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Behavioral Health Services in a Federally Qualified Health Center or Rural Health Center**Provider Qualifications**

Federally qualified health centers (FQHCs) must be certified by the federal government. Rural health centers (RHCs) must be licensed by the LDH Health Standards Section (HSS) pursuant to R.S. 40:2197.

Licensed mental health professionals (LMHPs) and staff of FQHCs offering behavioral health services in an FQHC are required to meet qualifications specified for other licensed practitioners and direct care staff in this Manual.

FQHCs/RHCs, and practitioners, should routinely review and follow the governing authorities (i.e. Administrative Rules, Medicaid State Plan and appropriate Provider Manual Chapters) and other Department issued guides and specifications for FQHCs/RHCs to determine which approved practitioners may provide behavioral health services.

The FQHC Provider Manual and RHC Provider Manual can be accessed through this link: http://www.lamedicaid.com/provweb1/Providermanuals/Intro_Page.aspx.

FQHCs/RHCs must comply with federal emergency preparedness regulations associated with 42 CFR §491.12 in order to participate in the Medicaid [or Medicare] program. Regulations must be implemented by November 15, 2017. They include safeguarding human resources, maintaining business continuity and protecting physical resources.

Facilities should incorporate the following core elements of emergency preparedness into their plans and comply with all components of the federal regulations:

- **Risk Assessment and Emergency Planning** – The U.S. Department of Health and Human Services, Centers for Medicare and Medicaid Services (CMS) requires facilities to perform a risk assessment that uses an “all-hazards” approach prior to establishing an emergency plan.
- **Communication Plan** – CMS requires facilities to develop and maintain an emergency preparedness communication plan that complies with both federal and state laws. Patient care must be well coordinated within the facility, across healthcare providers, and with state and local public health departments and emergency management agencies and systems to protect patient health and safety in the event of a disaster.

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- **Policies and Procedures** – CMS requires that facilities develop and implement policies and procedures that comply with federal and state law, and that support the successful execution of the emergency plan and risks identified during the risk assessment process.
- **Training and Testing** – CMS requires that facilities develop and maintain an emergency preparedness training and testing program that complies with federal and state law, and that is updated at least annually.

The CMS Emergency Preparedness Regulation Guidance and Resources can be accessed through this link:

<https://www.cms.gov/Medicare/Provider-Enrollment-and-Certification/SurveyCertEmergPrep/index.html>

Allowed Provider Types and Specialties

- PT 72 FQHC, PS 42, PSS 8E
- PT 79 RHC, PS 94, PSS 8E
- PT 87 RHC, PS 94, PSS 8E

Eligibility Criteria

All Medicaid-eligible adults and children who meet medical necessity criteria.

Allowed Mode(s) of Delivery

- Individual;
- Family;
- Group;
- On-site;
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- Tele-video.

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Outpatient Therapy by Licensed Practitioners

Licensed Practitioner Outpatient Therapy includes:

- Individual outpatient psychotherapy;
- Family outpatient psychotherapy;
- Group outpatient psychotherapy;
- Mental health assessment;
- Evaluation;
- Testing;
- Medication management;
- Psychiatric evaluation;
- Medication administration; and
- Individual therapy with medical evaluation and management and case consultation.

Provider Qualifications

A licensed mental health professional (LMHP) is an individual who is licensed in the State of Louisiana to diagnose and treat mental illness or substance use, acting within the scope of all applicable State laws and their professional license. An LMHP includes the following individuals who are licensed to practice independently:

- Medical psychologists;
- Licensed psychologists;
- Licensed clinical social workers (LCSWs);
- Licensed professional counselors (LPCs);

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- Licensed marriage and family therapists (LMFTs);
- Licensed addiction counselors (LACs); and
- Advanced practice registered nurses (APRNs).

LPCs may render or offer prevention, assessment, diagnosis, and treatment, which includes psychotherapy of mental, emotional, behavioral, and addiction disorders to individuals, groups, organizations, or the general public by a licensed professional counselor, that is consistent with his/her professional training as prescribed by R.S. 37:1101 et seq. However, LPCs may not assess, diagnose, or provide treatment to any individual suffering from a serious mental illness (SMI), when medication may be indicated, except when an LPC, in accordance with industry best practices, consults, and collaborates with a practitioner who holds a license or permit with the Louisiana State Board of Medical Examiners or a Louisiana licensed APRN, who is certified as a psychiatric nurse practitioner. (Reference: Louisiana Mental Health Counselor Licensing Act; Section 1103).

LMFTs may render professional marriage and family therapy and psychotherapy services limited to prevention, assessment, diagnosis, and treatment of mental, emotional, behavioral, relational, and addiction disorders to individuals, couples and families, singly or in groups that is consistent with his/her professional training as prescribed by R.S. 37:1101 et seq. However, LMFTs may not assess, diagnose, or provide treatment to any individual suffering from a serious mental illness (SMI), when medication may be indicated, except when an LMFT, in accordance with industry best practices, consults, and collaborates with a practitioner who holds a license or permit with the Louisiana State Board of Medical Examiners or a Louisiana licensed APRN, who is certified as a psychiatric nurse practitioner. (Reference: Louisiana Mental Health Counselor Licensing Act; Section 1103.) All treatment is restricted to marriage and family therapy issues.

LACs, who provide addiction services, must demonstrate competency, as defined by LDH, State law, Addictive Disorders Practice Act and regulations. LACs are not permitted to diagnose under their scope of practice under State law. LACs providing addiction and/or behavioral health services must adhere to their scope of practice license.

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APRNs must be nurse practitioner specialists in adult psychiatric and mental health, and family psychiatric and mental health, or certified nurse specialists in psychosocial, gerontological psychiatric mental health, adult psychiatric and mental health and child-adolescent mental health and may practice to the extent that services are within the APRN's scope of practice.

Physician, psychiatrist or PA working under protocol of a psychiatrist. Registered nurse working within the scope of practice.

Agency or Group Practice

To provide outpatient therapy, agencies must meet the following requirements:

- Licensed per R.S. 40:2151 et seq.
- Arrange and maintain 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.
- Arrange 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 recipients and staff. Results from testing performed over 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 ninety (90) days of hire, which shall be renewed within a time period recommended by

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the AHA. Psychiatrists, APRNs/CNSs/PAs, RNs and LPNs are exempt from this training. (See Appendix D)

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

NOTE: Psychiatrists are covered under the physician section of the State plan. However, psychiatrists often are employed by agencies that employ other licensed practitioners. For ease of reference, psychiatrist codes often billed under agencies are included in this section of the provider manual. However, psychiatrists may bill any codes under the physician section of the State Plan for which he or she may be qualified. Note that prior authorization or authorization beyond an initial authorization level of benefit is not a required CMS element for psychiatrist services under the Louisiana State Plan; however, the managed care entity may choose to require prior authorization for psychiatrist services or may prior authorize psychiatrist services beyond an initial authorization level of benefit at their option.

In general, the following MMIS provider types and specialties may bill these codes according to the scope of practice outlined under State Law. The specific provider types and specialties are permitted to bill each code is noted in the Excel rate sheet.

Allowed Provider Types and Specialties

- PT 77 Mental Health Rehab PS 78 MHR
- PT 74 Mental Health Clinic PS 70 Clinic / Group
- PT AG Behavioral Health Rehabilitation Provider Agency PS 8E CSoC/Behavioral Health
- PT 68 Substance Use and Alcohol Use Center PS 70 Clinic/Group
- PT 38 School Based Health Center PS 70 Clinic/Group
- PT 31 Psychologist PS
 - 6A Psychologist - Clinical

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- 6B Psychologist – Counseling

Allowed Provider Types and Specialties (cont'd)

- 6C Psychologist - School
- 6D Psychologist - Developmental
- 6E Psychologist - Non-declared
- 6F Psychologist – Other
- 6G Psychologist – Medical

- PT 73 Social Worker (Licensed/Clinical) PS 73 Social Worker

- PT AK Licensed Professional Counselor (LPC) PS 8E LPC

- PT AH Licensed Marriage & Family Therapists (LMFT) PS 8E

- PT AJ Licensed Addiction Counselor PS 8E CSoC/Behavioral Health

- PT 19 Doctor of Osteopathic Medicine PS
 - 26 Psychiatry
 - 27 Psychiatry; Neurology
 - 2W Addiction Specialist

- PT 20 Psychiatrist PS
 - 26 Psychiatry
 - 2W Addiction Specialist

- PT 78 Advanced Practice Registered Nurse PS 26

- PT 93 Clinical Nurse Specialist PS 26

- PT 94 Physician Assistant PS 26

Eligibility Criteria

All Medicaid-eligible children who meet medical necessity criteria. All Medicaid-eligible adults meeting rehabilitation service eligibility criteria.

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Limitations/Exclusions

Providers cannot provide services or supervision under this section if they are a provider who is excluded from participation in federal health care programs under either Section 1128 or Section 1128A of the Social Security Act. In addition, they may not be debarred, suspended or otherwise excluded from participating in procurement activities under the State and federal laws, regulations and policies, including the federal Acquisition Regulation, Executive Order No.12549 and Executive Order No. 12549. In addition, providers who are an affiliate, as defined in the federal Acquisition Regulation, of a person excluded, debarred, suspended or otherwise excluded under State and federal laws, regulations and policies may not participate.

All services must be authorized. Services which exceed the limitation of the initial authorization must be approved for re-authorization prior to service delivery. The managed care organization (MCO) is required to have initial authorization limits for all psychological testing not to exceed six hours annually. All neuropsychological testing must be prior authorized.

Service providers that offer addiction services must demonstrate competency, as defined by LDH, State law (RS 37:3386 et seq.) and regulations. Anyone providing addiction or behavioral health services must be adhering to their scope of practice license.

Individuals who reside in an institution (inpatient hospital setting) are not permitted to receive rehabilitation services. Visits to intermediate care facilities for the intellectually disabled are not covered. All LMHP services provided while a person is a resident of an institute for mental disease (IMD), such as a free-standing psychiatric hospital or psychiatric residential treatment facility, are the content of the institutional service and not otherwise reimbursable by Medicaid.

Evidence-based practices require prior approval and fidelity reviews on an ongoing basis, as determined necessary by LDH.

Allowed Mode(s) of Delivery

- Individual;
- Family;
- Group;
- On-site;
- Off-site; and
- Tele-video.

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Additional Service Criteria

Services provided to children and youth must include communication and coordination with the family and/or legal guardian, as well as the primary care physician (PCP). 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.

All services below have an initial authorization level of benefit. Services which exceed the limitation of the initial authorization must be approved for re-authorization prior to service delivery:

- Admission evaluation is authorized for five evaluations per calendar year.
- Individual therapy, family therapy, and group therapy are authorized for 24 sessions combined per calendar year per member.
- Psychological testing is preauthorized by the MCO.

Face-to-face for OLP includes a therapist in a different room/location from the member/family, but in the same building, with real-time visual and audio transmission from the therapy room and two-way audio transmission between member and/or family member and therapist. If the therapist is working with a single member/family, then family or individual therapy requirements and reimbursement would apply. If the therapist is working with more than one member/family, group therapy requirements and reimbursement would apply. These services must be provided by licensed staff or qualified MA-level staff. MA-level staff must have appropriate oversight when providing treatment through real-time visual and audio transmission. The practice must be in accord with documented EBPs or promising practices approved by LDH (or the MCO). If not in the same building, telemedicine requirements and reimbursement would apply.

Billing CPT codes with "interactive" in their description are used most frequently with youth who do not have the capacity to verbalize complex concepts. However, for adults who, due to injury or disability, have impairments in the ability to communicate verbally, these codes may also be utilized. A unit of service is defined according to the approved specialized behavioral health procedure codes, unless otherwise specified.

Telehealth

Consultations, office visits, individual psychotherapy and pharmacological management services may be reimbursed when provided via telecommunication technology. The consulting or expert provider must bill the procedure code (CPT codes) using the GT modifier and will be reimbursed at the same rate as a face-to-face service. The originating site, with the consumer present, may bill as other licensed professional services. "Healthcare provider" means a person, partnership, limited liability partnership, limited liability company, corporation, facility, or institution

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licensed or certified by this state to provide health care or professional services as a physician assistant, hospital, nursing home, dentist, registered nurse, advanced practice registered nurse, licensed practical nurse, ... psychologist, medical psychologist, social worker, licensed professional counselor.... "Telehealth" means a mode of delivering healthcare services that utilizes information and communication technologies to enable the diagnosis, consultation, treatment, education, care management, and self-management of patients at a distance from healthcare providers. Telehealth allows services to be accessed when providers are in a distant site and patients are in the originating site. Telehealth facilitates patient self-management and caregiver support for patients and includes synchronous interactions and asynchronous store and forward transfers.

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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, or under the direction of a licensed practitioner, 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.

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

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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. 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 recipient 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
- Appropriate for age, development; and education.

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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 plan of care (POC). 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 and Treatment Planning

- 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 364 days or as needed any time there is a significant change to the member's circumstances.
- Treatment plans shall be based on the assessed needs, utilizing input from the member, family, natural supports, and treatment team and developed by or in collaboration with an LMHP, 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.

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 2.4 of this manual chapter regarding record keeping.)
- Any licensed practitioner providing mental health services must operate within their scope of practice license.

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- Non-licensed staff must receive regularly scheduled supervision from a person meeting the qualifications of an LMHP with experience regarding the specialized mental health service. Supervision refers to clinical support, guidance and consultation afforded to unlicensed staff rendering rehabilitation services, and should not be confused with clinical supervision of bachelor’s or master’s level individuals pursuing licensure.

Eligibility Criteria

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

Service Utilization

Services are subject to prior authorization.

Additional Service 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.

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 tasks 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.

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- 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.

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.

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- 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.

Provider Qualifications**Agency**

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

- Licensed per 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). Denial, loss of, or any negative change in accreditation status must be reported in writing immediately upon notification of such denial, loss of, or any negative change in accreditation status to the managed care entities with which the agency contracts.

NOTE: Agencies must maintain proof of application for accreditation and payment of application fees, and must attain full accreditation within 18 months following initial contracting date.

- Services must be provided under the supervision of an 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 unlicensed 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 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

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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 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 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 (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 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.
- Staff must operate under an agency license issued by LDH. PSR services may not be performed by an individual who is not under the authority of an agency license.

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Staff

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

- Must be at least 18 years old and have a high school diploma or equivalent. Additionally, the staff must be at least three (3) years older than any individual they serve under the age of 18. This can include credentialed peer support specialists as defined by LDH.
- 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.
- 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 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.

Staff Ratio(s)

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

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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.

Allowed Mode(s) of Delivery:

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

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.

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- 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.

Provider Qualifications

Agency

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

- Licensed per 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). 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.

NOTE: Agencies must maintain proof of application for accreditation and payment of application fees, and must attain full accreditation within 18 months following initial contracting 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 unlicensed 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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- 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 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 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 (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 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.
- Staff must operate under an agency license issued by LDH. CI services may not be performed by an individual, who is not under the authority of an agency license.

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Staff

To provide crisis intervention, staff must be at least 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 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 (3) years older than an individual under the age of 18. Can include credentialed peer support specialists as defined by LDH with the above qualifications.

Staff must also meet the following requirements:

- 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.
- 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.
- This assessment is billed separately by the LMHP using (CPT) codes.

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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

Eligibility Criteria

The medical necessity for these rehabilitative services must be determined by, and services recommended by an LMHP or physician or under the direction of a licensed practitioner, 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.

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.

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Allowed Mode(s) of Delivery

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

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 unlicensed 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.
- 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 unlicensed 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.

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

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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 individuals' 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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Provider Qualifications**Agency**

To provide crisis stabilization services, agencies must:

- Arrange for and maintain 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.
- 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 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 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.

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- 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 plan of care or treatment plan, the name of the individual, dates of services provided, nature, content and units of rehabilitation 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 18 years of age, and at least three years older than an individual under the age of 18 that they provide services to.
- 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* 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.

- Pass criminal and professional background checks through the Louisiana Department of Public Safety, State Police prior to employment.

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- 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.
- Must have no finding of abuse, neglect, mistreatment or misappropriation of a member'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 current cardiopulmonary resuscitation (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.
- 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.

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>

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- 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 53 and 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.

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

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Allowed Mode(s) of Delivery

- Individual; and
- On-site.

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 recipient 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 unlicensed 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.

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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 recipient 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 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.

Provider Qualifications**Agency**

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

- Licensed per 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). 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.

NOTE: Agencies must maintain proof of application for accreditation and payment of application fees, and must attain full accreditation within 18 months following initial contracting.

- 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.

NOTE: The term “supervision” refers to clinical support, guidance and consultation afforded to unlicensed 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,

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applicable scope of practice and supervisory requirements identified by their respective licensing boards.

- Arrange for and maintain 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.
- 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 recipients and staff. Results from testing performed over 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 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 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.

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- Staff must operate under an agency license issued by LDH. CPST services may not be performed by an individual, who is not under the authority of an agency license

Staff

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

- Staff with a master's degree in social work, counseling, psychology or a related human services field may provide all aspects of CPST, including individual supportive behavioral interventions.

NOTE: *Human Services 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.

Other aspects of CPST, except for individual supportive behavioral interventions, may otherwise be 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. Can include credentialed peer support specialists as defined by LDH who meet the qualifications above.

- Services must be provided under regularly scheduled supervision of an LMHP or physician who is acting within the scope of his/her professional license and applicable state law.

NOTE: The term "supervision" refers to clinical support, guidance and consultation afforded to unlicensed 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.

- Pass criminal background check through the Louisiana Department of Public Safety, State Police prior to employment.
- Pass a motor vehicle screen (if duties may involve driving or transporting recipients).
- 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.)

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.

Allowed Mode(s) of Delivery

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

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.

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- Face-to-face for CPST includes a therapist in a different room/location from the member/family, but in the same building, with real-time visual and audio transmission from the therapy room and two-way audio transmission between member and/or family member and therapist. Must be provided by licensed or qualified MA-level staff. MA-level staff must have appropriate LMHP oversight when providing treatment through real-time visual and audio transmission. The practice must be in accord with documented EBPs or promising practices approved by OBH.

Staff Ratio

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.