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Rehabilitation Services for Children, Adolescents and Adults

The following provisions apply to all rehabilitation services for children, adolescents and adults, which include the following:

- Community Psychiatric Support and Treatment;
- Psychosocial Rehabilitation;
- Crisis Intervention; and
- Crisis Stabilization (children and adolescents only).

These rehabilitation services are provided as part of a comprehensive specialized psychiatric program available to all Medicaid eligible children, adolescents and adults with significant functional impairments resulting from an identified mental health disorder diagnosis. The medical necessity for these rehabilitative services must be determined by and services recommended by a licensed mental health professional (LMHP) or physician to promote the maximum reduction of symptoms and restoration to his/her best age-appropriate functional level.

Children and Adolescents

The expected outcome of rehabilitation services is restoration to a child/adolescent's best functional level by restoring the child/adolescent to their best developmental trajectory. This includes consideration of key developmental needs and protective factors such as:

- Restoration of positive family/caregiver relationships;
- Prosocial peer relationships;
- Community connectedness/social belonging; and
- The ability to function in a developmentally appropriate home, school, vocational and community settings.

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Services should provide skills building and supports that build on existing strengths and target goals related to these key developmental needs and protective factors. Children/adolescents who are in need of specialized behavioral health services shall be served within the context of the family and not as an isolated unit.

Adults

The expected outcome for adults is to reduce the disability resulting from mental illness and assist in the recovery and resiliency of the individual. These services are home and community-based and are provided on an as needed basis to assist persons in coping with the symptoms of their illness. In order to meet the criteria for disability, one must exhibit impaired emotional, cognitive or behavioral functioning that is a result of mental illness. This impairment must substantially interfere with role, occupational and social functioning. The intent of rehabilitation services is to minimize the disabling effects on the individual's capacity for independent living and to prevent or limit the periods of inpatient treatment. The principles of recovery are the foundation for rehabilitation services. These services are intended for an individual with a mental health diagnosis only, or a co-occurring diagnosis of mental health and substance use.

Rehabilitation services are expected to achieve the following outcomes:

- Assist individuals in the stabilization of acute symptoms of illness;
- Assist individuals in coping with the chronic symptoms of their illness;
- Minimize the aspects of their illness which makes it difficult for persons to live independently;
- Reduce or prevent psychiatric hospitalizations;
- Identify and develop strengths; and
- Focus on recovery.

National Consensus Statement on Recovery – Recovery is a journey of healing and transformation enabling a person to live a meaningful life in a community of his or her choice while striving to achieve his or her full potential.

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Ten components of recovery are as follows:

- Self-Direction;
- Individualized and Person Centered;
- Empowerment;
- Holistic;
- Non-Linear;
- Strengths-Based;
- Peer Support;
- Respect;
- Responsibility; and
- Hope.

Service Delivery

All mental health services must be medically necessary in accordance with LAC 50:I.1101. 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.

There shall be member involvement throughout the planning and delivery of services. Services shall be:

- Delivered in a culturally and linguistically competent manner;
- Respectful of the individual receiving services;
- Appropriate to individuals of diverse racial, ethnic, religious, sexual and gender identities and other cultural and linguistic groups; and

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- Appropriate for age, development; and education.

Anyone providing mental health services must operate within their scope of practice license.

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

Services may be provided 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).

Assessment

- Each member shall be assessed and shall have a treatment plan developed based on that assessment.
- Assessments shall be performed by an LMHP, and for children and adolescents shall be completed with the involvement of the primary caregiver.
- Assessments must be performed at least every 365 days or as needed, any time there is a significant change to the member’s circumstances.

Treatment Plan Development

Treatment plans shall be based on the assessed needs and developed by an LMHP or physician in collaboration with direct care staff, the member, family and natural supports, and shall contain goals and interventions targeting areas of risk and need identified in the assessment. All team members, including the member and family, shall sign the treatment plan. The member shall receive a copy of the plan upon completion. (If the member is too young to sign the treatment plan, a caregiver signature is sufficient to sign and receive the treatment plan.)

The goal of the treatment plan is to help ensure measurable improved outcomes, increased strengths, a reduction in risk of harm to self or others, and a reduction in the risk of out of home placements to inpatient and residential care. Based on an assessment/reassessment and informed by the member, parent/caregiver, the written treatment plan must meet the following requirements below.

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The treatment plan must include:

- Goals and objectives that are specific, measurable, action oriented, realistic, and time-limited;
- Specific interventions based on the assessed needs that must include reference to training material when delivering skills training;
- Frequency and duration of services that will enable the member to meet the goals and outcomes identified in the treatment plan;
- Services and interventions to support independent community living for transitioning adolescents and adults in the setting of his or her own choice and must support integration in the community, including opportunities to seek employment, engage in community life, control personal resources, and improve functional skills at school, home or in the community;
- Member's strengths, capacities, and preferences;
- Clinical and support needs that are indicated by a psychosocial assessment, , Child and Adolescent Level of Care Utilization System (CALOCUS) or Level of Care Utilization System (LOCUS) rating , and other standardized assessment tools as clinically indicated;
- Place of service(s) for each intervention;
- Staff type delivering each intervention;
- Crisis avoidance interventions including the identification of risk factors and barriers with strategies to overcome them, including individualized back-up plans; and
- Language written in a way that is clearly understandable by the member.

Treatment Plan Oversight

The treatment plan shall be reviewed at least once every 365 days or when there is a significant change in the individual's circumstances.

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Provider Responsibilities

- 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. (See Section 2.6 of this manual chapter regarding record keeping).
- The provider must ensure no staff is providing unsupervised direct care prior to obtaining the results of the statewide criminal background check and addressing the results of the background check, if applicable.
- Any licensed practitioner providing mental health services must operate within their scope of practice license.
- Community Psychiatric Support and Treatment (CPST) and Psychosocial Rehabilitation (PSR) services provided by staff (holding an individual National Provider Identifier) regardless of employment at multiple agencies shall be limited to a maximum combined total of twelve (12) reimbursable hours of CPST services and PSR services within a calendar day.
 - The twelve-(12) hour limitation shall not apply per individual behavioral health services provider agency, rather it applies per individual rendering provider.
 - The twelve-(12) hour limitation shall not apply to evidence-based practices.
 - There is a maximum combined total of twelve (12) reimbursable hours of CPST services and PSR services unless any of the following conditions are met:
 - The medical necessity of the services is documented through the prior authorization approval for a Medicaid recipient receiving more than twelve (12) hours of CPST and PSR services;
 - The services are billed for a group setting and the total hours worked by an individual rendering provider does not exceed twelve (12) hours per calendar day; or
 - The services are billed for crisis intervention.

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- **Core Services**

The Behavioral Health Service Provider (BHSP) must offer the following required core services to its clients. The BHSP shall provide these services through qualified staff and practitioners to its clients when needed and desired by its clients:

- Assessment;
- Orientation;
- Treatment;
- Client education;
- Consultation with professionals;
- Counseling services;
- Referral;
- Rehabilitation services;
- Crisis mitigation services; and
- Medication management.

Exception: BHSPs **exclusively** providing the evidence-based practice Functional Family Therapy (FFT/FFTCW), Homebuilders® or Multi-Systemic Therapy (MST) are excluded from the requirement to provide medication management. (See Appendices E-2 FFT/FFTCW, E-3 Homebuilders®, and E-4 MST for more information)

- **The BHSP Crisis Mitigation Plan**

Crisis mitigation is defined as a BHSP's assistance to clients during a crisis that provides 24-hour on-call telephone assistance to prevent relapse or harm to self or others, to provide referral to other services, and to provide support during related crises. Referral to 911 or a hospital's emergency department alone does not constitute crisis mitigation services and does not satisfy this BHSP requirement.

The BHSP's crisis mitigation plan shall:

- Identify steps to take when a client suffers from a medical, psychiatric, medication or relapse crisis; and

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- Specify names and telephone numbers of staff or contracted entities to assist clients in crisis.

If the BHSP contracts with another entity to provide crisis mitigation services, the BHSP shall have a written contract with the entity provided the crisis mitigation services.

The qualified individual, whether contracted or employed by the BHS provider, shall call the client within 30 minutes of receiving notice of the client's call.

- **Core Staffing**

The BHSP shall abide by the following minimum core staffing requirements. BHSPs shall maintain a personnel file for each employee, contractor, and individual with whom they have an agreement to provide direct care services or to fulfill core and other staffing requirements. Documentation of employment, contracting or agreement must be in writing and executed via written signatures.

The minimum core staffing requirements are:

- Medical Director/Clinical Director;
- Administrator;
- Clinical Supervisor; and
- Nursing Staff.

- **Medical Director**

A Medical Director who is a physician, or an advanced practice registered nurse, or a medical psychologist, with a current, unrestricted license to practice in the state of Louisiana with a minimum of two years of qualifying experience in treating psychiatric disorders.

Exception: BHSPs **exclusively** providing the evidence-based practice Functional Family Therapy (FFT/FFTCW), Homebuilders® or Multi-Systemic Therapy (MST) are excluded from the requirement of having a

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Medical Director. Such BHSPs shall have a Clinical Director in accordance with the Clinical Director description below.

The medical director has the following assigned responsibilities:

- Ensures that necessary medical services are provided that meet the needs of the clients;
- Provides oversight for provider policy/procedure, client treatment plans, and staff regarding the medical needs of the clients according to the current standards of medical practice;
- Directs the specific course of medical treatment for all clients;
- Reviews reports of all medically related accidents/incidents occurring on the premises and identifies hazards to the administrator;
- Participates in the development and implementation of policies and procedures for the delivery of services;
- Periodically reviews delivery of services to ensure care meets the current standards of practice; and
- Participates in the development of new programs and modifications.

In addition, the medical director has the following assigned responsibilities or designates the duties to a qualified practitioner:

- Writes the admission and discharge orders;
- Writes and approves all prescription medication orders;
- Develops, implements and provides education regarding the protocols for administering prescription and non-prescription medications on-site;
- Provides consultative and on-call coverage to ensure the health and safety of clients; and
- Collaborates with the client's primary care physician as needed for continuity of the client's care.

NOTE: The Medical Director may also fulfill the role of the Clinical Director, if the individual is qualified to perform the duties of both roles.

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- **Clinical Director**

A Clinical Director who, for those BHSPs, which **exclusively** provide the evidence-based practice Functional Family Therapy (FFT/FFTCW), Homebuilders® or Multi-Systemic Therapy (MST):

- Is a licensed psychiatrist, licensed psychologist, licensed clinical social worker (LCSW), licensed professional counselor (LPC), or licensed marriage and family therapist (LMFT) with a minimum of two years qualifying experience in treating psychiatric disorders and who maintains a current, unrestricted license to practice in the state of Louisiana;
- Has the following assigned responsibilities:
 - Ensures that the necessary services are provided to meet the needs of the clients,
 - Provides oversight for the provider policy/procedure, treatment planning, and staff regarding the clinical needs of the clients according to the current standards of clinical practice,
 - Directs the course of clinical treatment for all clients,
 - Reviews reports of all accidents/incidents occurring on the premises and identifies hazards to the Administrator,
 - Participates in the development and implementation of policies and procedures for the delivery of services,
 - Periodically reviews delivery of services to ensure care meets the current standards of practice, and
 - Participates in the development of new programs and modifications; and
- Has the following responsibilities or designates the duties to a qualified practitioner:
 - Provides consultative and on-call coverage to ensure the health and safety of clients, and
 - Collaborates with the client's primary care physician and psychiatrist as needed for continuity of the client's care.

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- **Administrator**

An Administrator who:

- Has either a bachelor’s degree from an accredited college or university or one year of qualifying experience that demonstrates knowledge, experience and expertise in business management;
- Is responsible for the on-site day to day operations of the BHSP and supervision of the overall BHSP’s operation; and
- Shall not perform any programmatic duties and/or make clinical decisions unless licensed to do so.

- **Clinical Supervisor**

A Clinical Supervisor who:

- Is a fully licensed LMHP that maintains a current and unrestricted license with its respective professional board or licensing authority in the state of Louisiana;
- Shall be on duty and on call as needed;
- Has a minimum of two years qualifying experience as an LMHP in the provision of services provided by the BHSP; and
- Has the following responsibilities:
- Provides supervision utilizing evidence-based techniques related to the practice of behavioral health counseling;
- Serves as resource person for other professionals counseling or providing direct services to clients with behavioral health disorders;
- Attends and participates in treatment planning activities and discharge planning;
- Functions as client advocate in treatment decisions;
- Ensures BHSP adheres to rules and regulations regarding all behavioral health treatment, such as group size, caseload and referrals; and
- Assists the Medical Director with the development and implementation of policies and procedures.

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- **Nursing Staff**

Nursing Staff who:

- Provide nursing care and services under the direction of a registered nurse necessary to meet the needs of clients; and
- Have a valid current nursing license in the state of Louisiana; and
- Meet the medication needs of clients of the BHSP who are unable to self-administer medication, if needed.

NOTE: Nursing services may be provided directly by the BHSP via employed staff, or may be provided or arranged via written contract, agreement, policy, or other document. When not provided directly by the BHSP, the provider shall maintain written documentation of the arrangement.

Staff Supervision for Non-licensed Staff

Services provided by a non-LMHP must be provided under regularly scheduled supervision listed below and if applicable in accordance with requirements established by the practitioner’s professional licensing board under which they are pursuing a license.

Non-licensed staff must receive regularly scheduled supervision from a person meeting the qualifications of an LMHP (excluding Licensed Addiction Counselors (LACs) per the Act 582). LMHP supervisors must have the practice-specific education, experience, training, credentials, and licensure to coordinate an array of mental and/or behavioral health services. Agencies may have more than one LMHP supervisor providing required supervision to non-licensed staff. However, the agency must designate one Clinical Supervisor to fulfill the roles and responsibilities established for the Clinical Supervisor position in the Core Staffing section above. An LMHP supervisor may act in the role of the provider agency’s Clinical Supervisor if the individual is qualified to fulfill both roles.

- Supervision refers to clinical support, guidance and consultation afforded to non-licensed staff rendering rehabilitation services, and should not be replaced by licensure supervision of master’s level individuals pursuing licensure.

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- Effective July 15, 2020, staff shall receive a minimum of **four (4)** hours of clinical supervision per month for full time staff and a minimum of **one (1)** hour of clinical supervision per month for part time staff, that shall consist of **no less than one (1) hour of individual supervision**. Each month, the remaining hours of supervision may be in a group setting. Given consideration of case load and acuity, additional supervision may be indicated.
- The LMHP (excluding LACs) supervisor must ensure services are in compliance with the established and approved treatment plan.
- Group supervision means one LMHP supervisor (excluding LACs) and not more than six (6) supervisees in supervision session. Individual and group meetings may be telephonic or via a secure Health Insurance Portability and Accountability Act HIPAA compliant online synchronous videoconferencing platform. Texts and/or emails cannot be used as a form of supervision to satisfy this requirement.
- The supervision with the LMHP must:
 - Occur before initial services on a new member begin and, at a minimum, twice a month preferably every fifteen (15) days (except under extenuating or emergent circumstances that are reflected in the supervisory notes).
 - Progress notes that are discussed in supervision must have the LMHP supervisor signature.
 - Have documentation reflecting the content of the training and/or clinical guidance. The documentation must include:
 - Date and duration of supervision;
 - Identification of supervision type as individual or group supervision;
 - Name and licensure credentials of the LMHP supervisor;
 - Name and credentials (provisionally licensed, master's degree, bachelor's degree, or high school degree) of the supervisees;
 - The focus of the session and subsequent actions that the supervisee must take;

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- Date and signature of the LMHP supervisor;
- Date and signature of the supervisees;
- Member identifier, service and date range of cases reviewed; and
- Start and end time of each supervision session.

Eligibility Criteria

The medical necessity for these rehabilitative services must be determined by and recommended by an LMHP or physician to promote the maximum reduction of symptoms and/or restoration of an individual to his/her best age-appropriate functional level.

Individuals, 21 years of age and older, who meet Medicaid eligibility, shall qualify to receive adult mental health rehabilitation services if medically necessary in accordance with LAC 50:I.1101, if the member presents with mental health symptoms that are consistent with a diagnosable mental disorder, and the services are therapeutically appropriate and most beneficial to the member.

An adult with a diagnosis of a substance use disorder or intellectual/developmental disability without an additional co-occurring qualifying mental health diagnosis shall not meet the criteria for adult mental health rehabilitation services.

Additional Adult Eligibility Criteria for Community Psychiatric Support and Treatment (CPST) and Psychosocial Rehabilitation (PSR)

Adults receiving CPST and/or PSR must have at least a level of care of three on the LOCUS.

Adults must meet the Substance Abuse and Mental Health Services Administration (SAMHSA) definition of, serious mental illness (SMI) as evidenced by a rating of three or greater on the functional status domain on the Level of Care Utilization System (LOCUS) rating. In addition to having a diagnosable mental disorder, the condition must substantially interfere with, or limit, one or more major life activities, such as:

- Basic daily living (for example, eating or dressing);
- Instrumental living (for example, taking prescribed medications or getting around the community); and

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- Participating in a family, school, or workplace.

An adult with longstanding deficits who does not experience any acute changes in their status and has previously met the criteria stated above regarding LOCUS scores, but who now meets a level of care of two or lower on the LOCUS, and needs subsequent medically necessary services for stabilization and maintenance at a lower intensity, may continue to receive CPST services and/or PSR, if deemed medically necessary.

Service Utilization

Services are subject to prior authorization. Services may be provided 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.

Additional Service Utilization Criteria

Services provided to children and adolescents must include communication and coordination with the family and/or legal guardian, including any agency legally responsible for the care or custody of the child. Coordination with other child-serving systems should occur, as needed, to achieve the treatment goals. All coordination must be documented in the child’s/adolescent’s medical record.

Member Choice Form and Process

Members may only receive mental health rehabilitation (MHR) services from one provider at a time with the following exceptions:

- A member is receiving tenancy support through the Permanent Supportive Housing Program; and/or
- The behavioral health medical director for the member’s health plan makes the determination that it is medically necessary and clinically appropriate to receive services from more than one MHR provider. The justification must be supported by the member’s assessment and treatment plan. This decision must be reviewed at each reauthorization. If a member is receiving services from more than one MHR provider, the providers must have documented coordination of care.

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All members must complete and sign a Member Choice Form prior to the start of MHR services and when transferring from one MHR provider to another. The Member Choice Form must be fully completed, signed by all parties, and received by the member's health plan prior to the start of services. The Member Choice Form is required to be part of the member's clinical record and subject to audit upon request. The health plan must monitor this process and ensure no overlapping authorizations, unless it is during a planned transition.

During a transfer, the initial provider should be given a service end date while the new provider must be given a start date by the member's health plan to ensure providers are reimbursed for services delivered. The health plan may allow a minimal amount of overlap between two providers to prevent a gap in services. In members' best interest during a transfer between two providers, it is expected that providers cooperate during the transition. The initial provider should share documentation and ensure a member has prescription refills if needed.

Providers must notify the member's health plan immediately if it is suspected that a member is receiving MHR services from more than one provider to prevent duplication of service providers.

Limitations/Exclusions

The following services shall be excluded from Medicaid coverage and reimbursement:

- Components that are not provided to, or directed exclusively toward, the treatment of the Medicaid eligible individual.
- Services provided at a work site, which are job-oriented and not directly related to the treatment of the member's needs.
- These rehabilitation services shall not duplicate any other Medicaid State Plan service or service otherwise available to the member at no cost.
- Any services or components in which the basic nature of which are to supplant housekeeping, homemaking, or basic services for the convenience of an individual receiving services.

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Community Psychiatric Support & Treatment

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 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 with the individual present; however, family or other collaterals may also be involved. Most contacts occur in community locations where the person lives, works, attends school and/or socializes.

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.

Individual supportive interventions: includes problem behavior analysis as well as emotional and behavioral management with the individual member with a focus on developing skills and improving daily functional living skills. 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. This service should not be billed as therapeutic service by licensed or non-licensed staff. Qualified LMHPs should use the appropriate CPT code when billing individual, family or group therapy.

NOTE: CPST services are rehabilitative services associated with assisting individuals with skill-building to restore stability, support functional gains and adapt to community living, and should not be confused, psychotherapy or other clinical treatment, which may only be provided by a licensed professional.

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 member 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.

Assist the member with effectively responding to or avoiding identified precursors or triggers that would risk their remaining in a natural community location, including assisting the individual and

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family members or other collaterals with identifying a potential psychiatric or personal crisis, developing a crisis management plan and/or, as appropriate, seeking other supports to restore stability and functioning.

CPST Provider Qualifications

Agency

To provide CPST services, agencies must meet the following requirements:

- Licensed – pursuant to La. R.S. 40:2151, *et. seq.*
- Accredited by the Commission on Accreditation of Rehabilitation Facilities (CARF), the Council on Accreditation (COA), or The Joint Commission (TJC). Providers must report any denial, loss of, or any negative change in accreditation status, e.g. suspension, reduction in accreditation status, etc. in writing within twenty-four (24) hours of receipt of notification to the managed care entities with which the agency contracts or is being reimbursed.

Prior to January 1, 2019, provider agencies were required to apply for accreditation and pay accreditation fees prior to being contracted with or reimbursed by a Medicaid managed care entity. Agencies were also required to maintain proof of accreditation application and fee payment. Additionally, agencies were required to attain full accreditation within 18 months of the initial accreditation application date.

Effective January 1, 2019, all provider agencies regardless of when they were contracted with a Medicaid managed care entity must be fully accredited or obtain a preliminary accreditation prior to contracting with a Medicaid managed care entity or rendering CPST services. Agencies must provide proof of full accreditation or preliminary accreditation to each managed care entity with which it is contracted.

Agencies must maintain proof of continuous, uninterrupted full accreditation or preliminary accreditation at all times. Agencies providing CPST services must obtain a full accreditation status within eighteen (18) months of the agency’s initial accreditation application date and shall provide proof of full accreditation once obtained to each managed care entity with which it is contracted.

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NOTE: Preliminary accreditation is defined as an accreditation status granted by an accrediting body to an unaccredited organization meeting certain organizational, administrative and service delivery standards prior to the organization attaining full accreditation status. Note that each national accrediting organization calls the initial, temporary accreditation by a different name, i.e. CARF (preliminary), COA (provisional), TJC (early survey).

- Prior to May 31, 2018, services were required to be provided under the supervision of a licensed mental health professional (LMHP) or physician who was acting within the scope of his/her professional license and applicable state law. Effective on or after May 31, 2018, agencies providing CPST services must employ at least one full-time physician or full-time LMHP to specifically serve as a full-time mental health supervisor to assist in the design and evaluation of treatment plans for CPST services. LMHPs serving in the role of mental health supervisor for CPST services are restricted to medical psychologist, licensed psychologist, licensed clinical social worker (LCSW), licensed professional counselor (LPC), licensed marriage and family therapist (LMFT), or licensed Advanced Practice Registered Nurse (APRN) with a psychiatric specialization. The term “full-time” means employment by the provider agency for at least 35 hours per week.

NOTE: The term “supervision” refers to clinical support, guidance and consultation afforded to non-licensed staff, and should not be confused with professional board required clinical supervision of individuals pursuing licensure. Such individuals shall comply with current, applicable scope of practice and supervisory requirements identified by their respective licensing boards.

- Arranges for and maintains documentation that prior to employment (or contracting, volunteering, or as required by law) individuals pass criminal background checks, including sexual offender registry checks, in accordance with all of the below:
 - The Behavioral Health Service Provider (BHSP) licensing regulations established by the Louisiana Administrative Code (LAC) 48:I.Chapter 56, which includes those for owners, managers, and administrators; any individual treating children and/or adolescents; and any non-licensed direct care staff;
 - La. R.S. 40:1203.1 *et seq.* associated with criminal background checks of un-licensed workers providing patient care;
 - La. R.S. 15:587, as applicable; and
 - Any other applicable state or federal law.

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- Providers shall not hire individuals failing to meet criminal background check requirements and regulations. Individuals not in compliance with criminal background check requirements and regulations shall not be utilized on an employment, contract nor volunteer basis. Criminal background checks performed over ninety (90) days prior to the date of employment will not be accepted as meeting the criminal background check requirement. Results of criminal background checks are to be maintained in the individual's personnel record.
- The provider must review the Department of Health and Human Services' Office of Inspector General (OIG) List of Excluded Individuals and Entities (LEIE) and the LDH State Adverse Actions website prior to hiring or contracting any employee or contractor that performs services that are compensated with Medicaid/Medicare funds, including but not limited to licensed and non-licensed staff, interns and contractors. Once employed, the lists must be checked once a month thereafter to determine if there is a finding that an employee or contractor has abused, neglected or extorted any individual or if they have been excluded from participation in the Medicaid or Medicare Program by Louisiana Medicaid or the Department of Health and Human Services' Office of Inspector General. The provider is prohibited from knowingly employing, contracting with, or retaining the employment of or contract with, anyone who has a negative finding placed on the Louisiana State Adverse Action List, or who have been excluded from participation in the Medicaid or Medicare Program by Louisiana Medicaid or the Department of Health and Human Services' Office of Inspector General.

Providers are required to maintain results in personnel records that checks have been completed. The OIG maintains the LEIE on the OIG website (<https://exclusions.oig.hhs.gov>) and the LDH Adverse Action website is located at <https://adverseactions.ldh.la.gov/SelSearch>;

- Arranges for and maintains documentation that all persons, prior to employment, are free from Tuberculosis (TB) in a communicable state via skin testing (or chest exam if recommended by physician) to reduce the risk of such infections in members and staff. Results from testing performed over thirty (30) days prior to date of employment will not be accepted as meeting this requirement.
- Establishes and maintains written policies and procedures inclusive of drug testing staff to ensure an alcohol and drug-free workplace and a workforce free of substance use. (See Appendix D).

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- Maintains documentation that all direct care staff, who are required to complete First Aid, cardiopulmonary resuscitation (CPR) and seizure assessment training, complete American Heart Association (AHA) recognized training within ninety (90) days of hire, which shall be renewed within a time period recommended by the AHA. (See Appendix D).
- Maintains documentation of verification of completion of required trainings for all staff.
- Ensures and maintains documentation that all non-licensed persons employed by the organization complete training in a recognized crisis intervention curriculum prior to handling or managing crisis calls, which shall be updated annually.
- Effective January 1, 2019, has a National Provider Identification (NPI) number, and must include the agency NPI number and the NPI number of the individual rendering CPST services on its behalf on all claims for Medicaid reimbursement for dates of service on or after January 1, 2019.
- Effective May 31, 2018, must be credentialed and participating (contracted) in the provider network of the Medicaid managed care entity to be eligible to receive Medicaid reimbursement unless the provider agency is licensed and accredited, and has an executed single case agreement with the Medicaid managed care entity.
- **Providers that meet the provisions of La. R.S. 40:2154.1**

For a provider that meets the provisions of La. R.S. 40:2154.1, the provider shall have submitted a completed license application by December 1, 2017, and shall have become licensed by LDH Health Standards as a BHSP by April 1, 2018. Providers that submit a completed license application to LDH Health Standards by December 1, 2017, may continue to operate/provide services and may continue to participate in the Louisiana Medicaid Program during the pendency of the license application process (assuming that all other Medicaid requirements are met); however, such providers must receive a BHSP license issued by LDH Health Standards by April 1, 2018 in order to continue operation and in order to continue to participate in the Louisiana Medicaid Program and receive Medicaid payments.

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- **Providers that meet one of applicability exemptions of La. R.S. 40:2154**

For a provider who meets one of applicability exemptions of the BHSP licensing statute, La. R.S. 40:2154, the provider is required to obtain a BHSP license or other agency license issued by LDH Health Standards by April 1, 2018, in order to continue to participate in the Louisiana Medicaid Program and receive Medicaid payments. Such provider may continue to be reimbursed by Medicaid until April 1, 2018, provided that the provider complies with all other Medicaid requirements. Beginning April 1, 2018, if such provider does not have a BHSP license or other agency license issued by LDH Health Standards, the provider may no longer participate in the Louisiana Medicaid Program or receive Medicaid payments.

Notwithstanding the above paragraph:

- A licensed Home and Community-Based Service Provider may not perform PSR services unless it also has a BHSP license issued by LDH Health Standards; and
 - A school based health clinic/center or community mental health center may not perform PSR services unless it also has a BHSP license issued by LDH Health Standards.
- **Federally Qualified Health Centers**
 - A federally qualified health center (FQHC) that provides CPST services under an agreement with a federal department/agency pursuant to federal law and regulation and pursuant to the provider's approved scope of work for ambulatory services, is **NOT** required to obtain a BHSP license issued by LDH Health Standards; however, in this situation, the FQHC shall only utilize practitioners approved via the Medicaid FQHC Provider Manual, i.e. psychiatrists, licensed clinical psychologists, and licensed clinical social workers, and shall bill under its all-inclusive Prospective Payment System (PPS) rate and FQHC Medicaid provider number in accordance with the FQHC Medicaid Rules, policies, and manuals.
 - An FQHC that provides CPST services separate from an agreement with a federal department/agency pursuant to federal law and regulation and

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separate from its approved scope of work for ambulatory services, IS required to obtain a BHSP license issued by LDH Health Standards. In this situation, the entity shall enroll as an appropriate Specialized Behavioral Health Services (SBHS) provider type with a unique National Provider Identifier (NPI), shall have active BHSP licensure issued by LDH Health Standards, and shall bill under its unique BHSP NPI in accordance with the Behavioral Health Medicaid Rules, Policies, and Manuals.

Staff

Staff shall operate under an agency license issued by LDH Health Standards. CPST services may not be performed by an individual who is not under the authority of an agency license.

To provide CPST services, staff must meet the following requirements:

- Prior to January 1, 2019, staff with a master’s degree in social work, counseling, psychology or a related human services field could provide all aspects of CPST, including individual supportive behavioral interventions. Human services field was defined as an academic program with a curriculum content in which at least 70 percent of the required courses were in the study of behavioral health or human behavior.

Other aspects of CPST, except for individual supportive behavioral interventions, could have otherwise been 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. This could have included credentialed peer support specialists as defined by LDH who met the qualifications above.

Effective on or after January 1, 2019, individuals rendering CPST services must have a minimum of a bachelor’s degree from an accredited university or college with a major in counseling, social work, psychology or sociology. This can include credentialed peer support specialists as defined by LDH who meet all other qualifications to provide the service. Individuals with a master’s degree from an accredited university or college with a major in counseling, social work, psychology or sociology may render all aspects of CPST, including individual supportive behavioral interventions. Individuals providing CPST services for a licensed and accredited agency who do not possess the minimum master’s degree in counseling, social work, psychology or sociology required to provide master’s level CPST services, but who have a minimum of a bachelor’s degree in counseling,

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social work, psychology or sociology, and who met all master's degree qualifications in effect prior to January 1, 2019, may continue to provide master's level CPST services for the same licensed and accredited provider agency. Prior to the individual rendering master's level CPST services for a different provider agency, the individual must meet the minimum requirements in effect as of January 1, 2019.

NOTE – HUMAN SERVICES FIELD: It is LDH's position that master's degrees in Criminal Justice, Education, and Public Administration (among others) do not generally meet the requirements necessary to be considered human services related fields for purposes of providing master's level CPST services. Provider agencies employing individuals with master's degrees in academic majors other than counseling, social work, psychology or sociology for the provision of master's level CPST services must maintain documented evidence in the individual's personnel file that supports the individual's academic program required at least 70% of its core curriculum be in the study of behavioral health or human behavior. Transcripts alone will not satisfy this requirement. A signed letter from the college or university stating the academic program required curriculum in which at least 70% of its required coursework was in the study of behavioral health or human behavior will satisfy the requirement. College or university published curriculum (may be published via college/university website) inclusive of required coursework demonstrating the program met the requirement is also acceptable.

NOTE – STAFF OF EVIDENCE BASED PROGRAMS: It is LDH's position that staff qualifications established by Act 582 of the 2018 Regular Legislative Session are not inclusive of LDH's recognized mental health rehabilitation evidence based programs (EBPs). LDH acknowledges the importance of staff qualifications aligning with EBP model requirements, recommendations and guidelines in order to adhere to the fidelity of these models. LDH recognizes the following programs as evidence based. Agencies providing these EBP services shall ensure their staff adhere to qualifications and requirements established by the EBP model: Assertive Community Treatment (ACT), Functional Family Therapy (FFT and FFT-CW), Homebuilders®, Multi-Systemic Therapy (MST) and Permanent Supportive Housing (PSH). For more information on PSH requirements, please refer to the Permanent Supportive Housing website under the LDH Office of Aging and Adult Services (OAAS).

- Services must be provided under regularly scheduled supervision of a licensed mental health professional (LMHP) or physician who is acting within the scope of his/her professional license and applicable state law. Effective on or after May 31,

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2018, non-licensed individuals rendering CPST services are required to receive at least one hour per calendar month of personal supervision and training by the provider agency's mental health supervisor.

NOTE: The term "supervision" refers to clinical support, guidance and consultation afforded to non-licensed staff, and should not be confused with professional board required clinical supervision of individuals pursuing licensure. Such individuals shall comply with current, applicable scope of practice and supervisory requirements identified by their respective licensing boards.

Satisfactory completion of criminal background check pursuant to the BHSP licensing regulations (LAC48:I.Chapter 56), La R.S. 40:1203.1 *et seq.*, La R.S. 15:587 (as applicable), and any applicable state or federal law or regulation;

- Employees and contractors must not be excluded from participation in the Medicaid or Medicare Program by Louisiana Medicaid or the Department of Health and Human Services' Office of Inspector General;
- Direct care staff must not have a finding on the Louisiana State Adverse Action List;
- Pass a motor vehicle screen (if duties may involve driving or transporting members).
- Pass a TB test prior to employment.
- Pass drug screening tests as required by agency's policies and procedures.
- Complete American Heart Association (AHA) recognized First Aid, CPR and seizure assessment training. Psychiatrists, APRNs/CNSs/PAs, RNs and LPNs are exempt from this training. (See Appendix D).
- Non-licensed direct care staff are required to complete a basic clinical competency training program approved by OBH prior to providing the service. (See Appendix D).
- Effective for dates of service rendered on or after January 1, 2019, individuals rendering CPST services for the licensed and accredited provider agency must have an NPI number and that NPI number must be included on any claim submitted by that provider agency for reimbursement.

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CPST Allowed Provider Types and Specialties

- PT 77 Mental Health Rehab PS 78 MHR.
- PT 74 Mental Health Clinic PS 70 Clinic / Group PSS 8E CSoC/ Behavioral Health.
- PT AG Behavioral Health Rehabilitation Provider Agency PS 8E CSoC/ Behavioral Health.

CPST Allowed Mode(s) of Delivery

- Individual;
- On-site; and
- Off-site.

CPST Additional Service Criteria

Research- based and evidence-based practices may be billed using a combination of codes for licensed practitioners, PSR and CPST, subject to prior authorization. The EBPs must be consistent with the CPST State Plan definition.

CPST Staff Ratio(s)

Caseload size must be based on the needs of the members/families, with an emphasis on successful outcomes and individual satisfaction and must meet the needs identified in the individual treatment plan.

The following general ratio (full-time equivalent to Medicaid-eligible) should serve as a guide:

- One FTE to 15 youth consumers; and
- One FTE to 25 adult consumers.

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Psychosocial Rehabilitation

Psychosocial rehabilitation (PSR) services 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 individual's individualized treatment plan. The intent of PSR 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 with the individual present. Services may be provided individually or in a group setting. Most contacts occur in community locations where the person lives, works, attends school and/or socializes.

Components

- Restoration, rehabilitation and support to develop 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 to develop 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 necessary to remain in home, school, work and community; and

NOTE: PSR services are psycho-educational services associated with assisting individuals with skill-building, restoration and rehabilitation, and should not be confused with counseling, psychotherapy or other clinical treatment, which may only be provided by a licensed professional.

- Implementing learned skills so the member can remain in a natural community location and achieve developmentally appropriate functioning, and assisting the individual with effectively responding to or avoiding identified precursors or triggers that result in functional impairment.

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PSR Provider Qualifications**Agency**

To provide psychosocial rehabilitation services, agencies must meet the following requirements:

- Licensed pursuant to La. R.S. 40:2151, et. seq.
- Accredited by the Commission on Accreditation of Rehabilitation Facilities (CARF), the Council on Accreditation (COA), or The Joint Commission (TJC). Providers must report any denial, loss of, or any negative change in accreditation status, e.g. suspension, reduction in accreditation status, etc. in writing within twenty-four (24) hours of receipt of notification of such denial, loss of, or any negative change in accreditation status to the managed care entities with which the agency contracts or is being reimbursed.

Prior to January 1, 2019, agencies were required to apply for accreditation and pay accreditation fees prior to being contracted with or reimbursed by a Medicaid managed care entity. Agencies were also required to maintain proof of accreditation application and fee payment. Additionally, agencies were required to attain full accreditation within eighteen (18) months of the initial accreditation application date.

Effective January 1, 2019, all provider agencies regardless of when they were contracted with a Medicaid managed care entity must be fully accredited or obtain a preliminary accreditation prior to contracting with a Medicaid managed care entity or rendering PSR services. Agencies must provide proof of full accreditation or preliminary accreditation to each managed care entity with which it is contracted. Agencies must maintain proof of continuous, uninterrupted full accreditation or preliminary accreditation at all times. Agencies providing PSR services must obtain a full accreditation status within eighteen (18) months of the agency's initial accreditation application date and shall provide proof of full accreditation once obtained to each managed care entity with which it is contracted.

NOTE: Preliminary accreditation is defined as an accreditation status granted by an accrediting body to an unaccredited organization meeting certain organizational, administrative and service delivery standards prior to the organization attaining full accreditation status. Note that each national accrediting organization calls the initial, temporary accreditation by a different name, i.e. CARF (preliminary), COA (provisional), TJC (early survey).

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- Prior to May 31, 2018, services were required to be provided under the supervision of a licensed mental health professional (LMHP) or physician who was acting within the scope of his/her professional license and applicable state law. Effective on or after May 31, 2018, agencies providing PSR services must employ at least one full-time physician or full-time LMHP to specifically serve as a full-time mental health supervisor to assist in the design and evaluation of treatment plans for PSR services. LMHPs serving in the role of mental health supervisor for PSR services are restricted to medical psychologist, licensed psychologist, licensed clinical social worker (LCSW), licensed professional counselor (LPC), licensed marriage and family therapist (LMFT), or licensed Advanced Practice Registered Nurse (APRN) with a psychiatric specialization. The term “full-time” means employment by the provider agency for at least (thirty-five) 35 hours per week.

NOTE: The term “supervision” refers to clinical support, guidance and consultation afforded to non-licensed staff, and should not be confused with professional board required clinical supervision of individuals pursuing licensure. Such individuals shall comply with current, applicable scope of practice and supervisory requirements identified by their respective licensing boards.

- Arranges for and maintains documentation that prior to employment (or contracting, volunteering, or as required by law) individuals pass criminal background checks, including sexual offender registry checks, in accordance with all of the below:
 - The Behavioral Health Service Provider (BHSP) licensing regulations established by the Louisiana Administrative Code (LAC) 48:I:Chapter 56, which includes those for owners, managers, and administrators; any individual treating children and/or adolescents; and any non-licensed direct care staff;
 - La. R.S. 40:1203.1 *et seq.* associated with criminal background checks of un-licensed workers providing patient care;
 - La. R.S. 15:587, as applicable; and
 - Any other applicable state or federal law.
- Providers shall not hire individuals failing to meet criminal background check requirements and regulations. Individuals not in compliance with criminal background check requirements and regulations shall not be utilized on an employment, contract nor volunteer basis. Criminal background checks performed over ninety (90) days prior to the date of employment will not be accepted as

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meeting the criminal background check requirement. Results of criminal background checks are to be maintained in the individual's personnel record.

- The provider must review the Department of Health and Human Services' Office of Inspector General (OIG) List of Excluded Individuals and Entities (LEIE) and the LDH State Adverse Actions website prior to hiring or contracting any employee or contractor that performs services that are compensated with Medicaid/Medicare funds, including but not limited to licensed and non-licensed staff, interns and contractors. Once employed, the lists must be checked once a month thereafter to determine if there is a finding that an employee or contractor has abused, neglected or extorted any individual or if they have been excluded from participation in the Medicaid or Medicare Program by Louisiana Medicaid or the Department of Health and Human Services' Office of Inspector General. The provider is prohibited from knowingly employing or contracting with, or retaining the employment of or contract with, anyone who has a negative finding placed on the Louisiana State Adverse Action List, or who have been excluded from participation in the Medicaid or Medicare Program by Louisiana Medicaid or the Department of Health and Human Services' Office of Inspector General.

Providers are required to maintain results in personnel records that checks have been completed. The OIG maintains the LEIE on the OIG website (<https://exclusions.oig.hhs.gov>) and the LDH Adverse Action website is located at <https://adverseactions.ldh.la.gov/SelSearch>;

- Arranges for and maintains documentation that all persons, prior to employment, are free from Tuberculosis (TB) in a communicable state via skin testing (or chest exam if recommended by physician) to reduce the risk of such infections in members and staff. Results from testing performed over thirty (30) days prior to date of employment will not be accepted as meeting this requirement.
- Establishes and maintains written policies and procedures inclusive of drug testing staff to ensure an alcohol and drug-free workplace and a workforce free of substance use. (See Appendix D.)
- Maintains documentation that all direct care staff, who are required to complete First Aid, cardiopulmonary resuscitation (CPR) and seizure assessment training, complete American Heart Association (AHA) recognized training within ninety

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(90) days of hire, which shall be renewed within a time period recommended by the AHA. (See Appendix D).

- Maintains documentation of verification of completion of required trainings for all staff.
- Ensures and maintains documentation that all non-licensed persons employed by the organization complete training in a recognized crisis intervention curriculum prior to handling or managing crisis calls, which shall be updated annually.
- Effective January 1, 2019, has a National Provider Identification (NPI) number, and must include the agency NPI number and the NPI number of the individual rendering PSR services on its behalf on all claims for Medicaid reimbursement for dates of service on or after January 1, 2019.
- Effective May 31, 2018, must be credentialed and participating (contracted) in the provider network of the Medicaid managed care entity to be eligible to receive Medicaid reimbursement unless the provider agency is licensed and accredited, and has an executed single case agreement with the Medicaid managed care entity.
- **Providers that meet the provisions of La. R.S. 40:2154.1**

For a provider that meets the provisions of La. R.S. 40:2154.1, the provider shall have submitted a completed license application by December 1, 2017, and shall have become licensed by LDH Health Standards as a BHSP by April 1, 2018. Providers that submit a completed license application to LDH Health Standards by December 1, 2017, may continue to operate/provide services and may continue to participate in the Louisiana Medicaid Program during the pendency of the license application process (assuming that all other Medicaid requirements are met); however, such providers must receive a BHSP license issued by LDH Health Standards by April 1, 2018 in order to continue operation and in order to continue to participate in the Louisiana Medicaid Program and receive Medicaid payments.

- **Providers that meet one of the applicability exemptions of La. R.S. 40:2154**

For a provider who meets one of applicability exemptions of the BHSP licensing statute, La. R.S. 40:2154, the provider is required to obtain a BHSP license or other agency license issued by LDH Health Standards by April 1, 2018, in order to continue to participate in the Louisiana Medicaid Program and receive Medicaid

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payments. Such provider may continue to be reimbursed by Medicaid until April 1, 2018, provided that the provider complies with all other Medicaid requirements. Beginning April 1, 2018, if such provider does not have a BHSP license or other agency license issued by LDH Health Standards, the provider may no longer participate in the Louisiana Medicaid Program or receive Medicaid payments.

Notwithstanding the above paragraph:

- A licensed Home and Community-Based Service Provider may not perform PSR services unless it also has a BHSP license issued by LDH Health Standards; and
- A school based health clinic/center or community mental health center may not perform PSR services unless it also has a BHSP license issued by LDH Health Standards.
- **Federally Qualified Health Centers**
 - A federally qualified health center (FQHC) that provides psychosocial rehabilitation services under an agreement with a federal department/agency pursuant to federal law and regulation and pursuant to the provider's approved scope of work for ambulatory services, is **NOT** required to obtain a BHSP license issued by LDH Health Standards; however, in this situation, the FQHC shall only utilize practitioners approved via the Medicaid FQHC Provider Manual, i.e. psychiatrists, licensed clinical psychologists, and licensed clinical social workers, and shall bill under its all-inclusive Prospective Payment System (PPS) rate and FQHC Medicaid provider number in accordance with the FQHC Medicaid Rules, policies, and manuals.
 - An FQHC that provides psychosocial rehabilitation services separate from an agreement with a federal department/agency pursuant to federal law and regulation and separate from its approved scope of work for ambulatory services, **IS** required to obtain a BHSP license issued by LDH Health Standards. In this situation, the entity shall enroll as an appropriate SBHS provider type with a unique National Provider Identifier (NPI), shall have active BHSP licensure issued by LDH Health Standards, and shall bill under its unique BHSP NPI in accordance with the Behavioral Health Medicaid Rules, Policies, and Manuals.

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Staff

Staff shall operate under an agency license issued by LDH Health Standards. PSR services may not be performed by an individual who is not under the authority of an agency license.

To provide psychosocial rehabilitation services, staff must meet the following requirements:

- Prior to January 1, 2019, staff must have been at least eighteen (18) years old and have had a high school diploma or equivalent. Effective on or after January 1, 2019, staff rendering PSR services must have a minimum of a bachelor’s degree from an accredited university or college with a major in counseling, social work, psychology or sociology. This can include credentialed peer support specialists as defined by LDH who meet all other qualifications to provide the service. Any individual rendering PSR services for a licensed and accredited agency who does not possess the minimum bachelor’s degree required to provide PSR services, but who met the qualifications in effect prior to January 1, 2019, may continue to provide PSR services for the same provider agency. Prior to the individual rendering PSR services for a different provider agency, the individual must meet the new minimum requirements in effect.
- Staff rendering PSR services shall be at least three (3) years older than any individual they serve under the age of eighteen (18);
- Satisfactory completion of criminal background check pursuant to the BHSP licensing regulations (LAC48:I.Chapter 56), La R.S. 40:1203.1 *et seq.*, La R.S. 15:587 (as applicable), and any applicable state or federal law or regulation;
- Employees and contractors must not be excluded from participation in the Medicaid or Medicare Program by Louisiana Medicaid or the Department of Health and Human Services’ Office of Inspector General;
- Direct care staff must not have a finding on the Louisiana State Adverse Action List;
- Pass a motor vehicle screen;
- Pass a TB test prior to employment;
- Pass drug screening tests as required by agency’s policies and procedures;

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- Complete American Heart Association (AHA) recognized First Aid, CPR and seizure assessment training. Psychiatrists, APRNs/CNSs/PAs, RNs and LPNs are exempt from this training. (See Appendix D);
- Non-licensed direct care staff are required to complete a basic clinical competency training program approved by the Office of Behavioral Health (OBH) prior to providing the service. (See Appendix D);
- Staff providing direct services to adult members must complete an approved PSR training, according to a curriculum approved by OBH prior to providing the service. (See Appendix D.);
- Staff providing direct services to youth must have documented training related to the psychosocial rehabilitation model(s) utilized in the program;
- Effective for dates of service rendered on or after January 1, 2019, individuals rendering PSR services for the licensed and accredited provider agency must have an NPI number and that NPI number must be included on any claim submitted by that provider agency for reimbursement; and
- Effective on or after May 31, 2018, non-licensed individuals rendering PSR services are required to receive at least one hour per calendar month of personal supervision and training by the provider agency's mental health supervisor.

PSR Allowed Provider Types and Specialties

- PT 77 Mental Health Rehab PS 78 MHR.
- PT 74 Mental Health Clinic PS 70 Clinic / Group PSS 8E CSoC/ Behavioral Health.
- PT AG Behavioral Health Rehabilitation Provider Agency PS 8E CSoC/ Behavioral Health.

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PSR Allowed Mode(s) of Delivery:

- Individual;
- Group;
- On-site; and
- Off-site.

PSR Staff Ratio(s)

- One Full Time Employee (FTE) to fifteen (15) consumers is maximum group size for adults.
- One FTE to eight (8) consumers is maximum group size for youth.

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Crisis Intervention

Crisis intervention (CI) services are provided to a person who is experiencing a psychiatric crisis and are designed to interrupt and/or ameliorate a crisis experience, through 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 goals of CIs are 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. CI is a face-to-face intervention and can occur in a variety of locations, including an emergency room or clinic setting, in addition to other community locations where the person lives, works, attends school and/or socializes.

Components

- A preliminary assessment of risk, mental status and medical stability and the need for further evaluation or other mental health services must be conducted. This includes contact with the member, 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 CIs, including crisis resolution and debriefing with the identified Medicaid-eligible individual.
- Follow up with the individual and, as necessary, with the individuals' caretaker and/or family members.
- Consultation with a physician or with other qualified providers to assist with the individuals' specific crisis.

NOTE: The components above are required unless the member is not available due to incarceration, hospitalization, or other unavoidable reason.

CI Provider Qualifications**Agency**

To provide crisis intervention services, agencies must meet the following requirements:

- Licensed pursuant to La. R.S. 40:2151, et. seq.

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- Accredited by the Commission on Accreditation of Rehabilitation Facilities (CARF), the Council on Accreditation (COA), or The Joint Commission (TJC). Denial, loss of, or any negative change in accreditation status must be reported in writing immediately upon notification to the managed care entities with which the agency contracts or is being reimbursed.

NOTE: Agencies must apply for accreditation and pay accreditation fees prior to being contracted and reimbursed by a Medicaid managed care entity, and must maintain proof of accreditation application and fee payment. Agencies must attain full accreditation within eighteen (18) months of the initial accreditation application date.

- Services must be provided under the supervision of a licensed mental health professional (LMHP) or physician who is acting within the scope of his/her professional license and applicable state law. The term “supervision” refers to clinical support, guidance and consultation afforded to non-licensed staff, and should not be confused with clinical supervision of bachelor’s or master’s level individuals or provisionally licensed individuals pursuing licensure. Such individuals shall comply with current, applicable scope of practice and supervisory requirements identified by their respective licensing boards.
- Arranges for and maintains documentation that prior to employment (or contracting, volunteering, or as required by law) individuals pass criminal background checks, including sexual offender registry checks, in accordance with all of the below:
 - The Behavioral Health Service Provider (BHSP) licensing regulations established by the Louisiana Administrative Code (LAC) 48:I.Chapter 56, which includes those for owners, managers, and administrators; any individual treating children and/or adolescents; and any non-licensed direct care staff;
 - La. R.S. 40:1203.1 *et seq.* associated with criminal background checks of un-licensed workers providing patient care;
 - La. R.S. 15:587, as applicable; and
 - Any other applicable state or federal law.
- Providers shall not hire individuals failing to meet criminal background check requirements and regulations. Individuals not in compliance with criminal background check requirements and regulations shall not be utilized on an employment, contract nor volunteer basis. Criminal background checks performed

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over ninety (90) days prior to the date of employment will not be accepted as meeting the criminal background check requirement. Results of criminal background checks are to be maintained in the individual's personnel record.

- The provider must review the Department of Health and Human Services' Office of Inspector General (OIG) List of Excluded Individuals and Entities (LEIE) and the LDH State Adverse Actions website prior to hiring or contracting any employee or contractor that performs services that are compensated with Medicaid/Medicare funds, including but not limited to licensed and non-licensed staff, interns and contractors. Once employed, the lists must be checked once a month thereafter to determine if there is a finding that an employee or contractor has abused, neglected or extorted any individual or if they have been excluded from participation in the Medicaid or Medicare Program by Louisiana Medicaid or the Department of Health and Human Services' Office of Inspector General. The provider is prohibited from knowingly employing or contracting with, or retaining the employment of or contract with, anyone who has a negative finding placed on the Louisiana State Adverse Action List, or who have been excluded from participation in the Medicaid or Medicare Program by Louisiana Medicaid or the Department of Health and Human Services' Office of Inspector General.

Providers are required to maintain results in personnel records that checks have been completed. The OIG maintains the LEIE on the OIG website (<https://exclusions.oig.hhs.gov>) and the LDH Adverse Action website is located at <https://adverseactions.ldh.la.gov/SelSearch>;

- Arranges for and maintains documentation that all persons, prior to employment, are free from Tuberculosis (TB) in a communicable state via skin testing (or chest exam if recommended by physician) to reduce the risk of such infections in members and staff. Results from testing performed over thirty (30) days prior to date of employment will not be accepted as meeting this requirement.
- Establishes and maintains written policies and procedures inclusive of drug testing staff to ensure an alcohol and drug-free workplace and a workforce free of substance use. (See Appendix D.)
- Maintains documentation that all direct care staff, who are required to complete First Aid, cardiopulmonary resuscitation (CPR) and seizure assessment training, complete American Heart Association (AHA) recognized training within ninety

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(90) days of hire, which shall be renewed within a time period recommended by the AHA. (See Appendix D.)

- Maintains documentation of verification of completion of required trainings for all staff.
- Ensures and maintains documentation that all non-licensed persons employed by the organization complete training in a recognized Crisis Intervention curriculum prior to handling or managing crisis calls, which shall be updated annually.
- **Providers that meet the provisions of La. R.S. 40:2154.1**

For a provider that meets the provisions of La. R.S. 40:2154.1, the provider shall have submitted a completed license application by December 1, 2017, and shall have become licensed by LDH Health Standards as a BHSP by April 1, 2018. Providers that submit a completed license application to LDH Health Standards by December 1, 2017, may continue to operate/provide services and may continue to participate in the Louisiana Medicaid Program during the pendency of the license application process (assuming that all other Medicaid requirements are met); however, such providers must receive a BHSP license issued by LDH Health Standards by April 1, 2018 in order to continue operation and in order to continue to participate in the Louisiana Medicaid Program and receive Medicaid payments.

- **Providers that meet one of applicability exemptions of La. R.S. 40:2154**

For a provider who meets one of applicability exemptions of the BHSP licensing statute, La. R.S. 40:2154, the provider is required to obtain a BHSP license or other agency license issued by LDH Health Standards by April 1, 2018, in order to continue to participate in the Louisiana Medicaid Program and receive Medicaid payments. Such provider may continue to be reimbursed by Medicaid until April 1, 2018, provided that the provider complies with all other Medicaid requirements. Beginning April 1, 2018, if such provider does not have a BHSP license or other agency license issued by LDH Health Standards, the provider may no longer participate in the Louisiana Medicaid Program or receive Medicaid payments.

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Notwithstanding the above paragraph:

- A licensed Home and Community-Based Service Provider may not perform PSR services unless it also has a BHSP license issued by LDH Health Standards; and
- A school based health clinic/center or community mental health center may not perform PSR services unless it also has a BHSP license issued by LDH Health Standards.
- **Federally Qualified Health Centers**
 - A federally qualified health center (FQHC) that provides crisis intervention services under an agreement with a federal department/agency pursuant to federal law and regulation and pursuant to the provider's approved scope of work for ambulatory services, is **NOT** required to obtain a BHSP license issued by LDH Health Standards; however, in this situation, the FQHC shall only utilize practitioners approved via the Medicaid FQHC Provider Manual, i.e. psychiatrists, licensed clinical psychologists, and licensed clinical social workers, and shall bill under its all-inclusive Prospective Payment System (PPS) rate and FQHC Medicaid provider number in accordance with the FQHC Medicaid Rules, policies, and manuals.
 - An FQHC that provides crisis intervention services separate from an agreement with a federal department/agency pursuant to federal law and regulation and separate from its approved scope of work for ambulatory services, **IS** required to obtain a BHSP license issued by LDH Health Standards. In this situation, the entity shall enroll as an appropriate SBHS provider type with a unique National Provider Identifier (NPI), shall have active BHSP licensure issued by LDH Health Standards, and shall bill under its unique BHSP NPI in accordance with the Behavioral Health Medicaid Rules, Policies, and Manuals.

Staff

To provide crisis intervention, staff must be at least twenty (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 Human Service

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Field is defined as an academic program with a curriculum content in which at least 70 percent of the required courses are in the study of behavioral health or human behavior. Additionally, the staff must be at least three years older than an individual under the age of 18. Can include credentialed peer support specialists as defined by LDH with the above qualifications.

NOTE – HUMAN SERVICES FIELD: It is LDH’s position that degrees in Criminal Justice, Education, and Public Administration (among others) do not generally meet the requirements necessary to be considered human services related fields for purposes of providing Crisis Intervention services. Provider agencies employing individuals with degrees in academic majors other than counseling, social work, psychology or sociology for the provision of Crisis Intervention services must maintain documented evidence in the individual’s personnel file that supports the individual’s academic program required at least 70% of its core curriculum be in the study of behavioral health or human behavior. Transcripts alone will not satisfy this requirement. A signed letter from the college or university stating the academic program required curriculum in which at least seventy percent (70%) of its required coursework was in the study of behavioral health or human behavior will satisfy the requirement. College or university published curriculum (may be published via college/university website) inclusive of required coursework demonstrating the program met the requirement is also acceptable.

Staff shall operate under an agency license issued by LDH Health Standards. Crisis Intervention services may not be performed by an individual who is not under the authority of an agency license.

Staff must also meet the following requirements:

- Satisfactory completion of criminal background check pursuant to the BHSP licensing regulations (LAC48:I.Chapter 56), La R.S. 40:1203.1 *et seq.*, La R.S. 15:587 (as applicable), and any applicable state or federal law or regulation;
- Employees and contractors must not be excluded from participation in the Medicaid or Medicare Program by Louisiana Medicaid or the Department of Health and Human Services’ Office of Inspector General;
- Direct care staff must not have a finding on the Louisiana State Adverse Action List;
- Pass a motor vehicle screen;
- Pass a TB test prior to employment;

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- Pass drug screening tests as required by agency's policies and procedures;
- Complete American Heart Association (AHA) recognized First Aid, CPR and seizure assessment training. Psychiatrists, APRNs/CNSs/PAs, RNs and LPNs are exempt from this training. (See Appendix D.);
- Non-licensed direct care staff are required to complete a basic clinical competency training program approved by OBH prior to providing the service. (See Appendix D.);
- Complete a nationally recognized crisis intervention training;
- The assessment of risk, mental status and medical stability must be completed by an LMHP with experience regarding this specialized mental health service, practicing within the scope of their professional license; and
- This assessment is billed separately by the LMHP using (CPT) codes.

CI Allowed Provider Types and Specialties

- PT 77 Mental Health Rehab PS 78 MHR
- PT 74 Mental Health Clinic PS 70 Clinic / Group PSS 8E CSoC/ Behavioral Health
- PT AG Behavioral Health Rehabilitation Provider Agency PS 8E CSoC/ Behavioral Health

CI Eligibility Criteria

The medical necessity for these rehabilitative services must be determined by, and services recommended by an LMHP or physician to promote the maximum reduction of symptoms and/or restoration of an individual to his/her best age-appropriate functional level.

All individuals who self-identify as experiencing a seriously acute psychological/emotional change, which results in a marked increase in personal distress and which exceeds the abilities and the resources of those involved to effectively resolve it, are eligible.

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CI Service Utilization

- CI –Emergent is allowed without the requirement of a prior authorization in order to address the emergent issues in a timely manner. Additional units may be approved with prior authorization
- CI – Ongoing is authorized until the current crisis is resolved. The individual’s treatment record must reflect resolution of the crisis, which marks the end of the current episode.
- The time spent by the LMHP during face-to-face time with the member is billed separately. This would include the assessment of risk; mental status and medical stability must be completed by the LMHP, choosing the code that best describes the care provided.

CI Allowed Mode(s) of Delivery

- Individual;
- On-site; and
- Off-site.

CI Additional Service Criteria

- An individual in crisis may be represented by a family member or other collateral contact that has knowledge of the individual’s capabilities and functioning. Individuals in crisis who require this service may be using substances during the crisis, and this will not, in and of itself, disqualify them for eligibility for the service.
- Substance use should be recognized and addressed in an integrated fashion, as it may add to the risk, increasing the need for engagement in care.
- The crisis plan developed by the non-licensed professional, in collaboration with the treatment team and LMHP, must be provided under the supervision of an LMHP with experience regarding this specialized mental health service. The LMHP must be available at all times to provide back up, support and/or consultation from assessment of risk and through all services delivered during a crisis.

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- The CI provider must receive regularly scheduled clinical supervision from a person meeting the qualifications of an LMHP with experience regarding this specialized mental health service. The term “supervision” refers to clinical support, guidance and consultation afforded to non-licensed staff, and should not be confused with clinical supervision of bachelor’s or master’s level individuals or provisionally licensed individuals pursuing licensure. Such individuals shall comply with current, applicable scope of practice and supervisory requirements identified by their respective licensing boards.

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Crisis Stabilization

Crisis stabilization is intended to provide short-term and intensive supportive resources for the youth and his/her family. The intent of this service is to provide an out-of-home crisis stabilization option for the family in order to avoid psychiatric inpatient and institutional treatment of the youth by responding to potential crisis situations. The goal will be to support the youth and family in ways that will address current acute and/or chronic mental health needs and coordinate a successful return to the family setting at the earliest possible time. During the time the crisis stabilization is supporting the youth, there is regular contact with the family to prepare for the youth's return and his/her ongoing needs as part of the family. It is expected that the youth, family and crisis stabilization provider are integral members of the youth's individual treatment team.

Transportation is provided between the child/youth's place of residence, other services sites and places in the community. The cost of transportation is included in the rate paid to providers of these services.

Medicaid cannot be billed for the cost of room and board. Other funding sources reimburse for room and board, including the family or legally responsible party (e.g., Office of Juvenile Justice (OJJ) and Department of Children and Family Services (DCFS)).

Components

- A preliminary assessment of risk, mental status and medical stability and the need for further evaluation or other mental health services must be conducted. This includes contact with the member, 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.
- CS includes out of home short-term or extended intervention for the identified Medicaid-eligible individual based on initial and ongoing assessment of needs, including crisis resolution and debriefing.
- CS includes follow up with the individual and with the individual's caretaker and/or family members.
- CS includes consultation with a physician or with other qualified providers to assist with the individual's specific crisis.

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CS Provider Qualifications

Agency

To provide crisis stabilization services, agencies must:

- Arranges for and maintains documentation that prior to employment (or contracting, volunteering, or as required by law) individuals pass criminal background checks, including sexual offender registry checks, in accordance with all of the below:
 - The Behavioral Health Service Provider (BHSP) licensing regulations established by the Louisiana Administrative Code (LAC) 48:I.Chapter 56, which includes those for owners, managers, and administrators; any individual treating children and/or adolescents; and any non-licensed direct care staff;
 - La. R.S. 40:1203.1 *et seq.* associated with criminal background checks of un-licensed workers providing patient care;
 - La. R.S. 15:587, as applicable; and
 - Any other applicable state or federal law.

- Providers shall not hire individuals failing to meet criminal background check requirements and regulations. Individuals not in compliance with criminal background check requirements and regulations shall not be utilized on an employment, contract nor volunteer basis. Criminal background checks performed over 90 days prior to the date of employment will not be accepted as meeting the criminal background check requirement. Results of criminal background checks are to be maintained in the individual’s personnel record.

- The provider must review the Department of Health and Human Services’ Office of Inspector General (OIG) List of Excluded Individuals and Entities (LEIE) and the LDH State Adverse Actions website prior to hiring or contracting any employee or contractor that performs services that are compensated with Medicaid/Medicare funds, including but not limited to licensed and non-licensed staff, interns and contractors. Once employed, the lists must be checked once a month thereafter to determine if there is a finding that an employee or contractor has abused, neglected or extorted any individual or if they have been excluded from participation in the Medicaid or Medicare Program by Louisiana Medicaid or the Department of Health and Human Services’ Office of Inspector General. The provider is prohibited from knowingly employing, contracting with, or retaining the employment of or contract

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with, anyone who has a negative finding placed on the Louisiana State Adverse Action List, or who have been excluded from participation in the Medicaid or Medicare Program by Louisiana Medicaid or the Department of Health and Human Services' Office of Inspector General.

Providers are required to maintain results in personnel records that checks have been completed. The OIG maintains the LEIE on the OIG website (<https://exclusions.oig.hhs.gov>) and the LDH Adverse Action website is located at <https://adverseactions.ldh.la.gov/SelSearch>;

- Arrange for and maintain documentation that all persons, prior to employment, are free from Tuberculosis (TB) in a communicable state via skin testing (or chest exam if recommended by physician) to reduce the risk of such infections in members and staff. Results from testing performed over thirty (30) days prior to date of employment will not be accepted as meeting this requirement.
- Establish and maintain written policies and procedures inclusive of drug testing staff to ensure an alcohol and drug-free workplace and a workforce free of substance use. (See Appendix D).
- Maintain documentation that all direct care staff, who are required to complete First Aid, cardiopulmonary resuscitation (CPR) and seizure assessment training, complete American Heart Association (AHA) recognized training within 90 days of hire, which shall be renewed within a time period recommended by the AHA. (See Appendix D.)
- Ensure and maintain documentation that all non-licensed persons employed by the organization complete a documented training in a recognized Crisis Intervention curriculum prior to handling or managing crisis calls, which shall be updated annually.
- Maintain documentation for verification of completion of required trainings for all staff.
- Be an agency licensed by the Louisiana Department of Health (LDH) or the Department of Children and Family Services (DCFS).
- Maintain treatment records that include a copy of the treatment plan, the name of the individual, dates of services provided, nature, content and units of rehabilitation

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services provided, and progress made toward functional improvement and goals in the treatment plan.

- Supervise the direct service workers (DSWs) that provide the care members receive. The requirement is for the supervisor of the DSW to make an onsite visit to the member's home to evaluate the following:
 - The DSW's ability to perform their assigned duties;
 - To determine whether member is receiving the services that are written in the plan of care;
 - To verify that the DSW is actually reporting to the home according to the frequency ordered in the plan of care; and
 - To determine member's satisfaction with the services member is receiving.

Staff

To provide crisis stabilization services, staff must meet the following requirements:

- Must be at least eighteen (18) years of age, and at least three (3) years older than an individual under the age of eighteen (18) that they provide services.
- Must have a high school diploma, general equivalency diploma or trade school diploma in the area of human services, or demonstrate competency or verifiable work experience in providing support to persons with disabilities.

NOTE – HUMAN SERVICES FIELD: It is LDH's position that degrees in Criminal Justice, Education, and Public Administration (among others) do not generally meet the requirements necessary to be considered human services related fields for purposes of providing Crisis Intervention services. Provider agencies employing individuals with degrees in academic majors other than counseling, social work, psychology or sociology for the provision of Crisis Intervention services must maintain documented evidence in the individual's personnel file that supports the individual's academic program required at least seventy percent (70%) of its core curriculum be in the study of behavioral health or human behavior. Transcripts alone will not satisfy this requirement. A signed letter from the college or university stating the academic program required curriculum in which at least seventy percent (70%) of its required coursework was in the study of behavioral health or human behavior will satisfy the requirement. College or university published curriculum (may be published via college/university website) inclusive

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of required coursework demonstrating the program met the requirement is also acceptable.

- Satisfactory completion of criminal background check pursuant to the BHSP licensing regulations (LAC48:I.Chapter 56), La R.S. 40:1203.1 *et seq.*, La R.S. 15:587 (as applicable), and any applicable state or federal law or regulation;
- Employees and contractors must not be excluded from participation in the Medicaid or Medicare Program by Louisiana Medicaid or the Department of Health and Human Services' Office of Inspector General;
- Direct care staff must not have a finding on the Louisiana State Adverse Action List;
- Pass a Tuberculosis (TB) test prior to employment.
- Pass drug screening tests as required by agency's policies and procedures.
- Complete American Heart Association (AHA) recognized First Aid, CPR and seizure assessment training. Psychiatrists, APRNs/CNSs/PAs, RNs and LPNs are exempt from this training. (See Appendix D).
- Pass a motor vehicle screen.
- Possess and provide documentation of a valid social security number.
- Provide documentation of current cardiopulmonary resuscitation (CPR) and first aid certifications.
- Comply with law established by La. R.S. 40:2179 *et seq.*, and meet any additional qualifications established under Rule promulgated by LDH in association with this statute.
- Staff providing CS services must use clinical programming and a training curriculum approved by OBH prior to providing the service.
- Staff must operate within their scope of practice license required for the facility or agency to practice in the State of Louisiana.

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CS Allowed Provider Types and Specialties**Center Based Respite Care**

- Licensed as a home and community-based services (HCBS) provider/ Center-Based Respite per R.S. 40:2120.1 *et seq.* and Louisiana Administrative Code (LAC) 48:I.Chapter 50 found at the following website: <http://www.doa.la.gov/Pages/osr/lac/Code.aspx>
- Completion of State-approved training according to a curriculum approved by OBH prior to providing the service. (See Appendix D.)
 - PT 83 Center Based Respite Care, PS 8E CSoC/Behavioral Health

Crisis Receiving Center

- Licensed per R.S. 40:2180.12 and LAC 48:I. Chapters fifty-three (53) and fifty-four (54) found at the following website: <http://www.doa.la.gov/Pages/osr/lac/Code.aspx>
- Completion of State-approved training according to a curriculum approved by OBH prior to providing the service. (See Appendix D)..
 - PT AF Crisis Receiving Center, PS 8E CSoC/Behavioral Health.

Child Placing Agency (Therapeutic Foster Care)

- Licensed as a Child Placing Agency by Department of Children and Family Services (R.S. 46:1401-142) found at the following website: http://www.dcf.louisiana.gov/assets/docs/searchable/Licensing/Residential/2016_03_ChildPlacing.pdf
- Completion of State-approved training according to a curriculum approved by OBH prior to providing the service. (See Appendix D).
 - PT AR Therapeutic Foster Care, PS 9F Therapeutic Foster Care.

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CS Limitations/Exclusions

The following services shall be excluded from Medicaid coverage and reimbursement:

- Services rendered in an institute for mental disease;
- Crisis stabilization shall not be provided simultaneously with short-term respite care and shall not duplicate any other Medicaid State Plan service or service otherwise available to the member at no cost; and
- The cost of room and board. The minimum daily rate on file is an all-inclusive rate.

CS Allowed Mode(s) of Delivery

- Individual; and
- On-site.