providers. The rates are published at the agency's website, www.lamedicaid.com.

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Effective for dates of service on and after August 4, 2009, the reimbursement rates for multi-systemic therapy services will be reduced by 5.17 percent of the rates on file as of August 3, 2009.

Effective for dates of service on and after January 22, 2010, the reimbursement rates for multi-systemic therapy services will be reduced by 5 percent of the rates on file as of January 21, 2010.

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SUPERSEDES: TN. 09-33

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 BELOW:

**Individual Intervention** is a verbal interaction between the counselor therapist and the recipient receiving services that is brief, face-to-face, and structured. Individual intervention is a service provided to eliminate the psychosocial barriers that impede the skills necessary to function in the community.

Individual intervention is a range of professionally delivered therapeutic strategies provided individually and face-to-face to the recipient for the purpose of rehabilitating and restoring him/her to an optimal level of functioning and to reduce the risk of a more restrictive treatment intervention. May be provided by an LMHP or MHP.

**Parent/Family Intervention (Counseling)** is a therapeutic intervention involving the recipient and one or more of his/her family members. The primary goal of the service is to help the recipient and family improve their overall functioning in the home, school, work and community settings. May be provided by an LMHP or MHP.

**Group Counseling** is a treatment modality using face-to-face, verbal interaction between 2 to 8 recipients. It is a professional therapeutic intervention utilizing psychotherapy theory and techniques. The service is time limited and directed to the goals on the approved ISRP. May be provided by an LMHP or MHP.

Psychosocial Skills Training Group (Youth) is a therapeutic, rehabilitative, skill building service for children and adolescents to increase competence in normal life activities and gain the skills necessary to allow them to remain in or return to their community. It is an organized service based on models incorporating psychosocial interventions. May be provided by an LMHP, MHP or MHS.

Parent/Family Intervention (Intensive) is a

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SUPERSEDES: TN- 05-34

#### 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 BELOW:

structured service involving the recipient and one or more of his/her family members. It is an intensive family preservation intervention intended to stabilize the living arrangement, promote reunification, or prevent utilization of out of home therapeutic placement (i.e., psychiatric hospitalization, therapeutic foster care) for the recipient. These services are delivered to children, adolescents and their families primarily in their homes. PFII services shall include at a minimum:

- Crisis management;
- Intensive care coordination, which includes:
  - Identification of needed community resources,
  - Linkage to such resources,
  - Follow-up to determine adequacy and appropriateness of resources;
- Individual and family counseling/therapy;
- Skills training, including all skills training delineated in the Community Support service description;
- Behavioral management, which includes:
  - Development of behavior management plans,
  - Training of behavior management skills, and
  - Monitoring, updating, and adapting behavior management plan.

The services that may be prior authorized concurrently with PFII services are Assessment and Medication Management. Services must be provided by a team of one LMHP and two MHPs or one LMHP, one MHP and one MHS.

Psychosocial Skills Training Group (Adult) is a therapeutic, rehabilitative, skill building service for individuals to increase competence in normal life activities and gain the skills necessary to allow them to remain in or return to their community. It teaches skills necessary for the recipient to succeed in his/her environment including but not limited to daily and community living, socialization, decision-making, symptom management and work readiness (personal hygiene and attire, time management, etc.). It is an organized program based on a psychosocial rehabilitation philosophy to assist persons with significant psychiatric disabilities to increase

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# STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT MEDICAL ASSISTANCE PROGRAM

#### 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 BELOW:

their functioning to live successfully in the environments of their choice. It must be provided in a location that ensures confidentiality. Locations may include the MHR office or a community site such as a library, YMCA or church meeting room. This service may not be provided at a site that serves as a group living environment, such as a board and care facility, group home or apartment building that serves as a residence for more than one MHR recipient. Services may be provided by an LMHP, MHP or MHS.

#### D. Service Limitations

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Medicaid will not reimburse services in excess of these limits. Exceptions may be made on a case-by-case basis for special circumstances or crisis situations with documentation of medical necessity. Requests to exceed the established limits are subject to review and approval by the Department.

#### 1. Individual Service Limits

Individual daily service limits shall be placed on the following services regarding the maximum number of units provided on any given date of service:

- Individual, Family or Group Counseling (any modifier) shall not exceed eight units (two hours).
- Psychosocial Skills Training shall not exceed 12 units (three hours).
- Community Supports shall not exceed 12 units (three hours).

The maximum number of units provided for an initial assessment shall not exceed six units (1.5 hours).

The maximum number of units provided for a reassessment shall not exceed three units (0.75 hours).

#### **Combined Service Limits**

Daily service limits shall be placed on the combination of counseling, psychosocial skills training and community support services. The maximum units of service for a combination of these services shall not exceed a total of 16 units (four hours) on any given date of service. The individual daily service limits are applicable to the services that are being combined.

		Weekly servi	ice limits shall be	placed on the combination	on of counseling,
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Attachment 3.1-A Item 13.d., Page 11(a)

#### 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 BELOW:

psychosocial skills training and community support services. The maximum units of service for a combination of these services shall not exceed a total of 80 units (20 hours) in any given calendar week (Sunday through Saturday). Individual and combined daily service limits are applicable to these services

#### E. Medical Necessity Criteria

Recipients must meet the medical necessity criteria established by the Bureau. If the recipient does not meet the medical necessity criteria, the MHR provider shall refer the recipient to his/her primary care physician or to the appropriate medically necessary services and document the referral.

#### F. Prior Authorization

Prior authorization by the Bureau or its designee is required for each service identified in the ISRP and for all extensions of service beyond the initial authorization limits.

#### G. Exclusionary Criteria

Mental health rehabilitation services are not considered to be appropriate for recipients whose diagnosis is mental retardation, developmental disability, or substance abuse unless they have a co-occurring diagnosis of severe mental illness or emotional/behavioral disorder as specified with DSM-IV-TR or ICD-9-CM, or its subsequent revisions of these documents.

SERVICE LIMITATIONS ARE NOT APPLICABLE TO EPSDT RECIPIENTS WHEN SUPPORTED BY MEDICAL NECESSITY

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#### 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 BELOW:

Medical and Remedial CITATION 42 CFR

Care and Services

440.130 Item 13.d. (cont'd)

#### III. Multi-Systemic Therapy

#### **Definition** A.

Multi-systemic therapy (MST) provides an intensive home/family and community based treatment for youth who are at risk of out-of-home placement or who are returning from out-of-home placement which resulted from serious emotional/behavioral disturbance. The MST model is based on empirical data and evidence based interventions that target specific behaviors with individualized behavioral interventions. Services are primarily provided in the home, but workers also intervene at school and in other community settings. All MST services must be provided to, or directed exclusively toward the treatment of the Medicaid eligible youth.

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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 BELOW:

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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 BELOW:

#### C. Covered Services

Services are provided through a team approach to individuals and their families. The intent of the team approach is to:

- 1. promote the family's capacity to monitor and manage the youth's behavior;
- 2. involve families and other systems, such as the school, probation officers, extended families and community connections;
- 3. provide access to a variety of interventions 24 hours per day, seven days per week by staff that will maintain contact and intervene as one organizational unit; and
- 4. include structured face-to-face therapeutic interventions to provide support and guidance in all areas of functional domains (adaptive, communication, psychosocial, problem solving, behavior management, etc.).

Components of MST services include:

- 1. an initial assessment to identify the focus of the MST intervention;
- 2. therapeutic interventions with the individual and his or her family to modify behaviors which place the child at risk of out-of-home placement;
- 3. peer intervention to assist youth in disengage from relationships detrimental to recovery, and to encourage development of positive pro-social relationships;
- 4. specialized therapeutic and rehabilitative interventions to address all areas seen as contributing to an individual's delinquency such as:
  - a. substance abuse;
  - b. sexual abuse; or
  - c. domestic violence; and
- 5. crisis stabilization to implement the crisis plan and strategies to safely manage the recipient's risk of harming himself and/or others.

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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 BELOW:

If MST is determined to no longer have restorative impact on the recipient, the recipient will be transitioned to other appropriate rehabilitative services that the recipient is determined to need. Weekly interventions may range from three to 20 hours per week and may be less as a case nears closure.

#### **Prior Authorization**

Effective for dates of service on or after January 22, 2010, prior authorization is required for services in excess of 244 units or four (4) months.

#### D. Provider Qualifications

Agencies must be licensed to provide multi-systemic therapy services by MST Services, Inc. or any of its approved subsidiaries. MST Services, Inc. is the organization that licenses agencies as recognized MST providers. An MST agency must be a behavioral health/substance abuse provider organization which is a legally recognized entity in the United States and qualified to do business in Louisiana and meets the standards established by the Bureau of health Services Financing (BHSF) or its designee.

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