

<b>TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL</b>		1. TRANSMITTAL NUMBER: <b>10-55</b>	2. STATE <b>Louisiana</b>
<b>FOR: HEALTH CARE FINANCING ADMINISTRATION</b>		3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL SECURITY ACT (MEDICAID)	
TO: REGIONAL ADMINISTRATOR HEALTH CARE FINANCING ADMINISTRATION DEPARTMENT OF HEALTH AND HUMAN SERVICES		4. PROPOSED EFFECTIVE DATE <b>August 1, 2010</b>	
5. TYPE OF PLAN MATERIAL (Check One): <input type="checkbox"/> NEW STATE PLAN <input type="checkbox"/> AMENDMENT TO BE CONSIDERED AS NEW PLAN <input checked="" type="checkbox"/> AMENDMENT COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (Separate Transmittal for each amendment)			
6. FEDERAL STATUTE/REGULATION CITATION: <b>42 CFR 440.130</b> <b>42 CFR 447 Subpart B</b>		7. FEDERAL BUDGET IMPACT: a. FFY <u>2010</u> <b>(S75.71)</b> b. FFY <u>2011</u> <b>(S360.55)</b>	
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT: <b>Attachment 3.1-A, Item 13d, Pages 9 and 10</b> <b>Attachment 3.1-A, Item 13d, Pages 11 and 11a</b> <b>Attachment 3.1-A, Item 13d, Page 11b</b> <b>Attachment 4.19-B, Item 13d, Page 3</b>		9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable): <b>Same (TN 05-34)</b> <b>Same (TN 09-33)</b> <b>None (New Page)</b> <b>Same (Pending TN 10-19)</b>	
10. SUBJECT OF AMENDMENT: <b>The purpose of this amendment is to terminate the coverage of the Parent/Family Intervention (Intensive) (PFII) services in the Mental Health Rehabilitation Program and establish continued treatment criteria for adults and children/adolescents in order to avoid a budget deficit.</b>			
11. GOVERNOR'S REVIEW (Check One): <input type="checkbox"/> GOVERNOR'S OFFICE REPORTED NO COMMENT <input checked="" type="checkbox"/> OTHER, AS SPECIFIED: <input type="checkbox"/> COMMENTS OF GOVERNOR'S OFFICE ENCLOSED <b>The Governor does not review state plan material.</b> <input type="checkbox"/> NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL			
12. SIGNATURE OF STATE AGENCY OFFICIAL:  <b>Bruce Greenstein</b>		16. RETURN TO: <b>State of Louisiana</b> <b>Department of Health and Hospitals</b> <b>628 N. 4<sup>th</sup> Street</b> <b>PO Box 91030</b> <b>Baton Rouge, LA 70821-9030</b>	
13. TYPED NAME: <b>Bruce Greenstein</b>			
14. TITLE: <b>Secretary</b>			
15. DATE SUBMITTED: <b>September 28, 2010</b>			
<b>FOR REGIONAL OFFICE USE ONLY</b>			
17. DATE RECEIVED: <b>28 September, 2010</b>		18. DATE APPROVED: <b>20 December, 2010</b>	
<b>PLAN APPROVED - ONE COPY ATTACHED</b>			
19. EFFECTIVE DATE OF APPROVED MATERIAL: <b>1 August, 2010</b>		20. SIGNATURE OF REGIONAL OFFICIAL:	
21. TYPED NAME: <b>Bill Brooks</b>		22. TITLE: <b>Associate Regional Administrator</b> <b>Division of Medicaid &amp; Children's Health</b>	
23. REMARKS:			

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:

Item 13.d.  
Rehabilitative Services  
(cont'd.)

**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 and maintain 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.

SUPERSEDES: TN- 05-34

STATE	Louisiana
DATE RECD	9-28-10
DATE APPVD	12-20-10
DATE EFF	8-1-10
HCPA 179	10-65

STATE OF LOUISIANA

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LIMITATIONS ON THE AMOUNT, DURATION AND SCOPE OF CERTAIN ITEMS OF PROVIDED  
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Item 13.d.  
Rehabilitative Services  
(cont'd.)

**Psychosocial Skills Training Group (Adult)** is a therapeutic, rehabilitative, skill building service for individuals to increase and maintain 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.

STATE	<u>Louisiana</u>
DATE REC'D	<u>9-28-10</u>
DATE APP'VD	<u>12-20-10</u>
DATE EFF	<u>8-1-10</u>
HCFA 179	<u>10-55</u>

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SUPERSEDES: TN- 05-34

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TN# 10-55 Approval Date 12-20-10 Effective Date 8-1-10  
Supersedes  
TN# 05-34

STATE OF LOUISIANA

AMOUNT DURATION AND SCOPE OF MEDICAL AND REMEDIAL CARE AND SERVICES PROVIDED

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Item 13.d.  
Rehabilitative Services  
(cont'd.)

based on a psychosocial rehabilitation philosophy to assist persons with significant psychiatric disabilities to increase 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. 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.

**Adult Criteria for Services**

Continuation of MHR treatment must meet medical necessity criteria for adults:

**Child/Adolescent Criteria for Services**

Continuation of MHR treatment must meet medical necessity criteria for children/youth:

STATE	<u>Louisiana</u>
DATE REC'D	<u>9-28-10</u>
DATE APP'VD	<u>12-20-10</u>
DATE EFF	<u>8-1-10</u>
HOFA 179	<u>10-55</u>

SUPERSEDES: TN- 09-33

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AMOUNT DURATION AND SCOPE OF MEDICAL AND REMEDIAL CARE AND SERVICES PROVIDED

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Item 13.d.  
Rehabilitative Services  
(cont'd.)

**E. 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.

**F. 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

STATE	<u>Louisiana</u>
DATE REC'D	<u>9-28-10</u>
DATE APP'D	<u>12-20-10</u>
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5. progress is evident that the child's mental or behavioral disorder can be expected to improve significantly through medically necessary, appropriate therapy and that the child is able to benefit from the therapy provided; and
6. there is clinical evidence of symptom improvement. If there has been no improvement, the ISRP may be reviewed and the frequency, amount or duration of services may be adjusted to a clinically appropriate level as determined by the bureau.

**E. 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.

**F. 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.

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DATE APP'D <u>12-20-10</u>	
DATE EFF <u>8-1-10</u>	
HCFA 179 <u>10-55</u>	

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Supersedes **SUPERSEDES. NONE - NEW PAGE**  
TN# \_\_\_\_\_

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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](http://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.

Effective for dates of service on or after August, 1, 2010, Medicaid reimbursement shall be terminated for parent/family intervention (intensive) services.

STATE <u>Louisiana</u>	<b>A</b>
DATE REC'D <u>9-28-10</u>	
DATE APPV'D <u>12-20-10</u>	
DATE EFF <u>8-1-10</u>	
HCFA 179 <u>10-55</u>	

TN# 10-55 Approval Date 12-20-10 Effective Date 8-1-10

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TN# 10-19

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