



**Division of Medicaid & Children's Health, Region VI**

---

December 20, 2010

**Our Reference: SPA LA 10-055**

Mr. Don Gregory, State Medicaid Director  
Department of Health and Hospitals  
Bienville Building  
628 North 4<sup>th</sup> Street  
Post Office Box 91030  
Baton Rouge, LA 70821-9030

Dear Mr. Gregory:

This letter is being sent as a companion to our approval to Texas State Plan Amendment (SPA) 10-055. During our review of that SPA, the Centers for Medicare & Medicaid Services (CMS) performed an analysis of the coverage for your State's Mental Health Rehab Program services. Based on that review, it was determined that certain areas in the coverage section were not consistent with current guidance and regulations at 42 Code of Federal Regulation 440.130.

In order to ensure compliance with current regulations and policy related to the above provisions, the State is responsible for the following:

**Attachment 3.1-A, Item 13.d, Page 9**

1. Individual Intervention: Please more fully describe this service in the State plan so we can better understand it. For example, what is "a verbal interaction"? Is it counseling? (If the service is similar to "Parent/Family Intervention (Counseling)" please add "Counseling" after the name of this service.) Please specify the time duration that makes it a "brief" interaction. Please describe how it is "structured". Please describe the types of "therapeutic strategies" that comprise this service.
2. Parent/Family Intervention (Counseling): Please explain in the State plan what is meant by a "therapeutic intervention". Please delete the reference to "and family" in the second sentence, as the service must be for the benefit of the recipient.
3. Group Counseling: Please explain in the State plan what is meant by a "treatment modality". Please specify in the State plan the duration of the "time limit" for this service.
4. Psychosocial Skills Training Group (Youth): Please elaborate on skills training and how it directly pertains to the mental health of the recipient of this service.

5. Psychosocial Skills Training Group (Youth): We note that the State targets “children and adolescents” for receipt of this service. Please assure that comparable services are available to all EPSDT recipients if it’s determined to be medically necessary.

**Attachment 3.1-A, Item 13.d, Page 10**

6. Psychosocial Skills Training Group (Adult): Please elaborate on skills training and how it directly pertains to the mental health of the recipient of this service.

**Attachment 3.1-A, Item 13.d, Page 11 and 11a**

7. Psychosocial Skills Training Group (Adult): Please explain the reference to “significant psychiatric disabilities”. If the State is attempting to include certain diagnoses and exclude certain diagnoses, we would prefer it if the State indicated that the service is available to all who meet the medical necessity criteria for the service.

The State has 90 days from the date of this letter to address the issues described above. Within that period the State may submit SPAs to address the inconsistencies or submit a corrective action plan describing in detail how the State will resolve the issues identified above in a timely manner. Failure to respond will result in the initiation of a formal compliance process. During the 90 days, CMS will provide any required technical assistance.

If you have any questions about this request, please contact Ford Blunt of my staff at either 214-767-6381 or by E-mail at [ford.blunt@cms.hhs.gov](mailto:ford.blunt@cms.hhs.gov).

Sincerely,

| \_\_\_\_\_ /s/

Bill Brooks  
Associate Regional Administrator

Cc: Allyson Lamy