

**TRANSMITTAL AND NOTICE OF APPROVAL OF
STATE PLAN MATERIAL**

FOR: HEALTH CARE FINANCING ADMINISTRATION

TO: REGIONAL ADMINISTRATOR
HEALTH CARE FINANCING ADMINISTRATION
DEPARTMENT OF HEALTH AND HUMAN SERVICES

1. TRANSMITTAL NUMBER:
10-70

2. STATE
Louisiana

3. PROGRAM IDENTIFICATION: TITLE XIX OF THE
SOCIAL SECURITY ACT (MEDICAID)

4. PROPOSED EFFECTIVE DATE
* ~~December 1, 2010~~ January 1, 2011

5. TYPE OF PLAN MATERIAL (Check One):

G NEW STATE PLAN G 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 447 Subpart B

7. FEDERAL BUDGET IMPACT:
* a. FFY 2011 (\$699.07) **(\$831.31)**
b. FFY 2012 **(\$886.37)**

8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:

Attachment 4.19-B, Item 13d, Page 3a
* Attachment 3.1-A, Item 13d, page 5
* Attachment 3.1-A, Item 13d, page 9
* Attachment 3.1-A, Item 13d, page 11

9. PAGE NUMBER OF THE SUPERSEDED PLAN
SECTION OR ATTACHMENT (If Applicable):
None (New Page)
Same (TN 10-19)
Same (TN 10-55)
Same (TN 10-55)

10. SUBJECT OF AMENDMENT: **The purpose of this amendment is to reduce the reimbursement rates for mental health rehabilitation services by 3.3 percent in order to avoid a budget deficit.**

11. GOVERNOR=S REVIEW (Check One):

GOVERNOR=S OFFICE REPORTED NO COMMENT
 COMMENTS OF GOVERNOR=S OFFICE ENCLOSED
 NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL

OTHER, AS SPECIFIED:
The Governor does not review state plan material.

12. SIGNATURE OF STATE AGENCY OFFICIAL:

13. TYPED NAME:
Bruce D. Greenstein

14. TITLE:
Secretary

15. DATE SUBMITTED:
December 10, 2010

16. RETURN TO:

**State of Louisiana
Department of Health and Hospitals
628 N. 4th Street
PO Box 91030
Baton Rouge, LA 70821-9030**

FOR REGIONAL OFFICE USE ONLY

17. DATE RECEIVED: **20 December, 2010**

18. DATE APPROVED: **30 June, 2011**

PLAN APPROVED - ONE COPY ATTACHED

19. EFFECTIVE DATE OF APPROVED MATERIAL:
1 January, 2011

20. SIGNATURE OF REGIONAL OFFICIAL:

21. TYPED NAME:
Bill Brooks

22. TITLE: **Associate Regional Administrator
Division of Medicaid & Children's Health**

23. REMARKS:

* Pen and Ink change made per State's E-mail dated 1-19-2011, changing the Fiscal Impact for 2011 and the Effective Date of the SPA.
* Pen and Ink change made per State's Letter dated 4-19-11, adding Attachment 3.1-A, Item 13d, page: 5, 9, & 11

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:

Effective for dates of service on or after January 1, 2011, the reimbursement rates for Mental Health Rehabilitation services shall be reduced by 3.3 percent of the rates on file as of December 31, 2010.

SUPERSEDES: NONE - NEW PAGE

STATE <u>Louisiana</u>	A
DATE REC'D <u>12-20-10</u>	
DATE APPV'D <u>6-30-11</u>	
DATE EFF <u>1-1-11</u>	
HGFA 179 <u>10-70</u>	

TN# 10-70 Approval Date 6-30-11 Effective Date 1-1-11

Supersedes

TN# _____

SUPERSEDES: NONE - NEW PAGE

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 Medical and Remedial II. Mental Health Rehabilitation Services
42 CFR Care and Services
440.130 Item 13.d. (cont'd)

A. Definition

Mental Health Rehabilitative (MHR) services are those medical or remedial services recommended by a physician or other licensed practitioner of the healing arts, within the scope of his practice under State law, for maximum reduction of mental illness and restoration of a recipient to his best possible functional level. MHR services may be provided by or under the supervision of a physician or a licensed mental health professional, are offered in out-patient community settings, are provided to Medicaid eligible individuals according to the comprehensive, individualized service and recovery plan (ISRP) and are not services that are included in programs with a focus other than that of Medicaid.

These services must be provided to, or directed exclusively toward the treatment of the Medicaid eligible individual. These services are available to all EPSDT eligibles without limitation when supported by medical necessity. These services cannot be delivered in an Institution for Mental Disease (IMD). These services do not duplicate services provided through other mental health programs or non-Medicaid programs, such as foster care.

A unit of service is defined as 15 minutes of service unless otherwise indicated by the CPT code definition.

B. Staffing Qualifications

Licensed Mental Health Professional (LMHP)—an individual who has a graduate degree in a mental health related field and is licensed to practice in the state of Louisiana by the applicable professional board of examiners. A mental health related field is an academic program with a curriculum content in which at least 70% of the required courses for the major field of study are based upon the core mental health disciplines (psychiatry, psychology, counseling, social work and psychiatric nursing). LMHPs include:

Psychiatrist—must be a licensed medical doctor who is board-certified or board-eligible, authorized to practice psychiatry in Louisiana.

Psychologist—must be licensed as a practicing psychologist.

Advanced Practice Registered Nurse (APRN)—must

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TN# 10-19

SUPERSEDES: TN- 10-19

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 EPSDT eligibles for whom the service is medically appropriate 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.

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STATE OF LOUISIANA

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

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MEDICAL AND REMEDIAL CARE AND SERVICES ARE DESCRIBED BELOW:

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

based on a psychosocial rehabilitation philosophy to assist persons to increase their functioning to live successfully in the environments of their choice. This service is available to all who meet the medical necessity criteria for the service. 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:

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