

## **Coordinated System of Care**

The Coordinated System of Care (CSoC) is an innovative reflection of two powerful movements in health care: coordination of care for individuals with complex needs and family-driven and youth-guided care. CSoC is guided by an overarching System of Care (SOC) philosophy and values which include: family driven, youth guided, home and community based, strengths base, individualized, culturally and linguistically competent, integration across systems, connection to natural supports, data driven and outcomes oriented and unconditional care. The Louisiana CSoC uses a wraparound approach to create and oversee a service delivery system that is better integrated, has enhanced service offerings and achieves improved outcomes by ensuring families who have children with severe behavioral health challenges get the right support and services, at the right level of intensity, at the right time, for the right amount of time, from the right provider, to ultimately keep or return children home or to their home communities. Combining all services into one coordinated plan allows for better communication and collaboration among families, youth, state agencies, providers and others who support the family.

Once enrolled in CSoC, children, youth and families work with wraparound facilitators, employed by the Wraparound Agency, who are trained in the wraparound model, which is a structured, four phase, creative, and individualized planning process, guided by the SOC values and principles. In addition to wraparound facilitation children, youth and families have access to four specialized services in addition to other medically necessary state plan services. For more information about the program visit the CSoC website, [www.csoc.la.gov](http://www.csoc.la.gov).

### **Services**

There are four specialized services available to youth enrolled in the CSoC program in addition to other medically necessary state plan services. Each CSoC service is described in more detail in the next section:

- Parent Support and Training;
- Youth Support and Training;
- Short-Term Respite; and
- Independent Living/Skills Building.

## **Service Limitations**

The following services shall be excluded from Medicaid 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 tasks oriented and not directly related to the treatment of the recipient's needs;
- 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;
- Services rendered in an institution for mental disease; and
- Services rendered in a setting that does not meet the characteristics of a home and community based setting according to standards established by the Center for Medicare and Medicaid Services.

## **Eligibility**

Children, youth and families eligible for CSoC include Medicaid members between the ages of 5 and 20 years of age, who have a severe emotional disturbance (SED) or a serious mental illness (SMI) and who are in or at risk of out of home placement.

## **Parent Support and Training**

Person- and family-centered care involves peer- and family-support services. The widespread adoption of peer services has led to greater deployment across services for both physical and behavioral health. Peer-support services are provided in a variety of settings and across different models of care. Peer-support services are services designed and delivered by individuals who have experienced a mental or substance use disorder and are in recovery. They also include services designed and delivered by family members of those in recovery. Peer specialists foster hope and promote a belief in the possibility of recovery. (See [www.samhsa.gov/section-223/care-coordination/person-family-centered](http://www.samhsa.gov/section-223/care-coordination/person-family-centered).)

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Research has shown that peer-support services can reduce symptoms and hospitalizations; increase social support and participation in the community; decrease lengths of hospital stays and costs of services; improve well-being, self-esteem and social functioning; and, encourage more thorough and longer-lasting recoveries. (See [www.mentalhealthamerica.net/peer-services](http://www.mentalhealthamerica.net/peer-services).)

Parent Support and Training (PST) is designed to benefit the parent/primary caregiver of Medicaid-eligible child/youth experiencing a SED who is eligible for the CSoC and is at risk of out-of-home placement. This service provides the training and support necessary to ensure engagement and active participation of the family in the treatment planning process and with the ongoing implementation and reinforcement of skills learned throughout the treatment process. The specialist may attend meetings with the family and assist in helping family members to effectively contribute to planning and accessing services, including assistance with removing barriers. The specialist assists in describing the program model and providing information, as needed, to assist the family. Support and training is provided to family members to increase their ability to provide a safe and supportive environment in the home and community for the child/youth (e.g., parenting children with various behavior challenges). These activities may not be delivered in the provider's place of residence.

### **Components**

This involves:

- Assisting the family in the acquisition of knowledge and skills necessary to understand and address the specific needs of the eligible child/youth in relation to their mental illness/addictive disorder and treatment; development and enhancement of the family's specific problem-solving skills, coping mechanisms and strategies for the child's/youth's symptom/behavior management;
- Assisting the family in understanding various requirements of the waiver process, such as the crisis/safety plan and plan of care (POC) process;
- Training on understanding the child's diagnoses;
- Understanding service options offered by service providers and assisting with understanding policies, procedures and regulations that impact the child with mental illness/addictive disorder concerns while living in the community (e.g., training on system navigation and Medicaid interaction with other child-serving systems); and

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- The specialist may also conduct follow-up with the families regarding services provided and continuing needs.

For the purpose of the CSoC, family is defined as the primary care-giving unit and is inclusive of the wide diversity of primary care-giving units in our culture. Family is a biological, adoptive or self-created unit of people residing together, consisting of adult(s) and/or child(ren), with adult(s) performing duties of parenthood for the child(ren). Persons within this unit share bonds, culture, practices and a significant relationship. Biological parents, siblings and others with significant attachment to the individual living outside the home are included in the definition of family. For the purposes of this service, "family" is defined as the persons who live with, or provide care to, a person served on the waiver and may include a parent, spouse, sibling, children, relatives, grandparents, guardians, foster parents or others with significant attachment to the individual. Services may be provided individually or in a group setting.

**Provider Qualifications**

**Family Support Organization**

Certification by the Office of Behavioral Health (OBH) as a Family Support Organization (FSO), which includes documentation of the following:

- A licensed mental health professional (LMHP) shall be available at all times to provide back up, support and/or consultation (See Appendix D);
- Arranges for and maintains documentation that all persons, prior to employment, pass drug screen and criminal background checks including fingerprinting through the Louisiana Department of Public Safety, State Police and a search of the U.S. Department of Justice National Sex Offender Registry. If the results of any criminal background check reveal that the potential employee (or contractor) was convicted of any offenses against a child/youth or an elderly or disabled person, the provider shall not hire and/or shall terminate the employment (or contract) of such individual. The provider shall not hire an individual with a record as a sex offender nor permit these individuals to work for the provider as a subcontractor. Criminal background checks must be performed as required by R.S. 40:1203 et seq., and in accordance with R.S. 15:587 et seq. Drug screens and criminal background checks performed over 30 days prior to date of employment will not be accepted as meeting this requirement;

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- 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 recipients and staff. Results from testing performed over 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 90 days of hire, which shall be renewed within a time period recommended by the AHA (See Appendix D);
  
- Maintains documentation, including frequency and type of activity, that individual staff members have completed required PST training prior to rendering PST services to recipients and/or supervising Parent Support Specialists. The FSO supervisors and direct care staff are required to complete the following trainings: Introduction to Wraparound for Family Support Specialists, Functional Behavioral Approach as well as any additional training required by OBH. These specialized trainings ensure that the direct care staff has the knowledge base needed to provide information and support to the families that they work with. These trainings also focus on skill development, so that the parent support and youth support specialists will be able to use their personal experiences to engage families;
  
- Ensure and maintains documentation that all unlicensed 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;
  
- Maintains documentation of verification of completion of required trainings for all staff; and

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- Each Family Support Organization is required to have and utilize a comprehensive peer training plan and curriculum, which is inclusive of the Peer Worker Core Competencies, as outlined by the Substance Abuse and Mental Health Services Administration (SAMHSA), and has been approved by OBH-CSoC.

**Parent Support Specialist**

- High school diploma or equivalent;
- Must be at least 21 years of age and have a minimum of two years' experience living or working with a child with SED or SMI (youth over the age of 18), or be equivalently qualified by education in the human services field (See Appendix B) or a combination of life/work experience and education, with one year of education substituting for one year of experience (preference is given to parents or caregivers of children with SED/SMI);
- Successful completion of parent support training, according to a curriculum approved by OBH, prior to providing the service (See Appendix D);
- Completion of continuing education in confidentiality requirements, Health Insurance Portability and Accountability Act (HIPAA) requirements and mandated reporting;
- A criminal background check including fingerprinting through the Louisiana Department of Public Safety, State Police and a search of the U.S. Department of Justice National Sex Offender Registry will be conducted prior to employment to ensure that the potential employee (or contractor) has not been convicted of any offenses against a child/youth or an elderly or disabled person and does not have a record as a sex offender;
- 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 AHA recognized First Aid, CPR and seizure assessment training. Psychiatrists, advanced practical registered nurses (APRNs)/clinical nurse specialist (CNSs)/physician assistants (PAs), registered nurses (RNs) and licensed practical nurses (LPNs) are exempt from this training (See Appendix D); and
- 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).

**Parent Support Supervisor**

- Minimum of a bachelor's degree in a human services field or bachelor's degree in any field with a minimum of two years of full-time experience working in relevant family, children/youth or community service capacity;
- Successful completion of PST Supervisor training; and
- Meet the above qualifications for a Parent Support Specialist.

**Allowed Provider Types and Specialties**

- PT AC FSO, PS 5L Youth and Family Support, PSS 8E CSoC/Behavioral Health.

**Limitations and Exclusions**

- PST specialist supervisor (1:80 youth);
- PST specialist (1:20 youth);
- Parent support and training will not duplicate any other Medicaid State Plan service or other services otherwise available to the recipient at no cost (e.g., provided as charity care);
- Local Education Agencies (LEAs) may not provide this service; and

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- PST must address the needs identified in the assessment and goals/objectives identified in the member's individualized POC.

**Allowed Mode(s) of Delivery**

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

**Additional Service Criteria**

- One full-time employee (FTE) to 10 families is maximum group size;
- Parent trainer/group facilitators (one FTE per 160 families, minimum staffing ratio);
- Services provided to children and youth 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 youth's treatment record. Time spent in coordination activities is not billable time. However, there is a cost factor for coordination built into the rates;
- The parent support specialist must be supervised by a person meeting the qualifications for a parent support supervisor and an LMHP;
- The individuals performing the functions of the parent support specialist may be full-time or part-time; and
- PST may be provided concurrently with the development of the POC.

## **Youth Support and Training**

Youth Support and Training (YST) services are child-/youth-centered services that provide the training and support necessary to ensure engagement and active participation of the youth in the treatment planning process and with the ongoing implementation and reinforcement of skills learned throughout the treatment process. YST is best delivered to members who have the capacity and ability to understand their diagnosis and symptoms and to be an active participant in their treatment decisions. The Youth support and training services will have a recovery focus designed to promote skills for coping with and managing psychiatric symptoms while facilitating the utilization of natural resources and the enhancement of community living skills. Activities included must be intended to achieve the identified goals or objectives as set forth in the child /youth's individualized POC. The structured, scheduled activities provided by this service emphasize the opportunity for youth to support other children and youth in the restoration and expansion of the skills and strategies necessary to move forward in recovery. YST is a face-to-face intervention with the child/youth present. Services can be provided individually or in a group setting. The majority of YST contacts must occur in community locations where the person lives, works, attends school and/or socializes. These activities may not be delivered in the provider's place of residence.

### **Components**

- Helping the child/youth to develop a network for information and support from others who have been through similar experiences;
- Assisting the child/youth to regain the ability to make independent choices and take a proactive role in treatment, including discussing questions or concerns with their clinician about medications, diagnoses or treatment;
- Assisting the child/youth to identify, and effectively respond to or avoid, identified precursors or triggers that maintain or increase functional impairments; and
- Assisting the child/youth with the ability to address and reduce the following behaviors, reducing reliance on YST over time: rebellious behavior, early initiation of antisocial behavior (e.g., early initiation of drug use, shoplifting, truancy), attitudes favorable toward drug use (including perceived risks of drug use), antisocial behaviors toward peers, contact with friends who use drugs, gang involvement and intentions to use drugs.

**Provider Qualifications**

**Family Support Organization**

Certification by the OBH-CSoc as a FSO, which includes documentation of the following:

- A LMHP shall be available at all times to provide back up, support and/or consultation (See Appendix D);
- Arranges for and maintains documentation that all persons, prior to employment, pass drug screen and criminal background checks including fingerprinting through the Louisiana Department of Public Safety, State Police and a search of the U.S. Department of Justice National Sex Offender Registry. If the results of any criminal background check reveal that the potential employee (or contractor) was convicted of any offenses against a child/youth or an elderly or disabled person, the provider shall not hire and/or shall terminate the employment (or contract) of such individual. The provider shall not hire an individual with a record as a sex offender nor permit these individuals to work for the provider as a subcontractor. Criminal background checks must be performed as required by R.S. 40:1203 et seq., and in accordance with R.S. 15:587 et seq. Drug screens and criminal background checks performed over 30 days prior to date of employment will not be accepted as meeting this requirement;
- Arranges for and maintains documentation that all persons, prior to employment, are free from TB in a communicable state via skin testing (or chest exam if recommended by physician) to reduce the risk of such infections in recipients and staff. Results from testing performed over 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, CPR and seizure assessment training, complete AHA recognized training within 90 days of hire, which shall be renewed within a time period recommended by the AHA (See Appendix D);

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- Maintains documentation, including frequency and type of activity, that individual staff members have completed required YST training prior to rendering YST services to recipients. The FSO supervisors and direct care staff are required to complete the following trainings: Introduction to Wraparound for Family Support Specialists, Functional Behavioral Approach as well as any additional training required by OBH. These specialized trainings ensure that the direct care staff has the knowledge base needed to provide information and support to the families that they work with. These trainings also focus on skill development, so that the parent support and youth support specialists will be able to use their personal experiences to engage families;
- Each Family Support Organization is required to have and utilize a comprehensive peer training plan and curriculum, which is inclusive of the Peer Worker Core Competencies, as outlined by the Substance Abuse and Mental Health Services Administration (SAMHSA), and has been approved by OBH-CSoC;
- Ensures and maintains documentation that all unlicensed 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; and
- Maintains documentation of verification of completion of required trainings for all staff.

**Youth Support Specialist**

- High school diploma or equivalent, or must be currently seeking diploma;
- Must be at least 18 years of age and self-identify as a present or former child recipient of behavioral health services;
- Successful completion of youth support training, according to a curriculum approved by OBH, prior to providing the service (See Appendix D);

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- Completion of continuing education in confidentiality requirements, Health Insurance Portability and Accountability Act (HIPAA) requirements and mandated reporting;
- A criminal background check including fingerprinting through the Louisiana Department of Public Safety, State Police and a search of the U.S. Department of Justice National Sex Offender Registry will be conducted prior to employment to ensure that the potential employee (or contractor) has not been convicted of any offenses against a child/youth or an elderly or disabled person and does not have a record as a sex offender;
- Pass drug screening tests as required by agency’s policies and procedures;
- Pass a motor vehicle screen;
- Pass a TB test prior to employment;
- Complete AHA recognized First Aid, CPR and seizure assessment training. Psychiatrists, APRNs/CNSs/PAs, RNs and LPNs are exempt from this training (See Appendix D); and
- 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).

**Youth Support Supervisor**

- Minimum of a bachelor’s degree in a human services field or bachelor’s degree in any field with a minimum of two years of full-time experience working in relevant family, children/youth or community service capacity;
- Successful completion of YST Supervisor training; and
- Meet the above qualifications for a Youth Support Specialist.

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**Allowed Provider Types and Specialties**

- PT AC FSO, PS 5L Youth and Family Support, PSS 8E CSoC/Behavioral Health.

**Limitations and Exclusions**

- YST specialist supervisor (1:80 youth);
- YST specialist (1:20 youth);
- Youth support and training will not duplicate any other Medicaid State Plan service or other services otherwise available to the recipient at no cost (e.g., provided as charity care);
- YST must address the needs identified in the assessment and goals/objectives identified in the member's individualized POC;
- Local Education Agencies (LEAs) may not provide this service; and
- Limit of 750 hours of YST per calendar year. This limit can be exceeded when medically necessary in conjunction with an approved plan of care developed by the Child and Family Team.

**Allowed Mode(s) of Delivery**

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

**Additional Service Criteria**

- Services provided to children and youth 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;

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- Coordination with other child-serving systems should occur, as needed, to achieve the treatment goals. All coordination must be documented in the youth's treatment record. Time spent in coordination activities is not billable time. However, there is a factor for coordination built into the rates;
- The YST specialist must be supervised by a person meeting the qualifications for a YST supervisor and an LMHP; and
- YST may be provided concurrently with the development of the POC.

**Independent Living/Skills Building**

Independent living/skills building services are designed to assist children who are, or will be, transitioning to adulthood beginning at the age of 14 years old with support in acquiring, retaining and improving self-help, socialization and adaptive skills necessary to be successful in the domains of employment, housing, education and community life and to reside successfully in home and community settings. Independent living/skills building activities are provided in partnership with young children to help the child/youth arrange for the services they need to become employed, access transportation, housing and continuing education. Services are individualized according to each youth's strengths, interests, skills, goals and are included on an individualized transition plan (i.e., waiver POC). It is expected that independent living/skills building activities take place in the community. These activities may not be delivered in the provider's place of residence. This service can be utilized to train and cue normal activities of daily living and instrumental activities of daily living. Housekeeping, homemaking (shopping, child care and laundry services) or basic services, solely for the convenience of a child receiving independent living/skills building, are not covered. An example of community settings could encompass: a grocery or clothing store, (teaching the young person how to shop for food, or what type of clothing is appropriate for interviews), unemployment office (assist in seeking jobs, assisting the youth in completing applications for jobs), apartment complexes (to seek out housing opportunities), laundromats (how to wash their clothes). Additional life skills training examples include life safety skills, ability to access emergency services, basic safety practices and evacuation, physical and mental health care (maintenance, scheduling physician appointments), recognizing when to contact a physician, self-administration of medication for physical and mental health conditions, understanding purpose and possible side effects of medication prescribed for conditions, other common prescription and non-prescription drugs and drug uses, use of transportation (accessing public transportation, learning to drive, obtaining

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insurance), etc. These services may be provided in any other community setting as identified through the POC process. This is not an all-inclusive list.

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

**Provider Qualifications**

**Transition Coordination Agency**

To provide transition coordination services, agencies must:

- Be licensed per R.S. 40:2151 et seq;
- Arranges for and maintains documentation that all persons, prior to employment, pass criminal background checks through the Louisiana Department of Public Safety, State Police. If the results of any criminal background check reveal that the potential employee (or contractor) was convicted of any offenses against a child/youth or an elderly or disabled person, the provider shall not hire and/or shall terminate the employment (or contract) of such individual. The provider shall not hire an individual with a record as a sex offender nor permit these individuals to work for the provider as a subcontractor. Criminal background checks must be performed as required by R.S. 40:1203 et seq., and in accordance with R.S. 15:587 et seq. Criminal background checks performed over 30 days prior to date of employment will not be accepted as meeting this requirement;
- Arranges for and maintains documentation that all persons, prior to employment, are free from TB in a communicable state via skin testing (or chest exam if recommended by physician) to reduce the risk of such infections in recipients and staff. Results from testing performed over 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, CPR and seizure assessment training, complete AHA recognized training within 90 days of hire, which shall be renewed within a time period recommended by the AHA (See Appendix D);
- Ensures and maintains documentation that all unlicensed 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;
- Maintains documentation of verification of completion of required trainings for all staff;
- Ensures supervision is provided to the Transition Coordinator to provide back up, support and/or consultation;
- Ensures a LMHP is available at all times to provide back up, support and/or consultation (See Appendix D); and
- Employs Transition Coordinators with the below qualifications.

**Transition Coordinator**

- High school diploma or equivalent;
- Must be at least 21 years of age and have a minimum of two years' experience working with children with SED or be equivalently qualified by education in the human services field or a combination of work experience and education, with one year of education substituting for one year of experience (See Appendix B);
- Pass criminal background check through the Louisiana Department of Public Safety, State Police prior to employment;
- 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 AHA recognized First Aid, CPR and seizure assessment training. Psychiatrists, APRNs/CNSs/PAs, RNs and LPNs are exempt from this training (See Appendix D); and
- Non-licensed direct care staff are required to complete a basic clinical competency training program approved by OBH (See Appendix D). Complete an approved training in the skills area(s) needed by the transitioning youth, according to a curriculum approved by OBH prior to providing the service (See Appendix D).

**Allowed Provider Types and Specialties**

- PT AD Transition Coordination;
- PS 5U Individual, PSS 8E – CSoC/Behavioral Health; and
- PS 5V Agency/Business, PSS 8E – CSoC/Behavioral Health.

**Limitations and Exclusions**

- Independent living/skills building will not duplicate any other Medicaid State Plan service or other services otherwise available to the recipient at no cost (e.g., provided as charity care);
- Independent living/skills building must address the needs identified in the assessment and address goals/objectives identified in the member’s individualized POC;
- Local Education Agencies (LEAs) may not provide this service; and
- Service requires prior authorization.

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**Allowed Mode(s) of Delivery**

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

**Additional Service Criteria**

Services provided to children and youth 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 youth’s medical record. Time spent in coordination activities is not billable time. However, there is a factor for coordination built into the rates.

Independent living/skills building may be provided concurrently with the development of the POC.

**Short Term Respite Care**

Short term respite care provides temporary direct care and supervision for the child/youth in the child’s home or a community setting that is not facility-based (i.e., not provided overnight in a provider-based facility). The primary purpose is relief to families/caregivers of a child with a SED or relief of the child. The service is designed to help meet the needs of the primary caregiver, as well as the identified child. Respite services help to de-escalate stressful situations and provide a therapeutic outlet for the child. Respite may be either planned or provided on an emergency basis. Normal activities of daily living are considered to be included in the content of the service when providing respite care and cannot be billed separately. These include support in the home, after school or at night, transportation to and from school/medical appointments or other community-based activities and/or any combination of the above. The cost of transportation is also included in the rate paid to providers of this service. Short term respite care can be provided in an individual’s home or place of residence or provided in other community settings, such as at a relative’s home or in a short visit to a community park or recreation center. The child must be present when providing short-term respite care.

**Provider Qualifications**

**Agency**

- Arranges for and maintains documentation that all persons, prior to employment, pass criminal background checks through the Louisiana Department of Public Safety, State Police. If the results of any criminal background check reveal that the potential employee (or contractor) was convicted of any offenses against a child/youth or an elderly or disabled person, the provider shall not hire and/or shall terminate the employment (or contract) of such individual. The provider shall not hire an individual with a record as a sex offender nor permit these individuals to work for the provider as a subcontractor. Criminal background checks must be performed as required by R.S. 40:1203 et seq., and in accordance with R.S. 15:587 et seq. Criminal background checks performed over 30 days prior to date of employment will not be accepted as meeting this requirement;
- Arranges for and maintains documentation that all persons, prior to employment, are free from TB in a communicable state via skin testing (or chest exam if recommended by physician) to reduce the risk of such infections in recipients and staff. Results from testing performed over 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, CPR and seizure assessment training, complete AHA recognized training within 90 days of hire, which shall be renewed within a time period recommended by the AHA (See Appendix D);
- Ensures and maintains documentation that all unlicensed 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; and

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- Maintains documentation of verification of completion of required trainings for all staff.

**General note on supervision of Direct Service Workers**

Per LDH Health Standards Section HCBS Rule, home and community based agencies must supervise the direct service workers (DSWs) that provide the care recipients receive. The requirement is for the supervisor of the DSW to make an onsite visit to the recipient’s home to evaluate the following:

- The DSW’s ability to perform their assigned duties;
- To determine whether recipient 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 recipient’s satisfaction with the services recipient is receiving.

**Staff**

The following individual qualifications are required for the direct care staff person:

- Must be at least 18 years of age, and at least three years older than an individual under the age of 18;
- High school diploma, general equivalency diploma or trade school diploma in the area of human services (See Appendix B), or demonstrate competency or verifiable work experience in providing support to persons with disabilities;
- Pass criminal and professional background checks through the Louisiana Department of Public Safety, State Police prior to employment;
- Pass a TB test prior to employment;

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- Pass drug screen testing as required by agency's policies and procedures;
- Complete 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;
- Must have no finding of abuse, neglect, mistreatment or misappropriation of a recipient's property placed against them as verified by review of the Louisiana Direct Service Worker Registry found at the following website: <http://www.dhh.la.gov/index.cfm/page/2257>;
- Possess and provide documentation of a valid social security number;
- Provide documentation of CPR and first aid certifications;
- Comply with law established by R.S. 40:2179 et seq., and meet any additional qualifications established under Rule promulgated by LDH in association with this statute; and
- Completion of respite training according to the curriculum approved by OBH prior to providing the service (See Appendix D).

**Allowed Provider Types and Specialties****Respite Care Services Agency**

To provide respite care services, agencies must meet the following requirements:

- Licensed as a Home and Community Based Service (HCBS) Provider/In Home Respite Agency per Revised Statute 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-48.aspx>;
- Completion of State-approved training according to a curriculum approved by OBH prior to providing the service (See Appendix D);

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- Maintains documentation of verification of completion of required trainings for all staff; and
- PT AE Respite Care Service Agency, PS 8E CSoC/Behavioral Health.

**Personal Care Attendant (PCA) Agency**

To provide personal care attendant services, agencies must meet the following requirements:

- Licensed as a HCBS provider/PCA agency per Revised Statute 40:2120.1 et seq. and LAC 48:I. Chapter 50 found at the following website: <http://www.doa.la.gov/Pages/osr/LAC-48.aspx>;
- Completion of State-approved training according to a curriculum approved by OBH prior to providing the service (See Appendix D);
- Maintains documentation of verification of completion of required trainings for all staff; and
- PT 82 Personal Care Attendant Agency, PS 8E CSoC/Behavioral Health.

**Crisis Receiving Center**

To provide crisis receiving center services, centers must meet the following requirements:

- Licensed per Revised Statute 40:2180.11 et seq. and LAC 48: I. Chapters 53 and 54;
- Completion of state approved training according to a curriculum approved by the OBH prior to providing the service (See Appendix D);
- Maintains documentation of verification of completion of required trainings for all staff; and
- PT AF Crisis Receiving Center, PS 8E CSoC/Behavioral Health.

**Child Placing Agency (Therapeutic Foster Care)**

To provide child placing services, agencies must meet the following requirements:

- Licensed as a Child Placing Agency by the Department of Child and Family Services (DCFS) per Revised Statute 46:1401-1424;
- Completion of state approved training according to a curriculum approved by OBH prior to providing the service (See Appendix D); and
- Maintains documentation of verification of completion of required trainings for all staff.

**Supervised Independent Living (SIL) Agency**

To provide respite care services, agencies must meet the following requirements:

- Licensed as a HCBS provider/PCA agency per Revised Statute 40:2120.1 et seq. and LAC 48:I. Chapter 50 found at the following website: <http://www.doa.la.gov/Pages/osr/LAC-48.aspx>;
- Completion of state approved training according to a curriculum approved by OBH prior to providing the service (See Appendix D);
- Maintains documentation of verification of completion of required trainings for all staff.; and
- PT 89 Supervised Independent Living, PS 8E CSoC/Behavioral Health.

**Limitations and Exclusions**

- Short-Term respite will not duplicate any other Medicaid State Plan service or other services otherwise available to the recipient at no cost (e.g., provided as charity care);

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- Short-Term Respite must address the needs identified in the assessment and address goals/objectives identified in the member's individualized POC;
- Local Education Agencies (LEAs) may not provide this service;
- Short term respite care pre-approved for the duration of 72 hours per episode, with a maximum of 300 hours allowed per calendar year. These limitations can be exceeded through prior authorization by the CSoc contractor or inclusion in the approved POC;
- Services provided to children and youth must include communication and coordination with the family and/or legal guardian. Coordination with other child serving systems should occur as needed to achieve the treatment goals. All coordination must be documented in the youth's treatment record;
- Medicaid federal financial participation (FFP) will not be claimed for the cost of room and board. The Medicaid rate does not include costs for room and board;
- Respite care may be provided by a licensed respite care facility, with the availability of community outings. Community outings would be included on the approved POC and would include activities, such as school attendance, other school activities, or other activities the individual would receive if they were not receiving respite from a center-based respite facility. Such community outings would allow the individual's routine not to be interrupted. Respite is not provided inside a provider facility;
- Respite services provided by or in an Institution for Mental Disease (IMD) are not covered;
- Short term respite care may not be provided simultaneously with crisis stabilization services; and
- Short-Term Respite may be provided concurrently with the development of the POC.

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**Allowed Mode(s) of Delivery**

- Individual; and
- Off-site.

**Additional Service Criteria**

Services provided to children and youth 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 youth's treatment record. Time spent in coordination activities is not billable time. However, there is a factor for coordination built into the rates.