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State/Territory Name: Louisiana

State Plan Amendment (SPA) #: 26-0001

This file contains the following documents in the order listed:

- 1) Approval Letter
- 2) CMS 179 Form/Summary Form (with 179-like data)
- 3) Approved SPA Pages

DEPARTMENT OF HEALTH & HUMAN SERVICES

Centers for Medicare & Medicaid Services
601 E. 12th St., Room 355
Kansas City, Missouri 64106



Medicaid and CHIP Operations Group

May 14, 2026

Seth J. Gold
Medicaid Executive Director
State of Louisiana Department of Health
628 N. 4th Street
PO Box 91030
Baton Rouge, LA 70821-9030

Re: Louisiana State Plan Amendment (SPA) LA-26-0001

Dear Medicaid Executive Director Gold:

The Centers for Medicare & Medicaid Services (CMS) has reviewed your Medicaid State Plan Amendment (SPA) submitted under transmittal number LA-26-0001. The purpose of this SPA is to amend the provisions governing children and adult mental health services to expand the provider types authorized to deliver therapeutic services and to remove the face-to-face requirement for Peer Support Services (PSS). Additionally, these proposed changes will increase access to therapeutic services.

We have conducted our review of your submittal according to statutory requirements in Title XIX of the Social Security Act. This letter is to inform you that the Louisiana Medicaid SPA LA-26-0001 was approved on May 13, 2026, with an effective date of April 20, 2026.

If you have any questions, please contact Cecilia Williams at (410) 786-2539 or via email at Cecilia.Williams@cms.hhs.gov.

Sincerely,

Nicole McKnight
Acting Director, Division of Program Operations

Enclosures

cc: Najah Freeman
Keuna Franklin
Krystal Ceasor
Marjorie Jenkins

**TRANSMITTAL AND NOTICE OF APPROVAL OF
 STATE PLAN MATERIAL
 FOR: CENTERS FOR MEDICARE & MEDICAID SERVICES**

1. TRANSMITTAL NUMBER 26-0001	2. STATE LA
3. PROGRAM IDENTIFICATION: TITLE <u>XIX</u> OF THE SOCIAL SECURITY ACT	

TO: CENTER DIRECTOR
 CENTERS FOR MEDICAID & CHIP SERVICES
 DEPARTMENT OF HEALTH AND HUMAN SERVICES

4. PROPOSED EFFECTIVE DATE
April 20, 2026

5. FEDERAL STATUTE/REGULATION CITATION
42 CFR 440.130(d)
42 CFR 440.60

6. FEDERAL BUDGET IMPACT (Amounts in WHOLE dollars)
 a. FFY 2026 \$ 0
 b. FFY 2027 \$ 0

7. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT

Attachment 3.1-A, Item 4.b, Pages 9-9a
Attachment 3.1-A, Item 6, Pages 6-7
Attachment 3.1-A, Item 13.d, Page 13
Attachment 3.1-A, Item 13.d, Page 19

8. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable)

Same (TN 24-0011)
Same (TN 24-0011)
Same (TN 24-0011)
Same (TN 24-0025)

9. SUBJECT OF AMENDMENT

The purpose of the SPA is to amend the provisions governing children and adult mental health services to expand the provider types authorized to deliver therapeutic services and to remove the face-to-face requirement for Peer Support Services (PSS). These proposed changes will increase access to therapeutic services.

10. 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.

11. SIGNATURE OF STATE AGENCY OFFICIAL

12. TYPED NAME
Drew Maranto, designee for Bruce D. Greenstein

13. TITLE
Undersecretary

14. DATE SUBMITTED
March 20, 2026

15. RETURN TO

Seth Gold
Medicaid Executive Director
Louisiana Department of Health
628 North 4th Street
P.O. Box 91030
Baton Rouge, LA 70821-9030

FOR CMS USE ONLY

16. DATE RECEIVED
March 20, 2026

17. DATE APPROVED
May 13, 2026

PLAN APPROVED - ONE COPY ATTACHED

18. EFFECTIVE DATE OF APPROVED MATERIAL
April 20, 2026

19. SIGNATURE OF APPROVING OFFICIAL

20. TYPED NAME OF APPROVING OFFICIAL
Nicole McKnight

21. TITLE OF APPROVING OFFICIAL
Acting Director, Division of Program Operations

22. REMARKS

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 AS FOLLOWS:

EPSDT Rehabilitation Services
42 CFR 440.130(d)

Services to the beneficiary's family and significant others are for the direct benefit of the beneficiary, in accordance with the beneficiary's needs and treatment goals identified in the beneficiary's treatment plan, and for the purpose of assisting in the beneficiary's recovery.

All services must be recommended by a physician or licensed mental health professional, within the scope of his or her practice under State law.

Service Descriptions

- 1. Therapeutic Services:** Individualized therapeutic interventions, including assessment, medication management, individual, family, and group therapy, and psychological testing, focus on the maximum reduction of mental disability and restoration to his/her best possible functional level.

Assessment: This service is a comprehensive evaluation of an individual's physical, mental, and emotional health, including issues related to mental health and substance use, along with their ability to function within a community in order to determine service needs and formulate recommendations for treatment. Psychological tests may be utilized during assessment services in order to determine an individual's recommended treatment plan.

Medication Management: Goal-oriented interactions to assess the appropriateness of medications in an individual's treatment; periodically evaluating and re-evaluating the efficacy of the prescribed medications; and providing ongoing management of a medication regimen within the context of an individual's treatment plan.

Individual, Family, and Group Therapy: A structured, goal-oriented therapeutic process in which an individual, group, or family interacts with a qualified provider in accordance with the individuals' treatment plan to resolve problems related to a mental illness, serious emotional disorder and/or substance use disorder that interferes with the individual's or family's functioning and adjustment. Counseling to the beneficiary's family is for the direct benefit of the beneficiary, in accordance with the beneficiary's needs and treatment goals identified in the beneficiary's treatment plan, and for the purpose of assisting in the beneficiary's recovery.

Components

1. Ongoing assessment of current risk and presenting problem.
2. Assistance in implementing social, interpersonal, self-care, and/or independent living skills as outlined in the treatment plan in order to restore stability, support functional gains, and/or adapt to community living.
3. Assessing progress toward achievement of treatment goals, and adapting emotional and behavioral management interventions commensurate with progress.

Provider Qualifications

Therapeutic services may be provided by a psychiatrist, an LMHP, as defined above, a provisionally licensed professional counselor (PLPC), provisionally licensed marriage and family therapist (PLMFT), licensed master social worker (LMSW), psychology intern from an American Psychological Association

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 AS FOLLOWS:

approved internship program, or provisionally licensed psychologist (PLP) in good standing in the state of Louisiana to practice within the scope of all applicable state laws, practice acts, and the practitioner's professional license. PLPCs, PLMFTs, LMSWs, psychology interns, and PLPs shall be supervised in accordance with requirements established by the practitioner's professional licensing board. All practitioners providing behavioral health services shall operate within the scope of practice of their professional license or credentials.

- 2. Community Psychiatric Support and Treatment (CPST)** is a comprehensive service which focuses on reducing the disability resulting from mental illness, restoring functional skills of daily living, building natural supports and achieving identified person-centered goals or objectives through counseling, clinical psycho-education, and ongoing monitoring needs as set forth in the individualized treatment plan. Services must be provided in locations that meet the needs of the persons served.

The assessment and treatment planning components of CPST must be rendered by a licensed mental health professional (LMHP).

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.

Provider Qualifications

To qualify as a CPST agency, the agency must be licensed as a behavioral health service provider by the Louisiana Department of Health and must obtain a preliminary accreditation or be fully accredited by the Commission on Accreditation of Rehabilitation Facilities (CARF), the Council on Accreditation (COA), or The Joint Commission (TJC). Individuals rendering CPST services must operate under an agency license.

CPST services shall be rendered by one of the following:

1. Licensed Mental Health Professionals (LMHP)
2. Provisionally Licensed Professional Counselor (PLPC)
3. Provisionally Licensed Marriage and Family Therapist (PLMFT)
4. Licensed Master Social Worker (LMSW)
5. Certified Social Worker (CSW)
6. Psychology intern from an American Psychological Association approved internship program.

All CPST practitioners, except LMHPs, must deliver services under regularly scheduled supervision in accordance with requirements established by the practitioner's professional licensing board.

- 3. Psychosocial Rehabilitation (PSR)** services are designed to assist children and youth with compensating for or eliminating functional deficits and interpersonal and/or environmental barriers associated with their mental illness and restoring functional skills of daily living. Activities included must be intended to achieve the identified goals or objectives as set forth in the individualized treatment plan.

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

42 CFR 440.60

Other Licensed Practitioners

Licensed Mental Health Practitioners

- A. Licensed mental health practitioners are licensed individuals who are in good standing in the state of Louisiana to practice within the scope of all applicable state laws, practice acts, and the practitioner's professional license. Licensed mental health practitioners include the following individuals:
1. Licensed Mental Health Professionals (LMHPs), who are licensed in the state of Louisiana to diagnose and treat mental illness or substance use disorders. LMHPs include the following individuals licensed to practice independently:
 - Medical Psychologists
 - Licensed Psychologists
 - Licensed Clinical Social Workers (LCSWs)
 - Licensed Professional Counselors (LPCs)
 - Licensed Marriage and Family Therapists (LMFTs)
 - Licensed Addiction Counselors (LACs)
 - 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 Specialists 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);
 2. Provisionally licensed professional counselors (PLPCs);
 3. Provisionally licensed marriage and family therapists (PLMFTs);
 4. Licensed master social workers (LMSWs); and
 5. Provisionally licensed psychologists (PLPs).
- B. The Medicaid program shall provide coverage for, and payment to, licensed mental health practitioners for mental health and therapeutic services rendered to individuals, 21 years of age and older, with behavioral health disorders who meet Medicaid eligibility and clinical criteria. These services 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. Any licensed practitioner providing behavioral health services shall operate within the scope of practice of their license.

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:

C. Provider Responsibilities:

1. All mental health services delivered must be medically necessary and authorized. The medical necessity shall be determined by an LMHP or physician who is acting within the scope of their professional practice license and applicable state laws and regulations.
2. Evidence-based practices require fidelity reviews on an ongoing basis as determined necessary by the Department.
3. PLPCs, PLMFTs, LMSWs, and PLPs shall be supervised in accordance with requirements established by the practitioner's professional licensing board.
4. Licensed practitioners may render services at a facility, in the community, or in the individual's place of residence as outlined in the treatment plan. 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).

STATE OF LOUISIANA

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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

Therapeutic services may be provided by a psychiatrist, licensed mental health professional (LMHP), provisionally licensed professional counselor (PLPC), provisionally licensed marriage and family therapist (PLMFT), licensed master social worker (LMSW), psychology intern from an American Psychological Association approved internship program, or provisionally licensed psychologist (PLP) in good standing in the state of Louisiana to practice within the scope of all applicable state laws, practice acts, and the practitioner's professional license. PLPCs, PLMFTs, LMSWs, psychology interns, and PLPs shall be supervised in accordance with requirements established by the practitioner's professional licensing board. All practitioners providing behavioral health services shall operate within the scope of practice of their professional license or credentials.

2. **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 achieving identified person-centered goals or objectives through counseling, clinical psycho-education, and ongoing monitoring needs as set forth in the individualized treatment plan. Services must be provided in locations that meet the needs of the persons served.

The assessment and treatment planning components of CPST must be rendered by an LMHP.

Provider Qualifications

To qualify as a CPST agency, the agency must be licensed as a behavioral health service provider by the Louisiana Department of Health (LDH) and must obtain a preliminary accreditation or be fully accredited by the Commission on Accreditation of Rehabilitation Facilities (CARF), the Council on Accreditation (COA), or The Joint Commission (TJC). Individuals rendering CPST services must operate under an agency license.

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:

6. Peer Support Services

Peer support services (PSS) are an evidence-based behavioral health service that consists of a qualified peer support provider, who assists members with their recovery from mental illness and/or substance use. PSS are behavioral health rehabilitative services to reduce the disabling effects of an illness or disability and restore the beneficiary to the best possible functional level in the community. PSS are coordinated as part of a person-centered, goal-oriented treatment plan. Most contacts occur in community locations where the member lives, works, attends school and/or socializes.

Provider Qualifications

Peer support services must be provided under the administrative oversight of licensed and accredited local governing entities (LGEs) or certified Permanent Supportive Housing (PSH) agencies. LGEs and PSH agencies must meet state and federal requirements for providing PSS.

An individual providing Peer Support Services must successfully complete an OBH-approved peer training program prior to providing peer support services. Training provides the Peer Support Specialist with a basic set of competencies necessary to perform the peer support function. The Peer Support Specialist must also complete a minimum of ten (10) Continuing Education Units (CEU) per calendar year.

Credentialed Peer Support Specialists (CPSS) must have lived experience with a mental illness and/or substance use challenge or condition and must be at least 21 years of age. A CPSS must have at least twelve (12) months of continuous recovery, which is demonstrated by a lifestyle and decisions supporting an individual's overall wellness and recovery. CPSS must receive regularly scheduled clinical supervision from a Peer Supervisor. The Peer Supervisor must be either a Licensed Mental Health Professional (LMHP) or be supervised by an LMHP. Peer Supervisors must have the practice-specific education, experience, training, and credentials to coordinate an array of behavioral health services, and shall complete the required OBH-approved Peer Supervisor Training.

7. Crisis Stabilization

Crisis Stabilization (CS) is a short-term bed-based crisis treatment and support service for members who have received a lower level of crisis services and are at risk of hospitalization or institutionalization, including nursing home placement.

CS is utilized when additional crisis supports are necessary to stabilize the crisis and ensure community tenure in instances in which more intensive inpatient psychiatric care is not warranted or when the member's needs are better met at this level.