ISSUED: REPLACED:

06/30/20 06/12/19

CHAPTER 2: BEHAVIORAL HEALTH SERVICES

SECTION: TABLE OF CONTENTS PAGE(S) 6

BEHAVIORAL HEALTH SERVICES

TABLE OF CONTENTS

SUBJECT	SECTION	
OVERVIEW	SECTION 2.0	
PROVIDER REQUIREMENTS	SECTION 2.1	
RESIDENTIAL SERVICES	SECTION 2.2	

Therapeutic Group Homes

Components

Provider Qualifications

Additional Organizational Requirements

Agency

Staffing Qualifications

Allowed Provider Types and Specialties

Eligibility Criteria

Service Utilization

Service Exclusions

Allowed Mode(s) of Delivery

Additional Service Criteria

TGH Cost Reporting Requirements

Psychiatric Residential Treatment Facilities

Plan of Care

Provider Qualifications

Agency

Additional Organizational Requirements

Staff

Staffing

Treatment Model and Service Delivery

Allowed Provider Types and Specialties

Eligibility Criteria

Limitations/Exclusions

ISSUED: 06/30/20 **REPLACED:** 06/12/19

CHAPTER 2: BEHAVIORAL HEALTH SERVICES

SECTION: TABLE OF CONTENTS PAGE(S) 6

OUTPATIENT SERVICES

SECTION 2.3

Behavioral Health Services in a Federally Qualified Health Center or Rural Health Center

Provider Qualifications

Agency or Group Practice

Allowed Provider Types and Specialties

Eligibility Criteria

Allowed Mode(s) of Delivery

Outpatient Therapy by Licensed Practitioners

Provider Qualifications

Agency or Group Practice

Allowed Provider Types and Specialties

Eligibility Criteria

Limitations/Exclusions

Allowed Mode(s) of Delivery

Additional Service Criteria

Telehealth

Rehabilitation Services for Children, Adolescents, and Adults

Children and Adolescents

Adults

Service Delivery

Assessment and Treatment Planning

Provider Responsibilities

Eligibility Criteria

Service Utilization

Additional Service Criteria

Limitations/Exclusions

Psychosocial Rehabilitation

Components

Provider Qualifications

Agency

Staff

Staff Ratio(s)

Allowed Provider Types and Specialties

Allowed Mode(s) of Delivery

Crisis Intervention

Components

Provider Qualifications

Agency

ISSUED: REPLACED: 06/30/20 06/12/19

CHAPTER 2: BEHAVIORAL HEALTH SERVICES

SECTION: TABLE OF CONTENTS PAGE(S) 6

Staff

Allowed Provider Types and Specialties

Service Utilization

Eligibility Criteria

Service Utilization

Allowed Mode(s) of Delivery

Additional Service Criteria

Crisis Stabilization

Components

Provider Qualifications

Agency

Staff

Allowed Provider Types and Specialties

Limitations/Exclusions

Service Utilization

Allowed Mode(s) of Delivery

Community Psychiatric Support and Treatment

Components

Provider Qualifications

Agency

Staff

Allowed Provider Types and Specialties

Limitations/Exclusions

Allowed Mode(s) of Delivery

Additional Service Criteria

Staff Ratio(s)

ADDICTION SERVICES

SECTION 2.4

ASAM Levels Covered

Provider Qualifications

Agency

Staff

Allowed Provider Types and Specialties

Eligibility Criteria

Allowed Mode(s) of Delivery

Additional Service Criteria

ASAM Level 1 in an Outpatient Setting

Admission Guidelines for ASAM Level 1

Additional Admission Guidelines for Outpatient Treatment

Screening/Assessment/Treatment Plan Review

Provider Qualifications

Page **3** of **6**

Table of Contents

ISSUED: REPLACED: 06/30/20 06/12/19

CHAPTER 2: BEHAVIORAL HEALTH SERVICES

SECTION: TABLE OF CONTENTS

PAGE(S) 6

Agency

Staff

Staffing Requirements

Additional Staffing and Service Components

ASAM Level 2.1 Intensive Outpatient Treatment

Admission Guidelines for ASAM Level 2.1 Intensive Outpatient Treatment

Additional Admission Guidelines for Intensive Outpatient Treatment

Screening/Assessment/Treatment Plan Review

Provider Qualifications

Staffing Requirements

Additional Staffing and Service Components

ASAM Level 2-WM Ambulatory Withdrawal Management with Extended On-Site Monitoring

Admission Guidelines for ASAM Level 2-WM Ambulatory Withdrawal

Management with Extended On-Site Monitoring

Screening/Assessment/Treatment Plan Review

Provider Qualifications

Staffing Requirements

Additional Staffing and Service Components

Allowed Provider Types and Specialties

Eligibility Criteria

Allowed Mode(s) of Delivery

Additional Service Criteria

COORDINATED SYSTEM OF CARE

SECTION 2.5

Services

Service Limitations

Eligibility

Parent Support and Training

Components

Provider Qualifications

Family Support Organization (FSO)

Parent Support Specialist

Parent Support Supervisor

Allowed Provider Types and Specialties

Limitations and Exclusions

Allowed Mode(s) of Delivery

Additional Service Criteria

Youth Support and Training

Components

Provider Qualifications

Family Support Organization (FSO)

Youth Support Specialist

ISSUED: REPLACED:

06/30/20 06/12/19

CHAPTER 2: BEHAVIORAL HEALTH SERVICES

SECTION: TABLE OF CONTENTS

PAGE(S) 6

Youth Support Supervisor Allowed Provider Types and Specialties Limitations and Exclusions Allowed Mode(s) of Delivery Additional Service Criteria

RECORD KEEPING

SECTION 2.6

Components of Record Keeping
Retention of Records
Confidentiality and Protection of Records
Review by State and Federal Agencies
Member Records
Organization of Records, Record Entries and Corrections
Service/Progress Notes
Progress Summaries
Discharge Summary for Transfers and Closures

FORMS AND LINKS	APPENDIX A

GLOSSARY AND ACRONYMS APPENDIX B

MEDICAID MEDICAL NECESSITY AND
EPSDT EXCEPTIONS
APPENDIX C

CURRICULUM/EQUIVALENCY STANDARDS APPENDIX D

EVIDENCE BASED PRACTICES (EBPs) POLICY:

ASSERTIVE COMMUNITY TREATMENT APPENDIX E-1

FUNTIONAL FAMILY THERAPY (FFT) AND FUNCTIONAL

THERAPY – CHILD WELFARE (FFT-CCW) APPENDIX E-2

HOMEBUILDERS APPENDIX E-3

MULTI-SYSTEMIC THERAPY APPENDIX E-4

CHILD/PARENT PSYCHOTHERAPY APPENDIX E-5

PARENT/CHILD INTERACTION THERAPY APPENDIX E-6

LOUISIANA MEDICAID PROGRAM	ISSUED: REPLACED:	06/30/20 06/12/19	
CHAPTER 2: BEHAVIORAL HEALTH SERVICES			
SECTION: TABLE OF CONTENTS		PAGE(S) 6	
PRESCHOOL PTSD TREATMENT AND YOUTH I	PTSD APPE	NDIX E-7	
EVIDENCED BASED PRACTICES (EBPs) POLICY TRIPLE P- STANDARD LEVEL 4	Y – APPE	NDIX E-8	
EVIDENCED BASED PRACTICES (EBPs) POLICY TF-CBT	Y – APPEN	NDIX E-9	
EVIDENCED BASED PRACTICES (EBPs) POLICY EMDR THERAPY	Z – APPENI	DIX E-10	
CSoC WRAPAROUND	APPE	NDIX F	
STANDARDIZED ASSESSMENTS FOR MEMBERS RECEIVING CPST AND PSR	APPE	NDIX G	