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State/Territory Name: Louisiana

State Plan Amendment (SPA) #: 18-0024

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
1301 Young Street
Dallas, Texas 75202



Regional Operations Group

March 11, 2019

Our Reference: SPA LA 18-0024

Ms. Jen Steele, State Medicaid Director
Department of Health
628 North 4th St.
Post Office Box 91030
Baton Rouge, LA 70821-9030
Attention: Karen Barnes

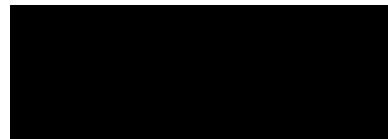
Dear Ms. Steele:

We have reviewed the State's proposed amendment to the Louisiana State Plan submitted under Transmittal Number 18-0024 dated December 20, 2018. This state plan amendment proposes to amend the provisions governing substance use disorders (SUD) services rendered to children and adults in order to: 1) reflect the coordinated system of care contractor moving from a non-risk to a full risk capitated contract, 2) clarify the exclusion criteria for institutions for mental disease; and 3) clarify the requirements for residential addiction treatment facilities.

Based on the information submitted, we have approved the amendment for incorporation into the official Louisiana State Plan with an effective date change of November 1, 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.

Sincerely,



Bill Brooks
Director
Centers for Medicaid & CHIP Services
Regional Operations Group

TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL FOR: CENTERS FOR MEDICARE & MEDICAID SERVICES	1. TRANSMITTAL NUMBER 18 - 0024	2. STATE Louisiana
	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 November 1, 2018	

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 42 CFR 440.130(d)	7. FEDERAL BUDGET IMPACT a. FFY <u>2019</u> \$0.00 b. FFY <u>2020</u> \$0.00
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8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT Attachment 3.1-A, Item 13d, Pages 5 – 11 Attachment 4.19-B, Item 13d, Pages 4, 4a, 4b Attachment 3.1-A, Item 13.d, Page 11a	9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable) Same (TN 15-0029) Same (TN 15-0029) None - new page
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10. SUBJECT OF AMENDMENT The purpose of this SPA is to amend the provisions governing substance use disorders (SUD) services rendered to children and adults in order to: 1) reflect the coordinated system of care contractor moving from a non-risk contract to a full risk capitated contract; 2) ~~remove the requirements for the Office of Behavioral Health certification of providers and for prior approval of SUD services;~~ 3) clarify the exclusion criteria for institutions for mental disease; and 4) 3) clarify the requirements for residential addiction treatment facilities.

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 Jen Steele, Medicaid Director State of Louisiana Department of Health 628 North 4th Street P.O. Box 91030 Baton Rouge, LA 70821-9030
13. TYPED NAME Rebekah E. Gee MD, MPH	
14. TITLE Secretary	
15. DATE SUBMITTED December 20, 2018	

FOR REGIONAL OFFICE USE ONLY

17. DATE RECEIVED December 20, 2018	18. DATE APPROVED March 11, 2019
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PLAN APPROVED - ONE COPY ATTACHED

19. EFFECTIVE DATE OF APPROVED MATERIAL November 1, 2018	20. SIGNATURE
21. TYPED NAME Bill Brooks	22. TITLE Regional Operations Group

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

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 Rehabilitation Services
42 CFR 440.130(d)

Substance Use Disorders Services

The Medicaid program provides coverage under the Medicaid State Plan for substance use disorders (SUD) services rendered to children and adults. SUD services rendered shall be those services which are medically necessary to reduce the disability resulting from the illness and to restore the individual to his/her best possible functioning level in the community. Children and adults who meet Medicaid eligibility and clinical criteria shall qualify to receive medically necessary SUD services. Qualifying children and adults with an identified SUD diagnosis shall be eligible to receive SUD services.

American Society of Addiction Medicine (ASAM) levels of care require reviews on an ongoing basis, as deemed necessary by the Department, to document compliance with national standards.

Services provided to children and youth must include communication and coordination with the family and/or legal guardian and custodial agency for children in state custody. Coordination with other child-serving systems shall occur as needed to achieve the treatment goals. All coordination must be documented in the child's medical record.

The agency or individual who has the decision making authority for a child or adolescent in state custody must approve the provision of services to the recipient, provided that written consent is obtained from the minor.

These services include a continuum of individually centered outpatient, intensive outpatient and residential services consistent with the individual's assessed treatment needs. The rehabilitation and recovery focus is designed to promote skills for coping with and managing substance use symptoms and behaviors. Services should address an individual's major lifestyle, attitudinal and behavioral problems that have the potential to undermine the goals of treatment.

State: Louisiana
Date Received: 12-20-18
Date Approved: 3-11-19
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Supersedes
TN 15-0029

STATE OF LOUISIANA

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Children who are in need of SUD services shall be served within the context of the family and not as an isolated unit.

Services shall be:

- a. delivered in a culturally and linguistically competent manner;
- b. respectful of the individual receiving services;
- c. appropriate to individuals of diverse racial, ethnic, religious, sexual, gender identities, and other cultural and linguistic groups; and
- d. appropriate for age, development, and education.

Evidence-based practices require prior approval and fidelity reviews on an ongoing basis as determined necessary by the Department.

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

The following ASAM levels are covered for outpatient treatment:

Level I: Outpatient

Outpatient level 1 services are professionally directed assessment, diagnosis, treatment and recovery services provided in a non-residential treatment setting. Outpatient services are organized activities which may be delivered in any appropriate community setting that meets State licensure.

Level II.1 Intensive Outpatient Treatment

Intensive outpatient treatment is professionally directed assessment, diagnosis, treatment and recovery services provided in non-residential treatment setting. Intensive outpatient services are organized activities which may be delivered in any appropriate community setting that meets State licensure.

These services include, but are not limited to, individual, group, family counseling and psycho-education on recovery, as well as monitoring of drug use, medication management, medical and psychiatric examinations, crisis intervention coverage and orientation to community-based support groups. Intensive outpatient program services should include evidence-informed practices, such as cognitive behavioral therapy (CBT), motivational interviewing and multidimensional family therapy.

Level II-D Ambulatory Detoxification with Extended On-site Monitoring

This level of care is an organized outpatient service, which may be delivered in an office setting, health care or addiction treatment facility by trained clinicians, who provide medically supervised evaluation, detoxification and referral services. These services are designed to achieve safe withdrawal from mood-altering chemicals and to effectively facilitate the individual's entry into ongoing treatment and recovery. Counseling services may be available through the detoxification program or may be accessed through affiliation with entities providing outpatient services. Ambulatory detoxification is provided in conjunction with intensive outpatient treatment services (Level II.1).

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

The following ASAM levels are covered for residential treatment:

Level III.1 Clinically Managed Low Intensity Residential Treatment – Adolescent and Adult
Residential programs offer at least five hours per week of a combination of low-intensity clinical and recovery-focused services. All facilities are licensed by LDH. Treatment is directed toward applying recovery skills, preventing relapse, improving emotional functioning, promoting personal responsibility and reintegrating the individual into the worlds of work, education and family life. Services provided may include individual, group and family therapy, medication management and medication education. Mutual/self-help meetings usually are available on site. Does not include sober houses, boarding houses or group homes where treatment services are not provided (ex: halfway house).

Level III.2D Clinically Managed Residential Social Detoxification – Adolescent and Adult
Residential programs provided in an organized, residential, non-medical setting delivered by an appropriately trained staff that provides safe, 24-hour medication monitoring, observation and support in a supervised environment for a person served, to achieve initial recovery from the effects of alcohol and/or other drugs. All facilities are licensed by LDH.

Social detoxification is appropriate for individuals who are able to participate in the daily residential activities and is often used as a less restrictive, non-medical alternative to inpatient detoxification.

Level III.3 Clinically Managed Medium Intensity Residential Treatment - Adult
Residential programs offer at least 20 hours per week of a combination of medium-intensity clinical and recovery-focused services. All facilities are licensed by LDH. Frequently referred to as extended or long-term care, Level III.3 programs provide a structured recovery environment in combination with medium-intensity clinical services to support recovery from substance-related disorders.

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42 CFR 440.130(d)

Level III.5 Clinically Managed High Intensity Residential Treatment – Adolescent and Adult
Designed to treat persons who have significant social and psychological problems. All facilities are licensed by LDH. Programs are characterized by their reliance on the treatment community as a therapeutic agent. Treatment goals are to promote abstinence from substance use and antisocial behavior and to effect a global change in participants' lifestyles, attitudes and values. Individuals typically have multiple deficits, which may include substance-related disorders, criminal activity, psychological problems, impaired functioning and disaffiliation from mainstream values. (Example: therapeutic community or residential treatment center.) The program must include an in-house education/vocational component if serving adolescents.

Level III.7 Medically Monitored Intensive Residential Treatment – Adult
The Co-occurring Disorder (COD) residential treatment facility provides 24 hours of structured treatment activities per week including, but not limited to, psychiatric and substance use assessments, diagnosis treatment, habilitative and rehabilitation services to individuals with co-occurring psychiatric and substance disorders (ICOPSD), whose disorders are of sufficient severity to require a residential level of care. All facilities are licensed by LDH.

It also provides a planned regiment of 24-hour professionally directed evaluation, observation and medical monitoring of addiction and mental health treatment in a residential setting. They feature permanent facilities, including residential beds, and function under a defined set of policies, procedures and clinical protocols. Appropriate for patients whose subacute biomedical and emotional, behavior or cognitive problems are so severe that they require co-occurring capable or enhanced residential treatment, but who do not need the full resources of an acute care general hospital. In addition to meeting integrated service criteria, COD treatment providers must have experience and preferably licensure and/or certification in both addictive disorders and mental health.

Level III.7D Medically Monitored Residential Detoxification – Adult
Medically monitored residential detoxification is an organized service delivered by medical and nursing professionals, which provide for 24-hour medically supervised evaluation under a defined set of physician-approved policies and physician-monitored procedures or clinical protocols. All facilities are licensed by LDH.

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This level provides care to patients whose withdrawal signs and symptoms are sufficiently severe to require 24-hour inpatient care. It may overlap with Level IV-D services (as a “step-down” service) in a specialty unit of an acute care general or psychiatric hospital. Twenty-four hour observation, monitoring and treatment are available.

Limitations:

These SUD services are provided as part of a comprehensive specialized psychiatric program available to all Medicaid eligible individuals with significant functional impairments resulting from an identified addiction diagnosis. Services must be medically necessary and must be recommended by a licensed mental health practitioner or physician, who is acting within the scope of his/her professional license and applicable state law, to promote the maximum reduction of symptoms and/or restoration of an individual to his/her best age-appropriate functional level according to an individualized treatment plan.

The activities included in the service must be intended to achieve identified treatment plan goals or objectives. The treatment plan should be developed in a person-centered manner with the active participation of the individual, family and providers and be based on the individual’s condition and the standards of practice for the provision of rehabilitative services. The treatment plan should identify the medical or remedial services intended to reduce the identified condition as well as the anticipated outcomes of the individual. The treatment plan must specify the frequency, amount and duration of services. The treatment plan must be signed by the licensed mental health practitioner or physician responsible for developing the plan with the participant (or authorized representative) also signing to note concurrence with the treatment plan.

The plan will specify a timeline for re-evaluation of the plan that is at least an annual redetermination. The reevaluation should involve the individual, family and providers and include a reevaluation of plan to determine whether services have contributed to meeting the stated goals. A new treatment plan should be developed if there is no measureable reduction of disability or restoration of functional level. The new plan should identify different rehabilitation strategies with revised goals and services. Providers must maintain medical records that include a copy of the treatment plan, the name of the individual, dates of services provided, nature, content and units of rehabilitation services provided, and progress made toward functional improvement and goals in the treatment plan.

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CITATION
42 CFR 440.130(d)

Rehabilitation Services

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Exclusions

The following services shall be excluded:

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 not directly related to treatment of the recipient's needs;
3. Any services or components of services of which the basic nature is to supplant housekeeping, homemaking, or basic services for the convenience of a person receiving covered services (including housekeeping, shopping, child care, and laundry services); and
4. Services provided in an institution for mental disease (IMD), unless provided through the Code of Federal Regulations "allowed in lieu of", or a U.S. Department of Health and Human Services, Centers for Medicare and Medicaid Services (CMS) approved waiver.
5. Room and board is excluded from any rates provided in a residential setting.

Unless otherwise specified, a unit of service is defined according to the Healthcare Common Procedure Coding System (HCPCS) approved code set.

Provider Qualifications

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. Anyone providing SUD services must be licensed in accordance with state laws and regulations, in addition to operating within their scope of practice license. Providers shall meet the provisions of the provider manual and the appropriate statutes.

Services are provided by licensed and unlicensed professional staff, who are at least 18 years of age with a high school or equivalent diploma, according to their areas of competence as determined by degree, required levels of experience as defined by state law and regulations and departmentally approved guidelines. Anyone who is unlicensed providing addiction services must be registered with the Addictive Disorders Regulatory Authority and demonstrate competency as defined by LDH, state law (ACT 803 of the Regular Legislative Session 2004) and regulations. State regulations require supervision of unlicensed professionals by a qualified professional supervisor (QPS).

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CITATION Rehabilitation Services
42 CFR 440.130(d)

A QPS includes the following professionals who are currently registered with their respective Louisiana board:

1. licensed psychologists;
2. licensed clinical social workers;
3. licensed professional counselors;
4. licensed addiction counselors;
5. licensed physicians; and
6. advanced practice registered nurses.

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The following professionals may obtain QPS credentials:

1. a masters-prepared individual who is registered with the appropriate state board and under the supervision of a licensed psychologist;
2. licensed professional counselor (LPC); and
3. licensed clinical social worker (LCSW).

The QPS can provide clinical/administrative oversight and supervision of staff.

Residential addiction treatment facilities shall be accredited by an approved accrediting body and maintain such accreditation. Denial, loss of or any negative change in accreditation status must be reported to the MCO, in writing, within the time limit established by the Department.

Addiction Services include an array of individual-centered outpatient, intensive outpatient, residential, and inpatient services consistent with the individual's assessed treatment needs, with a rehabilitation and recovery focus designed to promote skills for coping with and managing substance use symptoms and behaviors.

Master's Prepared Behavioral Health Professional:

1. A master's-prepared behavioral health professional that has not obtained full licensure privileges and is participating in ongoing professional supervision.
2. When working in addiction treatment settings, the master's-prepared unlicensed professional (UP) must be supervised by a Licensed Mental Health Professional (LMHP).

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Services

1. Alcohol and/or drug assessment;
2. Alcohol and/or drug services – Individual Session;
3. Alcohol and/or drug services - Group Session; and
4. Alcohol and/or drug services - Family Counseling.

Certified Addiction Counselor (CAC)

1. Possesses a bachelor's degree from an accredited institution of higher education. The degree shall be in a human services or behavioral science discipline, or such other discipline or disciplines as the department may deem appropriate;
2. Has met all of requirements of Louisiana Addictive Disorders Regulatory Authority (ADRA); and
3. Has demonstrated professional competence by passing a written and oral exam and conducting a case presentation.

CAC Service Provision

1. Alcohol and/or drug assessment;
2. Alcohol and/or drug services – Individual Session;
3. Alcohol and/or drug services - Group Session; and
4. Alcohol and/or drug services - Family Counseling

Registered Addiction Counselor (RAC)

1. Has met all of requirements of Louisiana Addictive Disorders Regulatory Authority (ADRA); and
2. Has demonstrated professional competence by passing a written and oral exam and conducting a case presentation.

RAC Service Provision

1. Alcohol and/or drug Assessment;
2. Alcohol and/or drug services – Individual Session;
3. Alcohol and/or drug services - Group Session; and
4. Alcohol and/or drug services - Family Counseling.

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TN None-New Page

STATE OF LOUISIANA

PAYMENTS FOR MEDICAL AND REMEDIAL CARE AND SERVICES PROVIDED

METHODS AND STANDARDS FOR ESTABLISHING PAYMENT RATES – OTHER TYPES OF CARE OR SERVICE LISTED IN SECTION 1902(A) OF THE ACT THAT IS INCLUDED IN THE PROGRAM UNDER THE PLAN ARE DESCRIBED AS FOLLOWS:

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

Substance Use Disorder Services

Reimbursement Methodology

Effective for dates of service on or after March 1, 2012, reimbursements for services are based upon a Medicaid fee schedule established by the State of Louisiana. The reimbursement rates for physician services rendered under the Louisiana Behavioral Health Partnership (LBHP) shall be a flat fee for each covered service as specified on the established Medicaid fee schedule. The reimbursement rates shall be based on a percentage of the Louisiana Medicare Region 99 allowable for a specified year.

1. If a Medicare fee exists for a defined covered procedure code, then Louisiana will pay Psychologists and APRNs at 80 percent of the LBHP physician rates. If a Medicare fee exists for a defined covered procedure code, then Louisiana will pay LCSWs, LPCs, LMFTs, and LAC's as well as qualified unlicensed practitioners delivering substance abuse services at 70 percent of the LBHP physician rates.
2. Where Medicare fees do not exist for a covered code, the fee development methodology will build fees considering each component of provider costs as outlined below. These reimbursement methodologies will produce rates sufficient to enlist enough providers so that services under the Plan are available to individuals at least to the extent that these services are available to the general population, as required by 42 CFR 447.204. These rates comply with the requirements of Section 1902(a)(3) of the Social Security Act 42 CFR 447.200, regarding payments and consistent with economy, efficiency and quality of care. Provider enrollment and retention will be reviewed periodically to ensure that access to care and adequacy of payments are maintained. The Medicaid fee schedule will be equal to or less than the maximum allowable under the same Medicare rate, where there is a comparable Medicare rate. Room and board costs are not included in the Medicaid fee schedule.
3. Except as otherwise noted in the Plan, the State-developed fee schedule is the same for both governmental and private individual providers. The Agency's fee schedule rate was set as of August 1, 2011 and is effective for services provided on or after that date. All rates are published on the agency's website at www.lamedicaid.com.

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4. The fee development methodology will primarily be composed of provider cost modeling, though Louisiana provider compensation studies, cost data and fees from similar State Medicaid programs may be considered, as well. The following list outlines the major components of the cost model to be used in fee development:
 - a. Staffing Assumptions and Staff Wages;
 - b. Employee-Related Expenses – Benefits, Employer Taxes (e.g., FICA, unemployment, and workers compensation);
 - c. Program-Related Expenses (e.g., supplies);
 - d. Provider Overhead Expenses; and
 - e. Program Billable Units;
5. The fee schedule rates will be developed as the ratio of total annual modeled provider costs to the estimated annual billable units.

Effective for dates of service on or after July 1, 2012, the reimbursement rates for outpatient substance use disorders (SUD) services provided to children/adolescents shall be reduced by 1.44 percent of the rates in effect on June 30, 2012.

Effective for dates of service on or after April 20, 2013, the reimbursement for behavioral health services rendered by a physician under the LBHP shall be 75 percent of the 2009 Louisiana Medicare Region 99 allowable for services rendered to Medicaid recipients.

Effective for dates of service on or after September 1, 2013, the reimbursement for procedure codes 90791, 90792, 90832, 90834, and 90837 shall be excluded from the January 2013 Medicare rate changes and shall remain at the Medicaid fee schedule on file as of December 31, 2012.

Effective for dates of service on or after December 1, 2015, substance use disorders (SUD) services shall be reimbursed as follows:

Reimbursement for services shall be based upon the established Medicaid fee schedule for SUD services rendered to recipients enrolled with the Coordinated System of Care (CSoC) contractor.

Monthly capitation payments shall be made by the Department, or its fiscal intermediary, to the managed care organizations (MCOs) for recipients enrolled in the MCOs.

The fee schedule is published on the Medicaid provider website at www.lamedicaid.com

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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 not directly related to treatment of the recipient's needs;
3. Any services or components of services of which the basic nature is to supplant housekeeping, homemaking, or basic services for the convenience of a person receiving covered services (including housekeeping, shopping, child care, and laundry services); and
4. Services provided in an institution for mental disease (IMD), unless provided through the Code of Federal Regulations "allowed in lieu of", or a U.S. Department of Health and Human Services, Centers for Medicare and Medicaid Services (CMS) approved waiver.
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