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State/Territory Name: Louisiana

State Plan Amendment (SPA) #: 18-0005

This file contains the following documents in the order listed:

- 1) Approval Letter
- 2) CMS 179 Form
- 3) Approved Page

DEPARTMENT OF HEALTH & HUMAN SERVICES  
Centers for Medicare & Medicaid Services  
Dallas Regional Office  
1301 Young Street, Suite 833  
Dallas, Texas 75202



**DIVISION OF MEDICAID & CHILDREN'S HEALTH - REGION VI**

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December 11, 2018

Our Reference: SPA LA 18-0005

Ms. Jen Steele, State Medicaid Director  
Department of Health  
628 North 4<sup>th</sup> St.  
Post Office Box 91030  
Baton Rouge, LA 70821-9030

Attention: Karen Barnes

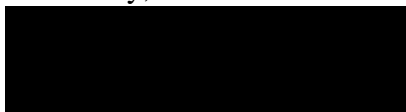
Dear Ms. Steele:

We have reviewed the State's proposed amendment to the Louisiana State Plan submitted under Transmittal Number 18-0005 dated June 27, 2018. This state plan amendment proposes to amend the provisions governing adult behavioral health services in order to: 1) clarify the target population for mental health services; 2) allow for more frequent assessments and treatment plan updates based on individual needs; 3) clarify information required to ensure treatment records are comprehensive and include all necessary documents; and 4) update language and revise service authorization requirements.

Based on the information submitted, we have approved the amendment for incorporation into the official Louisiana State Plan with an effective date change of June 20, 2018. A copy of the CMS-179 and approved plan pages are enclosed with this letter.

If you have any questions, please contact Cheryl Rupley at (214) 767-6278 or by email at [Cheryl.Rupley@cms.hhs.gov](mailto:Cheryl.Rupley@cms.hhs.gov).

Sincerely,



Bill Brooks  
Associate Regional Administrator

<b>TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL FOR: CENTERS FOR MEDICARE &amp; MEDICAID SERVICES</b>	1. TRANSMITTAL NUMBER <b>18 - 0005</b>	2. STATE <b>Louisiana</b>
	3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL SECURITY ACT (MEDICAID)	

TO: REGIONAL ADMINISTRATOR CENTERS FOR MEDICARE & MEDICAID SERVICES DEPARTMENT OF HEALTH AND HUMAN SERVICES	4. PROPOSED EFFECTIVE DATE <b>June 20, 2018</b>
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5. TYPE OF PLAN MATERIAL (Check One)

NEW STATE PLAN       AMENDMENT TO BE CONSIDERED AS NEW PLAN       AMENDMENT

COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (Separate transmittal for each amendment)


6. FEDERAL STATUTE/REGULATION CITATION <b>42 CFR 440.60</b> <b>42 CFR 440.130(d)</b> <b>42 CFR 447.304</b>	7. FEDERAL BUDGET IMPACT a. FFY <b>2019</b> \$ <b>(3,473,225)</b> b. FFY <b>2020</b> \$ <b>(2,835,731)</b>
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8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT  <b>Attachment 3.1-A, Item 13d, Pages 12-19</b> <b>Attachment 3.1-A, Item 13d, Page 20</b>	9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable) <b>Same (TN 15-0030)</b> <b>None - new page</b>
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10. SUBJECT OF AMENDMENT **The SPA proposes to amend the provisions governing adult behavioral health services in order to: 1) clarify the ~~medical necessity criteria~~ and target population for mental health services; 2) allow for more frequent assessments and treatment plan updates based on individual needs; 3) clarify information required to ensure treatment records are comprehensive and include all necessary documents; and 4) update language and revise service authorization requirements.**

11. GOVERNOR'S REVIEW (Check One)


GOVERNOR'S OFFICE REPORTED NO COMMENT       OTHER, AS SPECIFIED  
 COMMENTS OF GOVERNOR'S OFFICE ENCLOSED      The Governor does not review State Plan material.  
 NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL

12. SIGNATURE OF STATE AGENCY OFFICIAL 	16. RETURN TO <b>Jen Steele, Medicaid Director</b> <b>State of Louisiana</b> <b>Department of Health</b> <b>628 North 4<sup>th</sup> Street</b> <b>P.O. Box 91030</b> <b>Baton Rouge, LA 70821-9030</b>
13. TYPED NAME <b>Rebekah E. Gee MD, MPH</b>	
14. TITLE <b>Secretary</b>	
15. DATE SUBMITTED <b>June 27, 2018</b>	

**FOR REGIONAL OFFICE USE ONLY**

17. DATE RECEIVED June 27, 2018	18. DATE APPROVED December 11, 2018
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**PLAN APPROVED - ONE COPY ATTACHED**

19. EFFECTIVE DATE OF APPROVED MATERIAL June 20, 2018	20. SIGNATURE 
21. TYPED NAME Bill Brooks	22. TITLE    Associate Regional Administrator Division of Medicaid & Children's Health

23. REMARKS **The State requests a pen and ink change to boxes 8, 9 and 10.**

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 DESCRIBED AS FOLLOWS:

**CITATION** **Rehabilitation Health Services**  
**42 CFR 440.130 (d)**

**Adult Mental Health Services**

The Medicaid program provides coverage under the Medicaid State Plan for mental health services rendered to adults with mental health disorders. The mental health services rendered to adults 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.

Qualifying individuals, 21 years of age and older who are enrolled in Healthy Louisiana, shall be eligible to receive the following medically necessary adult mental health services:

1. Therapeutic services; and
2. Mental health rehabilitation services, including community psychiatric support and treatment (CPST), psychosocial rehabilitation (PSR) crisis intervention (CI) services and assertive community treatment (ACT).

**Licensed Mental Health Professionals**

Licensed mental health professionals (LMHPs) are individuals licensed in the State of Louisiana to diagnose and treat mental illness or substance use disorders. LMHPs include the following individuals who are licensed to practice independently:

1. Medical Psychologists;
2. Licensed Psychologists;
3. Licensed Clinical Social Workers (LCSWs);
4. Licensed Professional Counselors (LPCs);
5. Licensed Marriage and Family Therapists (LMFTs);
6. Licensed Addiction Counselors (LACs); and
7. 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 Specialist 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).

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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**

A licensed mental health professional as defined above, must provide therapeutic services.

2. **Community Psychiatric Support and Treatment:** A comprehensive service which focuses on reducing the disability resulting from mental illness, restoring functional skills of daily living, building natural supports and solution-oriented interventions intended to achieve identified goals or objectives as set forth in the individualized treatment plan, including supportive intervention. Supportive intervention includes problem behavior analysis, as well as, emotional and behavioral management with a focus on developing skills and improving daily functional living skills in order to restore stability, support functional gains and adapt to community living. CPST is a face-to-face intervention; however, it may include family or other collaterals. Most contacts occur in community locations where the person lives, works, attends school, and/or socializes.

**Provider Qualifications**

Prior to January 1, 2019, agencies providing CPST services must have or have applied for accreditation by an accrediting organization approved by the Department. Agencies are allowed to render CPST services prior to obtaining full accreditation; however, agencies are required to attain a full accreditation status within 18 months of the initial accreditation application date.

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Effective January 1, 2019, agencies providing CPST services must be fully accredited, or obtained preliminary accreditation prior to rendering CPST services. Agencies must maintain continuous, uninterrupted full or preliminary accreditation. Agencies providing CPST services must obtain a full accreditation status within 18 months of the agency's initial accreditation application date.

Individuals rendering CPST services must operate under an agency licensed to provide mental health services. Prior to January 1, 2019, individuals with a master's degree from an accredited university or college in social work, counseling, psychology, sociology or a human services related field are qualified to provide all aspects of CPST, including the individual supportive intervention.

Effective January 1, 2019, individuals must have a minimum of a master's degree from an accredited university or college in social work, counseling, psychology, or sociology to provide all aspects of CPST, including the individual supportive intervention. Any individual rendering the individual supportive intervention component of CPST for a licensed and accredited agency, who does not possess the minimum master's degree in one of the four listed educational fields, but who has a minimum of a bachelor's degree in social work, counseling, psychology or sociology and who met all master's degree provider qualifications in effect prior to January 1, 2019, may continue to provide all components of CPST including the individual supportive intervention component of CPST for the same licensed provider agency.

Prior to the individual rendering the master's level aspects of CPST, including the individual supportive intervention component of CPST, for a different provider agency, the individual must comply with the minimum master's degree provisions of this section. Effective January 1, 2019, other aspects of CPST, except for the individual supportive intervention component, may otherwise be performed by an individual with a bachelor's degree in social work, counseling, psychology or sociology. Credentialed peer support specialists who meet the qualifications above may also provide this service.

- 3. Psychosocial Rehabilitation Services:** Services that are designed to assist the individual with compensating for, or eliminating functional deficits, and interpersonal and/or environmental barriers associated with their mental illness.

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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 the individual as an active and productive member of his or 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 contacts occur in community locations where the person lives, works, attends school, and/or socializes.

**Provider Qualifications**

Prior to January 1, 2019, agencies providing PSR services must have or have applied for accreditation by an accrediting organization approved by the Department. Agencies are allowed to render PSR services prior to attaining full accreditation; however, agencies are required to attain a full accreditation status within 18 months of the initial accreditation application date.

Effective January 1, 2019, agencies providing PSR services must be fully accredited, or obtain a preliminary accreditation prior to rendering PSR services. Agencies must maintain continuous, uninterrupted full or preliminary accreditation. Agencies providing PSR services must obtain a full accreditation status within 18 months of the agency's initial accreditation application date.

PSR services may be provided by an agency licensed to provide mental health services. Individuals rendering PSR services must operate under an agency license. Any individual rendering PSR services for a licensed provider agency shall hold a minimum of a bachelor's degree from an accredited university or college in the field of counseling, social work, psychology, or sociology. Any individual rendering PSR services who does not possess the minimum bachelor's degree as described here, but who met all provider qualifications in effect prior to January 1, 2019, may continue to provide PSR services for the same licensed provider agency. Prior to the individual rendering PSR services for a different provider agency, the individual must comply with the provisions of this section. Credentialed peer support specialists who meet the qualifications above may also provide PSR services.

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- 4. Crisis Intervention Services:** Services that are provided to a person who is experiencing a psychiatric crisis, designed to interrupt and/or ameliorate a crisis experience including a preliminary assessment, immediate crisis resolution and de-escalation, and referral and linkage to appropriate community services to avoid more restrictive levels of treatment. The goal of crisis intervention is symptom reduction, stabilization, and restoration to a previous level of functioning. All activities must occur within the context of a potential or actual psychiatric crisis. Crisis Intervention is a face-to-face intervention and can occur in a variety of locations where the person lives, works, attends school, and/or socializes.

**Provider Qualifications**

CI services may be provided by an agency licensed to provide behavioral health services. Agencies providing CI services must be fully accredited or have applied for accreditation by an accrediting organization approved by the Department prior to providing CI services. Agencies are allowed to render CI services prior to attaining full accreditation; however, agencies must have applied for full accreditation by an accrediting organization approved by the Department, and must attain full accreditation status within 18 months of the initial accreditation application date. Agencies must maintain continuous, uninterrupted accreditation.

Individuals rendering CI services must operate under an agency licensed to provide mental health services. At minimum, individuals rendering CI services must be at least 20 years old and have an associate's degree in social work, counseling, psychology or a related human services field, or two years of equivalent education and/or experience working in the human services field. The provider must be at least three years older than an individual under the age of 18.

Credentialed peer support specialists with the above qualifications may provide CI services.

- 5. Assertive Community Treatment Services (ACT):**

ACT is a community-based rehabilitative service for individuals with severe mental illness to support recovery through the restoration of functional daily living skills, to build strengths, to increase independence, develop social connections and leisure opportunities, and reduce the symptoms of their illness.

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Services are coordinated by a team to connect individuals with other community-based supports. The team is comprised of a team leader, a board certified or board-eligible psychiatrist, two nurses (at least one RN), one other licensed mental health professional, one substance use service provider and one peer specialist. Other levels of staffing may be approved by the Department as long as they operate under licensure and supervision appropriate to their role.

Services include, but are not limited to:

- a. Needs assessment, crisis assessment and intervention, and individualized care plan development;
- b. Symptom management;
- c. Individual counseling;
- d. Medication administration, monitoring, education;
- e. Skills restoration to enable self-care, daily life management, e.g. household maintenance, food preparation, nutrition and health; to function in appropriate social and interpersonal relationships and to participate in community based activities, including but not limited to, leisure and employment as indicated in the individualized plan of care;
- f. Peer support providing expertise about symptom management and the recovery process, peer counseling to ACT recipients with their families, as well as other rehabilitation and support functions based on their own life experience with mental illness and/or substance use disorders, as coordinated within the context of a comprehensive, individualized plan of care;
- g. Ongoing evaluation for relapse prevention, harm reduction, anger and stress management;
- h. Referral and linkage to other agency supports, if needed for services including substance use disorders treatment; and
- i. Monitoring and following-up to determine if psychiatric, substance use, mental health support and health related services are being delivered, as set forth in the care plan, adequacy of services in the plan and changes, needs or status of the individual.

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**Provider Qualifications**

ACT services may be provided by an agency licensed to provide behavioral health services. Agencies providing ACT services must be accredited or have applied for accreditation by an accrediting organization approved by the Department prior to providing ACT services. Agencies are allowed to render ACT services prior to attaining full accreditation; however, agencies must have applied for full accreditation prior to rendering ACT services and must attain a full accreditation status within 18 months of the initial accreditation application date. Agencies must maintain continuous, uninterrupted accreditation.

ACT Team Leader: A full time licensed mental health professional who must have administrative and clinical skills.

Licensed Psychiatrist: Must be board certified or board eligible.

Psychiatric Nurses (one of which must be a registered nurse (RN): Nurses who have experience in carrying out medical functioning activities such as basic health and medical assessment, education, coordination of health care, psychiatric medical assessment and treatment, and administration of psychotropic medication administration.

Licensed Mental Health Professional: A fully licensed practitioner able to practice independent of supervision, i.e., medical psychologist, licensed psychologist, licensed clinical social worker, licensed professional counselor, licensed marriage and family therapist, or licensed addiction counselor.

Substance Use Specialist: Must have a minimum of one year specialized substance use training or supervised experience.

Peer Specialist: A person who self-identified as being in recovery from mental illness and/or substance use disorders who has successfully completed required training and credentialing requirements through the Office of Behavioral Health as a peer specialist. This includes ongoing completion of continuing education requirements consistent with Louisiana requirements for Peer Support. The peer specialist functions as a fully integrated team member providing expertise about symptom management and the recovery process, promotes a team culture that maximizes recipient choice and self-determination, provides peer counseling to ACT recipients and families and carries out other rehabilitation and support functions.

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**Service Delivery**

- A. All mental health services must be medically necessary. The medical necessity for services shall be determined by an LMHP or physician who is acting within the scope of their professional license and applicable state law.
- B. All services shall be delivered in accordance with federal and state laws and regulations, the provider manual, and other notices or directives issued by the Department. The provider shall create and maintain documents to substantiate that all requirements are met.
- C. Services rendered by the Peer Specialist will be coordinated within the context of a comprehensive, individualized plan of care that includes specific individualized goals, with supervision provided to the Peer Specialist by a Licensed Mental Health Professional.
- D. Each provider of adult mental health services shall enter into a contract with one or more of the managed care organizations in order to receive reimbursement for Medicaid covered services.
- E. There shall be recipient involvement throughout the planning and delivery of services.
  - 1. Services shall be:
    - a. delivered in a culturally and linguistically competent manner; and
    - b. respectful of the individual receiving services;
  - 2. Services shall be appropriate to individuals of diverse racial, ethnic, religious, sexual, and gender identities and other cultural and linguistic groups; and
  - 3. Services shall be appropriate for:
    - a. age;
    - b. development; and
    - c. education.
- F. Anyone providing adult mental health services must operate within their scope of practice license.
- G. Fidelity reviews must be conducted for evidenced based practices on an ongoing basis as determined necessary by the Department.
- H. Services may be provided in the community or in the individual's place of residence as outlined in the treatment plan. Services shall not be provided at an institution for mental disease (IMD).

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**Assessments**

For mental health rehabilitation, each enrollee shall be assessed, at least annually, by a LMHP and shall have a treatment plan developed for CPST, PSR and ACT based on that assessment.

**Treatment Plan**

Treatment plans shall:

1. be based on the assessed needs of the member;
2. be developed by a LMHP or physician in collaboration with direct care staff, the member, family and natural supports; and
3. contain goals and interventions targeting areas of risk and need identified in the assessment.

The individualized treatment plan shall be developed and reviewed in accordance with the criteria and frequency established by the Department, and in accordance with the provider manual and other notices or directives issued by the Department.

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