

STATE OF LOUISIANA

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

LIMITATION OF THE AMOUNT, DURATION AND SCOPE OF CERTAIN ITEMS OF PROVIDED
MEDICAL AND REMEDIAL CARE AND SERVICES ARE DESCRIBED AS FOLLOWS:

CITATION MEDICAL AND REMEDIAL
42 CFR CARE AND SERVICES
440.130 Item 13.d.

Other Diagnostic, Screening, Preventive, and
Rehabilitative Services, i.e., other than
those Provided Elsewhere in this Plan

I. Rehabilitation Clinic Services

- A. Upon PRIOR APPROVAL by the Prior Authorization Unit, Bureau of Health Services Financing, payment for rehabilitation services provided by Title XVIII certified public or private rehabilitation centers, or hospital outpatient rehabilitation units will be made in accordance with an established payment schedule. Rehabilitation Services include occupational therapy, physical therapy and speech, language and hearing therapy. Rehabilitation Services covered under Medicaid do not include the following:

- (1) Vocational or developmental evaluations, or
- (2) Voice evaluations or therapy. This includes instructions in use and hygiene of the voice as treatment for vocal cord nodules or hoarseness and related conditions, unless it is serious enough to interfere with normal speech.

TN#

89-28

Approval Date

DEC - 2 1990

Effective Date

JUL - 1 1989

Supersedes

TN#

86-21

STATE <u>Louisiana</u>	A
DATE REC'D <u>SEP 29 1989</u>	
DATE APPV'D <u>DEC - 2 1990</u>	
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HCFA 179 <u>89-28</u>	

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42 CFR CARE AND SERVICES
440.130 Item 13.d. (Con't)

B. Approval will be based on specific criteria and conditions related to the medical recommendations for rehabilitation services and the plan of service proposed by the rehabilitation services provider. Plans for meeting the cost, if any, of transportation and boarding arrangements for the individual to secure the services must be part to the plan.

The Prior Authorization Unit shall recommend approval of rehabilitation plans for individuals who are likely to realize substantial gains in self-care, self-help or rehabilitation. Self-care and self-help are defined as the ability of the individual to take care of personal needs, e.g., eating, dressing, ability to walk, talk, or use devices unassisted. Rehabilitation is defined as a program to prevent further impairment of physical deformity and malfunction, and enable the individual to significantly increase his ability to require less care by others. Less care by others is defined as the ability of the client to use a minimum of assistance to take care of personal needs. Optimum utilization of the device will be an additional criteria when prosthesis training is involved. BHSF does not have a program for long term therapy or maintenance therapy.

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

Attachment 3.1-A
Item 13.d, Page 3

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
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CITATION **Medical and Remedial**
42 CFR **Care and Services**
440.130 **Item 13.d**

Other resources such as Handicapped Children's Services, school therapy programs,
and community resources should be considered.

C. The following conditions shall be met:

- 1) Referral for services has been made by a licensed physician and the Prior Authorization Unit, Bureau of Health Services Financing (BHSF) has a copy of his recommendations to the provider. The recommendation must include the diagnosis; date of accident or onset of illness, the address of the referring physician his specialty, if known, and the date of the referral.
- 2) The rehabilitation services provider has evaluated the client and a copy of the proposed plan of services includes Form RC-1 and the physician's statement of referral has been sent to State Office. BHSF will not pay for vocational or development evaluations or voice evaluations or voice therapy as specified in Item 13.d., I., A., above.
- 3) The Bureau of Health Services Financing, with the advice of the Prior Authorization Unit has approved the Plan.
- 4) The rehabilitation services provider has agreed to provide progress reports to State Office as recommended by the Prior Authorization Unit when the plan is approved.

[Exclusions]:

Effective for dates of service on or after February 1, 2013, The Department terminates the coverage of all rehabilitation clinic services to recipients 21 years of age and older.

A	
STATE	LOUISIANA
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DATE EFF	2-1-13
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TN# 13-08 Approval Date 7-9-13 Effective Date 2-1-13

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SUPERSEDES: TN- 89-28

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:

CITATION

**42 CFR
440.130**

**Medical and Remedial
Care and Services
Item 13.d (cont'd.)**

RESERVED

TN# _____ Approval Date _____ Effective Date _____

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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
42 CFR 440.130(d)

Rehabilitation Services

State: Louisiana
Date Received: 11-10-15
Date Approved: 6-7-16
Date Effective: 12-1-15
Transmittal Number: 15-0029

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.

TN 15-0029
Supersedes
TN New Page

Approval Date 6-7-2016

Effective Date 12-1-2015

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 Rehabilitation Services

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

Recipient Qualifications

- A. Effective for dates of service on or after December 1, 2015, individuals who meet Medicaid eligibility and clinical criteria, shall qualify to receive adult mental health services.
- B. Qualifying individuals shall be eligible to receive the following adult mental health services:
 - 1. Licensed mental health professional services are available to adults enrolled in Bayou Health, provided the services are determined to be medically necessary.
 - 2. Mental health rehabilitation services are available to adults enrolled in Bayou Health, provided the services are determined to be medically necessary, and in accordance with published criteria set forth by the Department.

Covered Services

- A. The following mental health services shall be reimbursed under the Medicaid program:
 - 1. Community psychiatric support and treatment (CPST);
 - 2. Psychosocial rehabilitation; and
 - 3. Crisis intervention services.

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Date Received: 21 Dec, 2015
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AMOUNT, DURATION, AND SCOPE OF MEDICAL AND REMEDIAL CARE AND SERVICES PROVIDED
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MEDICAL AND REMEDIAL CARE AND SERVICES DESCRIBED AS FOLLOWS:

B. Service Descriptions

1. **Community Psychiatric Support and Treatment (CPST):** 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. 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

CPST services may be provided by an agency, a licensed mental health practitioner, or a CPST specialist. Practitioners with a master's degree in social work, counseling, psychology or a related human services field may provide all aspects of CPST, including counseling. Other aspects of CPST, except for counseling, may otherwise be performed by an individual with a bachelor's degree in social work, counseling, psychology or a related human services field or four years of equivalent education and/or experience working in the human services field. Certified peer support specialists who meet the qualifications above may also provide this service.

Components

- **Development of a treatment plan-** includes an agreement with the individual and family members (or other collateral contacts) on the specific strengths and needs, resources, natural supports and individual goals and objectives for that person. The overarching focus is to utilize the personal strengths, resources, and natural supports to reduce functional deficits associated with their mental illness and increase restoration of independent functioning. The agreement should also include developing a crisis management plan;

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- **Individual supportive counseling-** includes problem behavior analysis as well as emotional and behavioral management with the individual recipient. The primary focus is on implementing social, interpersonal, self-care, and independent living skill goals in order to restore stability, support functional gains, and adapt to community living; and
 - **Skills building work-** includes the practice and reinforcement of independent living skills, use of community resources and daily self-care routines. The primary focus is to increase the basic skills that promote independent functioning of the recipient and 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.
2. **Psychosocial Rehabilitation Services (PSR):** 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. 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

PSR services may be provided by an agency, a licensed mental health practitioner, or a psychosocial rehabilitation specialist. At minimum, providers of PSR services must be at least 18 years old and have a high school diploma or equivalent. The provider must be at least three years older than any individual they serve under the age of 18. Certified peer support specialists may also provide PSR services.

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Components

- Restoration, rehabilitation and support with the development of social and interpersonal skills to increase community tenure, enhance personal relationships, establish support networks, increase community awareness, develop coping strategies, and effective functioning in the individual's social environment including home, work and school;
 - Restoration, rehabilitation and support with the development of daily living skills to improve self-management of the negative effects of psychiatric or emotional symptoms that interfere with a person's daily living. Supporting the individual with development and implementation of daily living skills and daily routines critical to remaining in home, school, work, and community; and
 - Implementing learned skills so the person can remain in a natural community location; and assisting the individual with effectively responding to or avoiding identified precursors or triggers that result in functional impairments.
3. **Crisis Intervention Services (CI):** 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.

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Provider Qualifications

Crisis intervention services may be provided by an agency, a licensed mental health practitioner, or crisis intervention specialist. At minimum, providers of crisis intervention 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. Certified peer support specialists with the above qualifications may provide crisis intervention services.

Components

- A preliminary assessment of risk, mental status, and medical stability; and the need for further evaluation or other mental health services. Includes contact with the client, family members or other collateral sources (e.g. caregiver, school personnel) with pertinent information for the purpose of a preliminary assessment and/or referral to other alternative mental health services at an appropriate level. Short-term crisis interventions including crisis resolution and de-briefing with the identified Medicaid eligible individual;
- Follow-up with the individual, and as necessary, with the individuals' caretaker and/or family members; and
- Consultation with a physician or with other qualified providers to assist with the individuals' specific crisis.

C. The following services 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.

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Service Delivery

- A. All mental health services must be medically necessary. The medical necessity for services shall be determined by a licensed mental health practitioner (LMHP) or physician who is acting within the scope of their professional license and applicable state law.
- B. 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.
- C. Anyone providing mental health services must operate within their scope of practice license.
- D. Evidence-based practices require prior approval and fidelity reviews on an ongoing basis as determined necessary by the Department.
- E. Services may be provided at a facility, in the community, or in the individual's place of residence as outlined in the plan of care (POC). Services may be furnished in a nursing facility only in accordance with policies and procedures issued by the Department. Services shall not be provided at an institute for mental disease (IMD).

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Assessments

- A. Each enrollee shall be assessed, and shall have a POC developed based on that assessment.
- B. Assessments shall be performed by a LMHP.
- C. Assessments must be performed at least every 365 days or as needed any time there is a significant change to the enrollee's circumstances

Plan of Care

- A. The individualized POC shall be developed according to the criteria established by the Department and in accordance with the provider manual and other notices or directives issued by the Department. The POC is reviewed at least every 365 days and as needed when there is significant change in the individual's circumstances; and
- B. The POC shall be developed by a case manager who acts as an advocate for the individual and is a source of information for the individual and the team.

Provider Responsibilities

- A. 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.
- B. Any licensed practitioner providing adult mental health services must be operating within their scope of practice license.

Provider Qualifications for Peer Support Specialist (unlicensed)

Since 2008, the Office of Behavioral Health (OBH) has utilized standardized criteria for which a peer support specialist is hired and chosen for training, which is consistent with peer support specialist programming in other states. Peer support specialists must:

- Have lived experience with a behavioral health diagnosis. A behavioral health diagnosis may include a diagnosis with mental health challenges, addiction challenges, or co-occurring disorders;

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- Have a minimum of a high school diploma or have passed the General Education Development (GED) test;
- Be at least 18 years of age; have at least twelve months of continuous demonstrated recovery as indicated by the Substance Abuse and Mental health Services Administration's (SAMHSA's) working definition of recovery found in Appendix 3: *A process of change through which individuals improve their health and wellness, live a self-directed life, and strive to reach their full potential.* An employer may request an exception to the rule regarding a minimum of 12 months of continuous recovery by submitting a written request to the appropriate OBH identified staff for review and approval.

Through the Recovery Support Strategic Initiative, SAMHSA has delineated four major dimensions that support a life in recovery:

1. Health – overcoming or managing one's disease(s) or symptoms, and for everyone in recovery, making informed, healthy choices that support physical and emotional well-being;
2. Home – a stable and safe place to live;
3. Purpose – meaningful daily activities, such as a job, school, volunteerism, family caretaking, or creative endeavors, and possess the independence, income and resources to participate in society; and
4. Community - relationships and social networks that provide support, friendship, love, and hope.

Additional qualifications may be required by the agency through which the peer support specialist is employed. If affiliated with a Medicaid reimbursable program, the agency through which the individual is employed must ensure that the staff members possess the minimum requisite skills, qualifications, training, supervision, and coverage in accordance with the requirements described in the most recent version of the behavioral health manual.

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