

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT
MEDICAL ASSISTANCE PROGRAM
STATE OF LOUISIANA

Attachment 3.1-A
Item 4.b, Page 1

AMOUNT, DURATION, AND SCOPE OF MEDICAL AND REMEDIAL CARE AND SERVICES PROVIDED
LIMITATIONS ON THE AMOUNT, DURATION, AND SCOPE OF CERTAIN ITEMS OF PROVIDED MEDICAL AND
REMEDIAL CARE AND SERVICES ARE DESCRIBED AS FOLLOWS:

CITATION
42 CFR 441.57
Section 1905 of the
Act, Section 6403 of
OBRA 1989

Medical and Remedial
Care and Services
Item 4.b.

Early and Periodic Screening and Diagnosis of Individuals Under 21 Years of Age and Treatment of Age
and Treatment of Conditions Found

The State will provide other health care described in Section 1905(a) of the Social Security Act that is found to be medically necessary to correct or ameliorate defects as well as physical and mental illnesses and conditions discovered by the screening service even when such health care is not otherwise covered under the State Plan.

Eyeglass Service

EPSDT eyeglasses are limited to three pair per year with provision for extending if medically necessary.

Personal Care Services

Personal Care Services (PCS) EPSDT Personal Care Services are defined as tasks which are medically necessary as they pertain to an EPSDT eligible's physical requirements when limitations due to illness or injury necessitate assistance with eating, bathing, dressing, personal hygiene, bladder or bowel requirements.

1. Conditions for provision of EPSDT Personal Care Services (PCS) services are as follows:
 - a. The recipient must be categorically eligible Medicaid recipient aged birth through twenty years (EPSDT eligible) and have EPSDT personal care services prescribed by a physician.
 - b. An EPSDT eligible must meet medical necessity criteria as determined by the Bureau of Health Services Financing (BHSF).
2. General Requirements

TN# 11-11 Approval Date 10-12-11 Effective Date March 1, 2012
Supersedes
TN# 07-06

SUPERSEDES: TN- 07-06

STATE <u>Louisiana</u>	A
DATE REC'D <u>3-10-11</u>	
DATE APP'VD <u>10-12-11</u>	
DATE EFF <u>3-1-12</u>	
HCFA 179 <u>11-11</u>	

AMOUNT, DURATION, AND SCOPE OF MEDICAL AND REMEDIAL CARE AND SERVICES PROVIDED

LIMITATIONS OF THE AMOUNT, DURATION, AND SCOPE OF CERTAIN ITEMS OF PROVIDED MEDICAL AND REMEDIAL CARE AND SERVICES ARE DESCRIBED AS FOLLOWS:

- a. EPSDT Personal Care Services shall be prior authorized by the BHSF or its designee.
- b. EPSDT Personal Care Services shall be provided in the recipient's home (defined as the recipient's own dwelling such as an apartment, a custodial relative's home, a boarding home, a foster home, a substitute family home) or, if medically necessary, in another location outside of the recipient's home such as a supervised living facility; these services are provided in a school setting only to the extent they do not duplicate services that must be provided by or are provided by the Department of Education.
- c. Personal Care Services shall be authorized only when provided by a licensed Personal Care Service (PCS) agency which is duly enrolled as a Medical provider. Staff assigned to provide personal care services to a recipient shall not be a member of the recipient's immediate family. (Immediate family includes father, mother, sister/brother, spouse, child, grandparent, in-law or any individual acting as parent or guardian of the recipient.). Personal Care Services may be provided by a person of a degree of relationship to the recipient other than immediate family if the relative is not living in the recipient's home or if he/she is living in the recipient's home solely because his/her presence in the home is necessitated by the amount of care required by the recipient. EPSDT PCS shall not be authorized as a substitute for child care arrangements.

State: Louisiana
Date Received: 19 June, 2014
Date Approved: 25 July, 2014
Date Effective 1 June, 2014
Transmittal Number: 14-26

TN# 14-26 Approval Date 07-25-14 Effective Date 06-01-14
Supersedes
TN# 07-06

AMOUNT, DURATION, AND SCOPE OF MEDICAL AND REMEDIAL CARE AND SERVICES PROVIDED

LIMITATIONS OF THE AMOUNT, DURATION, AND SCOPE OF CERTAIN ITEMS OF PROVIDED MEDICAL AND REMEDIAL CARE AND SERVICES ARE DESCRIBED AS FOLLOWS:

- b. PCS services for the purpose of providing respite care to the primary care giver shall not be authorized by Medicaid nor billed by the provider.
 - c. (Reserved)
 - d. Personal Care Services under the EPSDT program shall not be provided in an institutional setting. Services provided in an institution (such as a hospital, institution for mental disease(s), nursing facility, intermediate care facility for the mentally retarded or residential treatment center) are not reimbursable under this section of the Plan.
 - e. Dates of care not included in the Plan of Care or provided prior to approval of the Plan of Care or which have not been timely re-authorized by BHSF, are not reimbursable.
5. The following services are not appropriate for personal care and are not reimbursable as Personal Care Services under EPSDT:
- a. Insertion and sterile irrigation of catheters (although changing of a catheter bag is allowable).
 - b. Irrigation of any body cavities which require sterile procedures.
 - c. Application of dressing, involving prescription medication and aseptic techniques, including care of mild, moderate or severe skin problems.

STATE <u>Louisiana</u>	A
DATE REC'D <u>3-15-07</u>	
DATE APP'VD <u>6-13-07</u>	
DATE EFF <u>2-9-07</u>	
HCFA 179 <u>07-06</u>	

SUPERSEDES: TN- 95-09

TN# 07-06 Approval Date 6-13-07 Effective Date 2-9-07
Supersedes:
TN# 95-09

AMOUNT, DURATION, AND SCOPE OF MEDICAL AND REMEDIAL CARE AND SERVICES PROVIDED

LIMITATIONS OF THE AMOUNT, DURATION, AND SCOPE OF CERTAIN ITEMS OF PROVIDED MEDICAL AND REMEDIAL CARE AND SERVICES ARE DESCRIBED AS FOLLOWS:

- d. Administration of injections of fluid into veins, muscles or skin.
- e. Administration of medicine (as opposed to assisting with self-administered medication for EPSDT eligibles over eighteen years of age).
- f. Domestic chores other than those incidental to the care of the recipient such as cleaning of floor and furniture in an area not occupied by the recipient, laundry other than that incidental to the care of the recipient, and shopping for groceries or household items other than items required specifically for the health and maintenance of the recipient.
- g. Skilled nursing services, as defined in the State Nurse Practices Act, including medical observation, recording of vital signs, teaching of diet and/or administration of medications/injections, or other delegated nursing tasks.
- h. Teaching a family member or friend how to care for a patient who requires frequent changes of clothing or linens due to total or partial incontinence for which no bowel or bladder training program for the patient is possible.
- i. Specialized nursing procedures such as insertion of nasogastric feeding tube, in-dwelling catheter, tracheostomy care, colostomy care, ileostomy care, venipuncture and/or injections.
- j. Rehabilitative services such as those administered by a physical therapist.
- k. Teaching a family member or friend techniques for providing specific care.

Louisiana

STATE	<i>Louisiana</i>
DATE	JUL 07 1995
DATE	AUG 30 1995
DATE	APR 01 1995
HCFA #	95-09

N# 95-09 Approval Date AUG 30 1995 Effective Date APR 01 1995
SUPERSEDES: NONE . NEW PAGE
IN# _____

AMOUNT, DURATION, AND SCOPE OF MEDICAL AND REMEDIAL CARE AND SERVICES PROVIDED

LIMITATIONS OF THE AMOUNT, DURATION, AND SCOPE OF CERTAIN ITEMS OF PROVIDED MEDICAL AND REMEDIAL CARE AND SERVICES ARE DESCRIBED AS FOLLOWS:

- l. Palliative skin care with medicated creams and ointments and/or required routine changes of surgical dressings and/or dressing changes due to chronic conditions.
- m. Teaching of signs and symptoms of disease process, diet and medications of any new or exacerbated disease process.
- n. Specialized aide procedures such as:
 - i) rehabilitation of the patient (exercise or performance of simple procedures as an extension of physical therapy services);
 - ii) measuring/recording patient vital signs (temperature, pulse, respirations and/or blood pressure, etc.) or intake/output of fluids;
 - iii) specimen collection;
 - iv) special procedures such as non-sterile dressings, special skin care (non-medicated), decubitus ulcers, cast care, assisting with ostomy care, assisting with catheter care, testing urine for sugar and acetone, breathing exercises, weight measurement, and enemas;
- o. Home IV therapy;
- p. Custodial care or provision of only instrumental activities of daily living tasks or provision of only one (1) activity of daily living task;
- q. Occupational therapy, speech pathology services, audiology services, and respiratory therapy;

STATE	<i>Louisiana</i>	
DATE	JUL 07 1995	
DATE	AUG 30 1995	A
DATE	APR 01 1995	
HCFA 179	<i>8-29</i>	

95-09 Approval Date AUG 30 1995

Effective Date APR 01 1995

~~persedes~~
TN# SUPERSEDES: NONE - NEW PAGE

AMOUNT DURATION AND SCOPE OF MEDICAL AND REMEDIAL CARE AND SERVICES PROVIDED

LIMITATIONS ON THE AMOUNT, DURATION AND SCOPE OF CERTAIN ITEMS OF PROVIDED MEDICAL AND REMEDIAL CARE AND SERVICES DESCRIBED AS FOLLOWS

Medical and Remedial Care and Services
Item 4.b. EPSDT Services (contd.)

- r. Personal comfort items, durable medical equipment, oxygen, or orthotic appliances or prosthetic devices;
- s. Drugs provided through the Louisiana Medicaid Pharmacy Program;
- t. Laboratory services; and
- u. Social Worker visits.

6. Standards for Payment

- a. EPSDT Personal Care Services shall be authorized only when provided to EPSDT eligibles and only by a staff member of a licensed Personal Care Services agency enrolled as a Medicaid provider. A copy of the current PCS license must accompany the Medicaid application for enrollment as a PCS provider and additional copies of current licenses shall be submitted to Provider Enrollment thereafter as they are issued, for inclusion in the enrollment record. The provider's enrollment record must at all times include a current PCS license. Enrollment is limited to providers in Louisiana and out-of-state providers only in trade areas of states bordering Louisiana (Arkansas, Mississippi, and Texas).
- b. The unit of service billed by EPSDT PCS providers shall be one-half hour, exclusive of travel time to arrive at the recipient's home. The majority (25 minutes) of the unit of time shall have been spent providing services in order to bill a unit.
- c. EPSDT personal care services are not subject to service limits. The units of service approved shall be based on the physical requirements of the recipient and medical necessity for the covered services in the EPSDT-PCS Program.

STATE <u>Louisiana</u>	A
DATE REC'D <u>3-31-04</u>	
DATE APP'VD <u>6-10-04</u>	
DATE EFF <u>2-21-04</u>	
HCFA 179 <u>04-05</u>	

REVISIONS- TN# 95-09

FN# 04-05

Approval Date 6-10-04

Effective Date 2-21-04

Supersedes

TN# 95-09

MOUNT DURATION AND SCOPE OF MEDICAL AND REMEDIAL CARE AND SERVICES PROVIDED

LIMITATIONS ON THE AMOUNT, DURATION AND SCOPE OF CERTAIN ITEMS OF PROVIDED MEDICAL AND REMEDIAL CARE AND SERVICES DESCRIBED AS FOLLOWS

Medical and Remedial Care and Services

Item 4.b., EPSDT Services (cont'd)

Chiropractors

A chiropractic care service is defined by the Medicaid Program as a medically necessary manual manipulation of the spine performed on one to three areas of the spine.

Service Limitations and Prior Authorization

Recipients five through twenty years of age may receive chiropractic services for a maximum of twelve different dates of service per fiscal year without prior authorization when the service is provided as a result of a referral from an EPSDT medical screening provider. Reimbursement for the thirteenth and subsequent dates of service shall pend for medical review and shall be paid only if provided as the result of a referral from an EPSDT medical screening provider.

Recipients from birth through four years of age are eligible to receive chiropractic care services only if each date of service is prior authorized by the fiscal intermediary. Requests to treat a child under four years of age must be received and prior authorized before the first treatment is administered. Claims for dates of service prior to the authorization date will not be considered for payment.

Procedure Codes

1. PT physical medicine code 97260 one unit per day.
2. PT physical medicine code 97261 two units per day.

STATE <u>Louisiana</u>	A
DATE RECD <u>3-31-04</u>	
DATE APPL <u>6-10-04</u>	
DATE EFF <u>2-21-04</u>	
HCFA 170 <u>04-05</u>	

REBEL TN# 00-12

TN# 04-05

Approval Date 6-10-04

Effective Date 2-21-04

Supersedes

TN# 06-12

AMOUNT, DURATION, AND SCOPE OF MEDICAL AND REMEDIAL CARE AND SERVICES PROVIDED

Medical and Remedial Care and Services
Item 4.b, EPSDT services (Cont'd)

Licensed Mental Health Practitioner (LMHP):
42 CFR 440.60 - Other Licensed Practitioners

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

- Medical Psychologists
- Licensed Psychologists
- Licensed Clinical Social Workers (LCSWs)
- Licensed Professional Counselors (LPCs)
- Licensed Marriage and Family Therapists (LMFTs)
- Licensed Addiction Counselors (LACs)
- Advanced Practice Registered Nurses (must be a nurse practitioner specialist in Adult Psychiatric & Mental Health, and Family Psychiatric & Mental Health or a Certified Nurse Specialists in Psychosocial, Gerontological Psychiatric Mental Health, Adult Psychiatric and Mental Health, and Child-Adolescent Mental Health and may practice to the extent that services are within the APRN's scope of practice)

STATE	<u>Louisiana</u>	A
DATE REB	<u>3-10-11</u>	
DATE APPV	<u>2-8-12</u>	
DATE EFF	<u>3-1-12</u>	
NCPA 179	<u>11-10</u>	

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 initial authorization must be approved for re-authorization prior to service delivery. In addition to licensure, service providers that offer addiction services must demonstrate competency as defined by the Department of Health and Hospitals, state law (ACT 803 of the Regular Legislative Session 2004) and regulations. Anyone providing addiction or behavioral health services must be certified by Department of Health and Hospitals, in addition to their scope of practice license. LMFTs and LACs are not permitted to diagnose under their scope of practice under state law. LPCs are limited by scope of practice under state law to diagnosing conditions or disorders requiring mental health counseling and may not use appraisal instruments, devices or procedures for the purpose of treatment planning, diagnosis, classification or description of mental and emotional disorders and disabilities, or of disorders of personality or behavior, which are outside the scope of personal problems, social concerns, educational progress and occupations and careers. Per the State's practice act and consistent with State Medicaid Regulation, Medical and Licensed Psychologists may supervise up to two unlicensed assistants or post-doctoral individuals in supervision for licensure.

Inpatient hospital visits are limited to those ordered by the individual's physician. Visits to nursing facility are allowed for psychologists if a PASRR (Preadmission Screening and Resident Review) indicates it is medically necessary treatment. Social worker visits are included in the Nursing Visit and may not be billed separately. Visits to ICF-MR facilities are non-covered. All LMHP services provided while a person is a resident of an IMD such as a free standing psychiatric hospital or psychiatric residential treatment facility are 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 Department of Health and Hospitals. A unit of service is defined according to the HCPCS approved code set unless otherwise specified.

TN# 11-10 Approval Date 3-8-12 Effective Date March 1, 2012

Supersedes
TN# 06-34

SUPERSEDES: TN- 06-34

AMOUNT, DURATION, AND SCOPE OF MEDICAL AND REMEDIAL CARE AND SERVICES PROVIDED

Medical and Remedial Care and Services
Item 4.b, EPSDT services (Cont'd)

Rehabilitation Services:
42 CFR 440.130(d)

The following explanations apply to all rehabilitation services, which are the following:

- Community Psychiatric Support and Treatment
- Psychosocial Rehabilitation
- Crisis Intervention
- Therapeutic Group Home

These rehabilitation services are provided as part of a comprehensive specialized psychiatric program available to all Medicaid eligible children with significant functional impairments resulting from an identified mental health or substance abuse diagnosis. The medical necessity for these rehabilitative services must be determined by and services recommended by a licensed mental health practitioner or physician who is acting within the scope of his/her professional licensed and applicable state law and furnished by or under the direction of a licensed practitioner, to promote the maximum reduction of symptoms and/or restoration of a individual to his/her best age-appropriate functional level.

Service Utilization:

Services are subject to prior approval, must be medically necessary and must be recommended by a licensed mental health practitioner or physician according to an individualized treatment plan. The activities included in the service must be intended to achieve identified treatment plan goals or objectives. The treatment plan should be developed in a person-centered manner with the active participation of the individual, family and providers and be based on the individual's condition and the standards of practice for the provision of these specific rehabilitative services. The treatment plan should identify the medical or remedial services intended to reduce the identified condition as well as the anticipated outcomes of the individual. The treatment plan must specify the frequency, amount and duration of services. The treatment plan must be signed by the licensed mental health practitioner or physician responsible for developing the plan with the participant (or authorized representative) also signing to note concurrence with the treatment plan. The plan will specify a timeline for reevaluation of the plan that is at least an annual redetermination. The reevaluation should involve the individual, family and providers and include a reevaluation of plan to determine whether services have contributed to meeting the stated goals. A new treatment plan should be developed if there is no measureable reduction of disability or restoration of functional level. The new plan should identify different rehabilitation strategy with revised goals and services.

Anyone providing addiction or mental health services must be certified by Department of Health and Hospitals, in addition to any required scope of practice license required for the facility or agency to practice in the State of Louisiana. Providers must maintain medical records that include a copy of the 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.

TN# 11-10 Approval Date 2-8-12 Effective Date March 1, 2012
Supersedes
TN# 00-13

STATE	<u>Louisiana</u>
DATE RECD	<u>3-10-11</u>
DATE APPVD	<u>2-8-12</u>
DATE EFF	<u>3-1-12</u>
HCFA 179	<u>11-10</u>

A

SUPERSEDES: TN- 00-13

AMOUNT, DURATION, AND SCOPE OF MEDICAL AND REMEDIAL CARE AND SERVICES PROVIDED

Medical and Remedial Care and Services
Item 4.b, EPSDT services (Cont'd)

Rehabilitation Services:
42 CFR 440.130(d)

Medical necessity of the services is determined by a licensed mental health practitioner or physician conducting an assessment consistent with state law, regulation and policy. Services provided at a work site must not be job tasks oriented and must be directly related to treatment of an individual behavioral health needs. Any services or components of services the basic nature of which are to supplant housekeeping, homemaking, or basic services for the convenience of a person receiving covered services (including housekeeping, shopping, child care, and laundry services) are non-covered. Services cannot be provided in an institution for mental disease (IMD). Room and board is excluded from any rates provided in a residential setting. Evidence-based Practices require prior approval and fidelity reviews on an ongoing basis as determined necessary by Department of Health and Hospitals.

Services provided to children and youth must include communication and coordination with the family and/or legal guardian and custodial agency for children in state custody. 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. Services may be provided at a site-based facility, in the community or in the individual's place of residence as outlined in the Plan of Care. Components that are not provided to, or directed exclusively toward the treatment of, the Medicaid eligible individual are not eligible for Medicaid reimbursement.

A unit of service is defined according to the HCPCS approved code set unless otherwise specified.

Definitions:

The services are defined as follows:

1. Community Psychiatric Support and Treatment (CPST) are goal directed supports and solution-focused interventions intended to achieve identified goal or objectives as set forth in the individual's individualized treatment plan. CPST is a face-to-face intervention with the individual present; however, family or other collaterals may also be involved. CPST contacts may occur in community or residential locations where the person lives, works, attends school, and/or socializes.

This service may include the following components:

- A. Assist the individual and family members or other collaterals to identify strategies or treatment options associated with the individual's mental illness, with the goal of minimizing the negative effects of mental illness symptoms or emotional disturbances or associated environmental stressors which interfere with the individual's daily living, financial management, housing, academic and/or employment progress, personal recovery or resilience, family and/or interpersonal relationships, and community integration.
- B. Individual supportive counseling, solution focused interventions, emotional and behavioral management, and problem behavior analysis with the individual, with the goal of assisting the individual with developing and implementing social, interpersonal, self care, daily living and independent living skills to restore stability, to support functional gains, and to adapt to community living.

SUPERSEDES: NONE - NEW PAGE

STATE	<u>Louisiana</u>	A
DATE RECD	<u>3-10-11</u>	
DATE APPV	<u>2-8-12</u>	
DATE EFF	<u>3-1-12</u>	
HCFA 179	<u>11-10</u>	

AMOUNT, DURATION, AND SCOPE OF MEDICAL AND REMEDIAL CARE AND SERVICES PROVIDED

Medical and Remedial Care and Services
Item 4.b, EPSDT services (Cont'd)

Rehabilitation Services:
42 CFR 440.130(d)

- C. Participation in and utilization of strengths based planning and treatments which include assisting the individual and family members or other collaterals with identifying strengths and needs, resources, natural supports and developing goals and objectives to utilize personal strengths, resources, and natural supports to address functional deficits associated with their mental illness.
- D. Assist the individual 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.
- E. Restoration, rehabilitation and support to develop skills to locate, rent and keep a home, landlord/tenant negotiations; selecting a roommate and renter's rights and responsibilities.
- F. Assisting the individual to develop daily living skills specific to managing their own home including managing their money, medications, and using community resources and other self care requirements.

Provider qualifications: Must have a MA/MS degree in social work, counseling, psychology or a related human services field to provide all aspects of CPST including counseling. Other aspects of CPST except for counseling may otherwise be performed by an individual with BA/BS 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. Certification in the State of Louisiana to provide the service, which includes criminal, professional background checks, and completion of a state approved standardized basic training program.

Service Utilization: Caseload Size must be based on the needs of the clients/families with an emphasis on successful outcomes and individual satisfaction and must meet the needs identified in the individual treatment plan. The CPST provider must receive regularly scheduled clinical supervision from a person meeting the qualifications of a LMHP or PIHP-designated LMHP as defined in 3.1A item 4.b, Page 8a with experience regarding this specialized mental health service. All analysis of problem behaviors must be performed under the supervision of a licensed psychologist/medical psychologist.

- 2. Psychosocial Rehabilitation (PSR) services are designed to assist the individual compensate for or eliminate 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 psychosocial rehabilitation 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. PSR contacts may occur in community or residential locations where the person lives, works, attends school, and/or socializes. PSR components include:
 - A. Restoration, rehabilitation and support with the development of social and interpersonal skills to increase community tenure, enhance personal relationships, establish support networks, increase community awareness, develop coping strategies, and promote effective functioning in the individual's social environment including home, work and school.

TN# 11-10 Approval Date 2-8-12 Effective Date March 1, 2012
Supersedes
TN# None-New Page

SUPERSEDES: NONE - NEW PAGE

STATE	<u>Louisiana</u>
DATE RECD	<u>3-10-11</u>
DATE APPV	<u>2-8-12</u>
DATE EFF	<u>3-1-12</u>
HCFA 179	<u>11-10</u>

A

AMOUNT, DURATION, AND SCOPE OF MEDICAL AND REMEDIAL CARE AND SERVICES PROVIDED

Medical and Remedial Care and Services
Item 4.b, EPSDT services (Cont'd)

Rehabilitation Services:
42 CFR 440.130(d)

- B. Restoration, rehabilitation and support with the development of 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 critical to remaining in home, school, work, and community.
- C. Assisting with the implementation of daily living skills so the person can remain in a natural community location
- D. Assisting the individual with effectively responding to or avoiding identified precursors or triggers that result in functional impairments.

Provider Qualifications: Must be at least 18 years old, and have a high school diploma or equivalent. Additionally, the provider must be at least three years older than an individual under the age of 18. Certification in the State of Louisiana to provide the service, which includes criminal, professional background checks, and completion of a state approved standardized basic training program.

Service Utilization: Initial authorization of 750 hours of group psychosocial rehabilitation per calendar year. This authorization can be exceeded when medically necessary through prior authorization. The PSR provider must receive regularly scheduled clinical supervision from a person meeting the qualifications of a LMHP or PIHP-designated LMHP as defined in 3.1A item 4.b, Page 8a with experience regarding this specialized mental health service.

- 3. Crisis Intervention (CI) services are provided to a person who is experiencing a psychiatric crisis, designed to interrupt and/or ameliorate a crisis experience including an 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 Crisis Interventions 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. Crisis Intervention 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.
 - A. A preliminary assessment of risk, mental status, and medical stability; and the need for further evaluation or other mental health services. Includes contact with the client, 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.
 - B. Short-term crisis interventions including crisis resolution and de-briefing with the identified Medicaid eligible individual.

TN# 11-10 Approval Date 2-8-12 Effective Date March 1, 2012
TN# None-New Page

SUPERSEDES: NONE - NEW PAGE

STATE	<u>Louisiana</u>	A
DATE RECD	<u>3-10-11</u>	
DATE APPVD	<u>2-8-12</u>	
DATE EFF	<u>3-1-12</u>	
HCFA 179	<u>11-10</u>	

AMOUNT, DURATION, AND SCOPE OF MEDICAL AND REMEDIAL CARE AND SERVICES PROVIDED

Medical and Remedial Care and Services
Item 4.b, EPSDT services (Cont'd)

Rehabilitation Services:
42 CFR 440.130(d)

- C. Follow-up with the individual, and as necessary, with the individuals' caretaker and/or family members.
- D. Consultation with a physician or with other qualified providers to assist with the individuals' specific crisis

Provider Qualifications: Must be at least 20 years old and have an AA/AS 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. Additionally, the provider must be at least three years older than an individual under the age of 18. Certification in the State of Louisiana to provide the service, which includes criminal, professional background checks, and completion of a state approved standardized basic training program. The assessment of risk, mental status, and medical stability must be completed by a LMHP or PIHP-designated LMHP as defined in 3.1A item 4.b, Page 8a with experience regarding this specialized mental health service, practicing within the scope of their professional license. This assessment is billed separately by the LMHP under EPSDT Other Licensed Practitioner per 3.1A item 4.b, Page 8a.

Service Utilization: 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. An individual in crisis may be represented by a family member or other collateral contact who has knowledge of the individual's capabilities and functioning. Individuals in crisis who require this service may be using substances during the crisis. 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 from the assessment and all services delivered during a crisis must be provided under the supervision of a LMHP or PIHP-designated LMHP as defined in 3.1A item 4.b, Page 8a with experience regarding this specialized mental health service, and such must be available at all times to provide back up, support, and/or consultation. Crisis services cannot be denied based upon substance use.

The Crisis Intervention provider must receive regularly scheduled clinical supervision from a person meeting the qualifications of a LMHP or PIHP-designated LMHP with experience regarding this specialized mental health service. Crisis Intervention – Emergent is authorized up to 6 hours per episode. Crisis Intervention – Ongoing is authorized up to 66 hours per episode. An episode is defined as the initial face to face contact with the individual until the current crisis is resolved, not to exceed 14 days. The individual's chart must reflect resolution of the crisis which marks the end of the current episode. If the individual has another crisis within 7 calendar days of a previous episode, it shall be considered part of the previous episode and a new episode will not be allowed. Initial authorization can be exceeded when medically necessary through prior authorization.

TN# 11-10 Approval Date 2-8-12 Effective Date March 1, 2012
Supersedes
TN# None-New Page

SUPERSEDES: NONE - NEW PAGE

STATE	<u>Louisiana</u>	A
DATE RECD	<u>3-10-11</u>	
DATE APPV	<u>2-8-12</u>	
DATE EFF	<u>3-1-12</u>	
HCFA 179	<u>11-10</u>	

AMOUNT, DURATION, AND SCOPE OF MEDICAL AND REMEDIAL CARE AND SERVICES PROVIDED
LIMITATIONS ON THE AMOUNT, DURATION, AND SCOPE OF CERTAIN ITEMS OF PROVIDED MEDICAL AND
REMEDIAL CARE AND SERVICES ARE DESCRIBED AS FOLLOWS:

Rehabilitation Services:

42 CFR 440.130(d)

4. Therapeutic Group Homes

The Medicaid Program provides coverage under the Medicaid State Plan for behavioral health services rendered to children and youth in a therapeutic group home (TGH). Qualifying children and adolescents with an identified mental health or substance use diagnosis shall be eligible to receive behavioral health services rendered by a TGH. TGHs provide community-based residential services in a home-like setting of no greater than 10 beds under the supervision and program oversight of a psychiatrist or psychologist. These services shall be administered under the authority of the Department of Health and Hospitals in collaboration with managed care organizations (MCOs), which shall be responsible for the necessary operational and administrative functions to ensure adequate service coordination and delivery. The specialized behavioral health services rendered shall be those services medically necessary to reduce the disability resulting from the illness and to restore the individual to his/her best possible functioning level in the community.

TGHs deliver an array of clinical and related services including:

Psychiatric Supports and Therapeutic Services:

Psychiatric supports and therapeutic services include medication management, individual counseling, group counseling, and family counseling. Interventions such as Cognitive Behavioral Therapy (CBT) and other behavior interventions which are evidence-based practices are delivered by community-based providers, if clinically necessary. TGHs must incorporate at least one research-based approach pertinent to the sub-populations of TGH clients to be served by the specific program. As part of the daily rate, individual, group and family therapy may be provided by master's level staff employed by the TGH. Preventing the duplication of these services by LMHP and non-LMHP staff is assured through monitoring of the authorized treatment plan. . TGHs teach pro-social skills, anger management, illness education, and other daily living skills on the treatment plan.

State: Louisiana
Date Approved: 1/6/16
Date Received: 10/21/15
Date Effective: 12/1/15
Transmittal Number: LA 15-0027

TN 15-0027

Approval Date 01-06-16

Effective Date 12-01-15

Supersedes
TN 14-0035

AMOUNT, DURATION, AND SCOPE OF MEDICAL AND REMEDIAL CARE AND SERVICES PROVIDED
LIMITATIONS ON THE AMOUNT, DURATION, AND SCOPE OF CERTAIN ITEMS OF PROVIDED MEDICAL AND
REMEDIAL CARE AND SERVICES ARE DESCRIBED AS FOLLOWS:

The psychiatrist or psychologist must provide 24-hour, on-call coverage, seven days per week. The psychologist or psychiatrist must see the client at least once, prescribe the type of care provided, and, if the services are not time-limited by the prescription, review the need for continued care every 28 days. Although the psychologist or psychiatrist does not have to be on the premises when his/her client is receiving covered services, the supervising practitioner must assume professional responsibility for the services provided and assure that the services are medically appropriate.

Integration with Community Resources:

Integration with community resources is an overarching goal of the TGH level of care, which is, in part, achieved through rules governing the location of the TGH facility, the physical space of the TGH facility, and the location of schooling for resident youth. The intention of the TGH level of care is to provide a 24-hour intensive treatment option for youth who need it, and to provide it in a location with more opportunities for community integration than can be found in other, more restrictive residential placements such as inpatient hospital psychiatric residential treatment facilities (PRTFs). To enhance community integration, TGHs must be located in residential communities in order to facilitate community integration through public education, recreation and maintenance of family connections. The facility is expected to provide recreational activities for all enrolled children, but not use Medicaid funding for payment of such non-Medicaid activities. To enhance community integration, TGH facilities must be located within a neighborhood in a community, must resemble a family home as much as possible, and resident youth must attend community schools (as opposed to being educated at a school located on the campus of an institution). This array of services including psychiatric supports, therapeutic services, and skill-building, prepares the youth to return back to their community.

Skill-building:

Skill-building includes services and supports that cultivate the child's or adolescent's ability to function successfully in the home and community. Based on the individual assessment, a treatment plan is developed that includes specific skills to be addressed to accomplish the indicated goals. Skill-building includes activities such as job seeking, study skills and social skills which assist with the development of skills for daily living, support success in the community settings, and assist with transitioning to adulthood.

Most often, targeted behaviors will relate directly to the child's or adolescent's ability to function successfully in the home and school environment (e.g., compliance with reasonable behavioral expectations; safe behavior and appropriate responses to social cues and conflicts).

TN 15-0027

Approval Date 01-06-16

Effective Date 12-01-15

Supersedes
TN 14-0035

State: Louisiana
Date Approved: 1/6/16
Date Received: 10/21/15
Date Effective: 12/1/15
Transmittal Number: LA 15-0027

AMOUNT, DURATION, AND SCOPE OF MEDICAL AND REMEDIAL CARE AND SERVICES PROVIDED
LIMITATIONS ON THE AMOUNT, DURATION, AND SCOPE OF CERTAIN ITEMS OF PROVIDED MEDICAL AND
REMEDIAL CARE AND SERVICES ARE DESCRIBED AS FOLLOWS:

Treatment must:

- Focus on reducing the behavior and symptoms of the psychiatric disorder that necessitated the removal of the child or adolescent from his/her usual living situation;
- Decrease problem behavior and increase developmentally-appropriate, normative and pro-social behavior in children and adolescents who are in need of out-of-home placement; and
- Transition child or adolescent from therapeutic group home to home or community based living with outpatient treatment (e.g., individual and family therapy).

Less intensive levels of treatment must have been determined to be unsafe, unsuccessful or unavailable. The child must require active treatment that would not be able to be provided at a less restrictive level of care on a 24-hour basis with direct supervision/oversight by professional behavioral health staff. The setting must be ideally situated to allow ongoing participation of the child's family. In this setting, the child or adolescent remains involved in community-based activities and may attend a community educational, vocational program or other treatment setting.

Psychotropic medications should be used with specific target symptoms identification, with medical monitoring and 24-hour medical availability, when appropriate and relevant. Screening and assessment is required upon admission and every 28 days thereafter to track progress and revise the treatment plan to address any lack of progress and to monitor for current medical problems and concomitant substance use issues. Any services that exceed established limitations beyond the initial authorization must be approved for re-authorization prior to service delivery.

The individualized, strengths-based services and supports:

- Are identified in partnership with the child or adolescent and the family and support system, to the extent possible, and if developmentally appropriate;
- Are based on both clinical and functional assessments;
- Are clinically monitored and coordinated, with 24-hour availability;
- Are implemented with oversight from a licensed mental health professional; and
- Assist with the development of skills for daily living and support success in community settings, including home and school.

State: Louisiana
Date Approved: 1/6/16
Date Received: 10/21/15
Date Effective: 12/1/15
Transmittal Number: LA 15-0027

AMOUNT, DURATION, AND SCOPE OF MEDICAL AND REMEDIAL CARE AND SERVICES PROVIDED
LIMITATIONS ON THE AMOUNT, DURATION, AND SCOPE OF CERTAIN ITEMS OF PROVIDED MEDICAL AND
REMEDIAL CARE AND SERVICES ARE DESCRIBED AS FOLLOWS:

The TGH is required to coordinate with the child's or adolescent's community resources, with the goal of transitioning the youth out of the program as soon as possible and appropriate.

For treatment planning, the program must use a standardized assessment and treatment planning tool such as the Child and Adolescent Needs and Strengths (CANS). The assessment protocol must differentiate across life domains, as well as risk and protective factors, sufficiently so that a treatment plan can be tailored to the areas related to the presenting problems of each youth and their family in order to ensure targeted treatment. The tool should also allow tracking of progress over time. The specific tools and approaches used by each program must be specified in the program description and are subject to approval by the State. In addition, the program must ensure that requirements for pretreatment assessment are met prior to treatment commencing. A TGH must ensure that youth are receiving appropriate therapeutic care to address assessed needs on the child's treatment plan.

1. Therapeutic care may include treatment by TGH staff, as well as community providers.
2. Treatment provided in the TGH or in the community should incorporate research-based approaches appropriate to the child's needs, whenever possible.

TN 15-0027

Approval Date 01-06-16

Effective Date 12-01-15

Supersedes
TN None - New Page

State: Louisiana
Date Approved: 1/6/16
Date Received: 10/21/15
Date Effective: 12/1/15
Transmittal Number: LA 15-0027

AMOUNT, DURATION, AND SCOPE OF MEDICAL AND REMEDIAL CARE AND SERVICES PROVIDED
LIMITATIONS ON THE AMOUNT, DURATION, AND SCOPE OF CERTAIN ITEMS OF PROVIDED MEDICAL AND
REMEDIAL CARE AND SERVICES ARE DESCRIBED AS FOLLOWS:

For TGH facilities that specialize in caring for youth with sexually deviant behaviors, substance use disorders, or dually diagnosed individuals, the facility shall submit documentation to their contracted MCOs regarding the appropriateness of the research-based, trauma-informed programming and training, as well as compliance with the American Society of Addiction Medicine (ASAM) level of care being provided.

For a TGH that does not offer specialized care, a TGH must incorporate at least one research-based approach pertinent to the sub-populations of TGH clients to be served by the specific program. The specific research-based model to be used should be incorporated into the program description and be approved by the Department. All research-based programming in TGH settings must be approved by the State. For milieu management, all programs should also incorporate some form of research-based, trauma-informed programming and training, if the primary research-based treatment model used by the program does not.

Provider Qualifications: A TGH must be licensed by the Louisiana Department of Health and Hospitals, and accredited by the Commission of Accreditation of Rehabilitation Facilities (CARF), the Commission of Accreditation (COA), or the Joint Commission. Denial, loss of, or any negative change in, accreditation status must be reported to their contracted MCOs in writing within the time limit established by the Department. . Staff must be supervised by a licensed mental health professional (supervising practitioner) with experience in evidence-based treatments and operating within their scope of practice license. Staff includes paraprofessional and bachelor’s level staff (who provide integration with community resources, skill building, and peer support services) and master’s level staff (who provide individual, group, and family therapy) with degrees in social work, counseling, psychology or a related human services field, with oversight by a psychologist or psychiatrist. A TGH must provide the minimum amount of active treatment hours established by the Department, and performed by qualified staff per week for each child, consistent with each child’s treatment plan and meeting assessed needs.

Direct care staff must be at least 18 years old, and have a high school diploma or equivalent. Additionally, the direct care staff must be at least three years older than an individual under the age of 18. Staffing schedules shall reflect overlap in shift hours to accommodate information exchange for continuity of youth treatment, adequate numbers of staff reflective of the tone of the unit, appropriate staff gender mix and the consistent presence and availability of professional staff. In addition, staffing schedules should ensure the presence and availability of professional staff on nights and weekends, when parents are available to participate in family therapy and to provide input on the treatment of their child.

TN 15-0027

Approval Date 01-06-16

Effective Date 12-01-15

Supersedes
TN 14-0035

State: Louisiana
Date Approved: 1/6/16
Date Received: 10/21/15
Date Effective: 12/1/15
Transmittal Number: LA 15-0027

AMOUNT, DURATION, AND SCOPE OF MEDICAL AND REMEDIAL CARE AND SERVICES PROVIDED
LIMITATIONS ON THE AMOUNT, DURATION, AND SCOPE OF CERTAIN ITEMS OF PROVIDED MEDICAL AND
REMEDIAL CARE AND SERVICES ARE DESCRIBED AS FOLLOWS:

Service Exclusions:

The following services/components shall be excluded from Medicaid reimbursement:

1. components that are not provided to, or directed exclusively toward the treatment of, the Medicaid eligible individual;
2. services provided at a work site which are job tasks oriented and not directly related to the treatment of the recipient's needs;
3. 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 substance abuse services;
4. services rendered in an institution for mental disease;
5. room and board; and
6. supervision associated with the child's stay in the TGH.

TN 15-0027

Approval Date 01-06-16

Effective Date 12-01-15

Supersedes
TN 14-0035

State: Louisiana
Date Approved: 1/6/16
Date Received: 10/21/15
Date Effective: 12/1/15
Transmittal Number: LA 15-0027

STATE OF LOUISIANA

AMOUNT, DURATION, AND SCOPE OF MEDICAL AND REMEDIAL CARE AND SERVICES PROVIDED
LIMITATIONS ON THE AMOUNT, DURATION, AND SCOPE OF CERTAIN ITEMS OF PROVIDED MEDICAL AND
REMEDIAL CARE AND SERVICES ARE DESCRIBED AS FOLLOWS:

Medical and Remedial Care and Services
Item 4.b, EPSDT services (Cont'd)

Medicaid Behavioral Health Services provided in schools are services that are medically necessary and provided in schools to Medicaid recipients in accordance with an Individualized Education Program (IEP). Covered services include the following:

School based health services include covered behavioral health services, treatment, and other measures to correct or ameliorate an identified mental health or substance abuse diagnosis. Services are provided by or through a local education agency (LEA) to children with or suspected of having disabilities, who attend public school in Louisiana. These services are not covered if they are performed for educational purposes (e.g. academic testing) or as the result of the assessment and evaluation it is determined the service is not reflected in the IEP. Services must be performed by qualified providers as set forth in this State Plan Amendment and who provide these services as part of their respective area of practice (e.g., psychologist providing a behavioral health evaluation). Certified school psychologists must be supervised consistent with RS 17:7.1.

Children who are in need of behavioral health services shall be served within the context of the family and not as an isolated unit.

1. Services shall be:
 - a. delivered in a culturally and linguistically competent manner; and
 - b. respectful of the individual receiving services.
2. Services shall be appropriate for children and youth of diverse racial, ethnic, religious, sexual, and gender identities and other cultural and linguistic groups.
3. Services shall also be appropriate for:
 - a. age;
 - b. development; and
 - c. education.

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

Service Limitations: Services provided in a school setting will only be reimbursed for recipients who are at least three years of age and under 21 years of age who have been determined eligible for Title XIX and the Individuals with Disabilities Education Act (IDEA), Part B services with a written service plan (an IEP) which contains medically necessary services recommended by a physician or other licensed practitioner, within the scope of his or her practice under state law. Medicaid covers §1905(a) medical services addressed in the IEP that are medically necessary that correct or ameliorate a child's health condition. Medicaid does not reimburse for social or educational needs or habilitative services.

TN 15-0024 Approval Date 01-05-16 Effective Date 12-01-15

Supersedes
TN 11-0011

State: Louisiana
Date Approved: 1/5/16
Date Received: 10/21/15
Date Effective: 12/1/15
Transmittal Number: LA 15-0024

AMOUNT, DURATION, AND SCOPE OF MEDICAL AND REMEDIAL CARE AND SERVICES PROVIDED
LIMITATIONS ON THE AMOUNT, DURATION, AND SCOPE OF CERTAIN ITEMS OF PROVIDED MEDICAL AND
REMEDIAL CARE AND SERVICES ARE DESCRIBED AS FOLLOWS:

Medical and Remedial Care and Services
Item 4.b, EPSDT services (Cont'd)

Medicaid covered services shall be provided in accordance with the established service limitations. An LEA may employ these licensed and unlicensed behavioral health practitioners if requirements under the IDEA are met. Individual practitioner requirements for the Medicaid qualifications and Department of Education Bulletin 746, Louisiana Standards for State Certification of School Personnel must be met prior to an LEA billing for any services of a clinician under Medicaid.

Providers of behavioral health services shall ensure that all services are authorized and any services that exceed established limitations beyond the initial authorization are approved for re-authorization prior to service delivery.

Anyone providing behavioral health services must operate within their scope of practice license. The provider shall create and maintain documents to substantiate that all requirements are met.

Licensed Mental Health Practitioner (LMHP) 42 CFR 440.60 - Other Licensed Practitioners:
The following providers may provide behavioral health services in schools under IEPs under the Early and Periodic Screening, Diagnosis and Treatment (EPSDT) - Other Licensed Practitioners in Attachment 3.1-A, Item 4.b.

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

- Medical Psychologists
- Licensed Psychologists
- Licensed Clinical Social Workers
- Licensed Professional Counselors
- Licensed Marriage and Family Therapists
- Licensed Addiction Counselors
- Advanced Practice Registered Nurses (must be a nurse practitioner specialist in Adult Psychiatric & Mental Health, and Family Psychiatric & Mental Health or a Certified Nurse Specialists in Psychosocial, Gerontological Psychiatric Mental Health, Adult Psychiatric and Mental Health, and Child-Adolescent Mental Health and may practice to the extent that services are within the APRN's scope of practice)

State: Louisiana
Date Approved: 1/5/16
Date Received: 10/21/15
Date Effective: 12/1/15
Transmittal Number: LA 15-0024

Rehabilitation Services 42 CFR 440.130(d):
Louisiana certified school psychologists and counselors in a school setting meeting the provider qualifications and providing services consistent with Community Psychiatric Support and Treatment (CPST) as outlined in rehabilitation services in EPSDT Rehabilitation in Attachment 3.1-A, Item 4.b, and Addiction Services in the rehabilitation section in Attachment 3.1-A, Item 13.d.

AMOUNT, DURATION, AND SCOPE OF MEDICAL AND REMEDIAL CARE AND SERVICES PROVIDED
LIMITATION ON THE AMOUNT, DURATION, AND SCOPE OF CERTAIN ITEMS OF PROVIDED MEDICAL
AND REMEDIAL CARE AND SERVICES ARE DESCRIBED AS FOLLOWS

CITATION Medical and Remedial
 42 CFR Care and Services
 441.57 Item 4.b (Cont'd)

EPSDT Early Intervention Services

The Bureau of Health Services Financing (BHSF) establishes early intervention services for Medicaid eligible infants and toddlers ages birth to three years who are enrolled to participate in Part C of the Individuals with Disabilities Education Act (IDEA). These services can be provided in the following settings:

- 1) Natural Environment-which may include a child's home or settings in the community that are natural or normal for the child's age and peers who have no disabilities.
- 2) Special Purpose Facility-which includes children with no disabilities including child care center, nursery schools, preschools with at least 50% of the children with no disabilities or developmental delays.
- 3) Center-Based Special Purpose Facility-which is a facility where only children with disabilities or developmental delays are served.

Covered Services

Medicaid covered early intervention services shall include the following services:

physical therapy-rehabilitative services necessary for the treatment of illness or injury, or restoration and maintenance of function affected by illness or injury. Services provided by or under the direction of a licensed qualified physical therapist.

occupational therapy-treatment to improve or restore a function which has been impaired by illness or injury, or when the function has been permanently lost or reduced by illness or injury, to improve the ability to perform those tasks required for independent functioning. Services provided by or under the direction of a licensed qualified occupational therapist.

speech therapy-services necessary for the diagnosis and treatment of communicative or oropharyngeal disorders and delays in development of communication skills, including the diagnosis and appraisal of specific disorders and delays in those skills. Services provided by or under the direction of a licensed qualified speech pathologist or audiologist.

audiology services-diagnostic, screening, preventive, or corrective services provided by or under the direction of a licensed qualified audiologist or physician.

psychological services-include diagnosis/evaluation and psychological counseling/therapy for the child and his/her family provided by a licensed physician, psychiatrist, or psychologist.

A	
STATE	Louisiana
DATE REC'D	12-20-10
DATE APP'VD	2-28-11
DATE EFF	1-1-11
HCFA 179	10-58

TN# 10-58
 Supersedes
 TN# 08-20

Approval Date 2-28-11

Effective Date 1-1-11

SUPERSEDES: TN- 08-20

AMOUNT, DURATION, AND SCOPE OF MEDICAL AND REMEDIAL CARE AND SERVICES PROVIDED
LIMITATION ON THE AMOUNT, DURATION, AND SCOPE OF CERTAIN ITEMS OF PROVIDED MEDICAL
AND REMEDIAL CARE AND SERVICES ARE DESCRIBED AS FOLLOWS

Services must be included on the child's IFSP to be reimbursed as an early intervention service.

Provider Qualifications

Therapists and/or audiologists must meet qualifications established in 42 CFR 440.110. Providers of psychological services must meet qualifications established in 42 CFR 440.60.

STATE <u>Louisiana</u>	A
DATE REC'D <u>12-20-10</u>	
DATE APPV'D <u>2-28-11</u>	
DATE EFF <u>1-1-11</u>	
HCFA 179 <u>10-58</u>	

SUPERSEDES: TN# 03-28

TN# 10-58 Approval Date 2-28-11 Effective Date 1-1-11
Supersedes
TN# 03-28

AMOUNT, DURATION AND SCOPE OF MEDICAL AND REMEDIAL CARE AND SERVICES PROVIDED

LIMITATIONS ON THE AMOUNT, DURATION AND SCOPE OF CERTAIN ITEMS OF PROVIDED MEDICAL SERVICES ARE DESCRIBED AS FOLLOWS:

CITATION

42 CFR 441.57
Section 1905 of the
Act. Section 6403 of
OBRA 1989

Medical and
Remedial Care
and Services
Item 4b (Cont'd)

Pediatric Day Health Care Program

Pediatric day health care (PDHC) services are an array of services that are designed to meet the medical, social and developmental needs of medically fragile individuals up to the age of 21 who require continuous nursing services and other therapeutic interventions. PDHC services offer a community-based alternative to traditional long term care services or extended nursing services for children with medically complex conditions.

These services are provided in a non-residential setting which is licensed as a PDHC facility and enrolled to participate in the Medicaid Program. These services are for the maximum reduction of physical or mental disability and restoration of the recipient to the best functioning level.

Recipient Criteria

In order to qualify for PDHC services, a Medicaid recipient must meet the following criteria. The recipient must:

1. be from birth up to 21 years of age;
2. require ongoing skilled medical care or skilled nursing care by a knowledgeable and experienced licensed professional registered nurse (RN) or licensed practical nurse (LPN);
3. have a medically complex condition (s) which require frequent, specialized therapeutic interventions and close nursing supervision. Interventions are those medically necessary procedures provided to sustain and maintain health and life. Interventions required and performed by individuals other than the recipient's personal care giver would require the skilled care provided by professionals at PDHC centers. Examples of medically necessary interventions include, but are not limited to:
 - a. suctioning using sterile technique;
 - b. provision of care to a ventilator dependent and/or oxygen dependent recipients to maintain patent airway and adequate oxygen saturation, inclusive of physician consultation as needed;
 - c. monitoring of blood pressure and/or pulse oximetry level in order to maintain stable health condition and provide medical provisions through physician consultation;

State: Louisiana
Date Received: 3/31/14
Date Approved: 4/22/14
Date Effective: 3/1/14
Transmittal Number: 14-09

TN# 14-09

Approval Date 4/22/14

Effective Date 3/1/14

Supersedes

TN# 10-48

AMOUNT, DURATION AND SCOPE OF MEDICAL AND REMEDIAL CARE AND SERVICES PROVIDED

LIMITATIONS ON THE AMOUNT, DURATION AND SCOPE OF CERATIN ITEMS OF PROVIDED MEDICAL SERVICES ARE DESCRIBED AS FOLLOWS:

- d. maintenance and interventions for technology dependent recipients who require life-sustaining equipment; or
 - e. complex medication regimen involving, and not limited to, frequent change in dose, route, and frequency of multiple medications, to maintain or improve the recipient's health status, prevent serious deterioration of health status and/or prevent medical complications that may jeopardize life, health or development;
4. have a medically fragile condition, defined as a medically complex condition characterized by multiple, significant medical problems that require extended care. Medically fragile individuals are medically complex and potentially dependent upon medical devices, experienced medical supervision, and/or medical interventions to sustain life;
- a. medically complex may be considered as chronic, debilitating diseases or conditions, involving one or more physiological or organ systems, requiring skilled medical care, professional observation or medical intervention;
 - b. examples of medically fragile conditions include, but are not limited to:
 - i. severe lung disease requiring oxygen;
 - ii. severe lung disease requiring ventilator or tracheotomy care;
 - iii. complicated heart disease;
 - iv. complicated neuromuscular disease; and
 - v. unstable central nervous system disease;
5. have a signed physician's order, not to exceed 120 days, for pediatric day health care by the recipient's physician specifying the frequency and duration of services; and
6. be stable for outpatient medical services.

State: Louisiana
Date Received: 3/31/14
Date Approved: 4/22/14
Date Effective: 3/1/14
Transmittal Number: 14-09

TN# 14-09
Supersedes
TN# 10-48

Approval Date 4/22/14

Effective Date 3/1/14

AMOUNT, DURATION AND SCOPE OF MEDICAL AND REMEDIAL CARE AND SERVICES PROVIDED

LIMITATIONS ON THE AMOUNT, DURATION AND SCOPE OF CERTAIN ITEMS OF PROVIDED MEDICAL SERVICES ARE DESCRIBED AS FOLLOWS:

If the medical director of the PDHC facility is also the child's prescribing physician, the Department reserves the right to review the prescription for the recommendation of the child's participation in the PDHC Program.

Re-evaluation of PDHC services must be performed, at a minimum, every 120 days. This evaluation must include a review of the recipient's current medical plan of care and provider agency documented current assessment and progress toward goals.

A face-to-face evaluation shall be held every four months by the child's prescribing physician. Services shall be revised during evaluation periods to reflect accurate and appropriate provision of services for current medical status.

Physician's orders for services are required to individually meet the needs of each recipient and shall not be in excess of the recipient's needs. Physician orders prescribing or recommending PDHC services do not, in themselves, indicate services are medically necessary or indicate a necessity for a covered service. Eligibility for participation in the PDHC Program must also include meeting the medically complex provisions of this Section.

When determining the necessity for PDHC services, consideration shall be given to all of the services the recipient may be receiving, including waiver services and other community supports and services. This consideration must be reflected and documented in the recipient's treatment plan.

State: Louisiana
Date Received: 3/31/14
Date Approved: 4/22/14
Date Effective: 3/1/14
Transmittal Number: 14-09

TN# 14-09

Approval Date 4/22/14

Effective Date 3/1/14

Supersedes

TN# 10-48

AMOUNT, DURATION AND SCOPE OF MEDICAL AND REMEDIAL CARE AND SERVICES PROVIDED

LIMITATIONS ON THE AMOUNT, DURATION AND SCOPE OF CERTAIN ITEMS OF PROVIDED MEDICAL SERVICES ARE DESCRIBED AS FOLLOWS:

State: Louisiana
Date Received: 3/31/14
Date Approved: 4/22/14
Date Effective: 3/1/14
Transmittal Number: 14-09

Service Coverage and Limitations

The Medicaid Program will reimburse a pediatric day health care facility based on a comprehensive daily per diem for the following covered services in accordance with 42 CFR 440.130(d):

Nursing Services

Nursing services provided in accordance with 42 CFR 440.130 (d) as medically necessary services ordered by the prescribing physician and are provided by a licensed registered nurse or licensed practical nurse within the scope of the state's Nurse's Practice Act. Nursing services are available to recipients as medically indicated and must be in the recipient's Plan of Care. These services may include assessments, health related training/education for recipients and caregivers designed to assist in the restoration of the recipient to the fullest functioning capacity possible. Nursing services address the rehabilitative healthcare needs of the recipient.

Respiratory Care

Respiratory care is provided in accordance with 42 CFR 440.130 (d) as medically necessary and ordered by the prescribing physician to promote optimal cardiopulmonary function and health for recipients that are ventilator dependent or with pulmonary disorders. The goal is to restore the recipient to his/her best possible functional level. Respiratory services are intended to identify and treat acute or chronic dysfunction of the cardiopulmonary system. This service includes a comprehensive assessment, monitoring signs and symptoms, providing diagnostic and therapeutic modalities, disease management, and patient and caregiver education for the direct benefit of the recipient.

- a. Respiratory care shall be provided by a respiratory therapist licensed in the state of Louisiana; or
- b. A registered nurse with documented experience in providing respiratory care in accordance with the Louisiana State Board of Nursing; or
- c. A licensed practical nurse with documented experience in providing respiratory care in accordance with the Louisiana State Board of Nursing.

TN# 14-09

Approval Date 4/22/14

Effective Date 3/1/14

Supersedes
TN# New Page

AMOUNT, DURATION AND SCOPE OF MEDICAL AND REMEDIAL CARE AND SERVICES PROVIDED

LIMITATIONS ON THE AMOUNT, DURATION AND SCOPE OF CERTAIN ITEMS OF PROVIDED MEDICAL SERVICES ARE DESCRIBED AS FOLLOWS:

Physical Therapy

Physical Therapy services are provided in accordance with 42 CFR 440.110 as ordered by the recipient's prescribing physician. The services are specially designed exercises and the use of equipment for maximum reduction of physical disabilities and restoration of a recipient to his best possible physical functioning.

- a. Physical Therapy shall be provided by an individual licensed by the Louisiana State Board of Medical Examiners (LSBME) or,
- b. A certified physical therapy Assistant, in accordance with the LSBME's requirement, shall practice under the supervision of a licensed physical therapist

Speech-Language Therapy

Services for individuals with speech, hearing and language disorders are provided in accordance with 42 CFR 440.110. The services include diagnostic, screening, preventive or corrective rehabilitative services provided by or under the direction of a Speech Pathologist or Audiologist, for which a recipient is referred by his prescribing physician.

- a. Speech pathology services shall be provided by a licensed speech-language pathologist Audiologist as authorized by the Louisiana Board of Examiners for Speech-Language Pathology and Audiology, or
- b. A licensed speech-language pathology assistant, in accordance with Louisiana Board of Examiners for Speech-Language Pathology and Audiology, shall practice under the direct supervision of a licensed speech language pathologist.

STATE <u>Louisiana</u>	A
DATE REC'D <u>9-30-10</u>	
DATE APPV'D <u>11-18-11</u>	
DATE EFF <u>7-21-10</u>	
HCFA 179 <u>10-48</u>	

TN# 10-48 Approval Date 11-18-11 Effective Date 7-21-10

Supersedes

TN# SUPERSEDES: NONE - NEW PAGE

AMOUNT, DURATION AND SCOPE OF MEDICAL AND REMEDIAL CARE AND SERVICES PROVIDED

LIMITATIONS ON THE AMOUNT, DURATION AND SCOPE OF CERATIN ITEMS OF PROVIDED MEDICAL SERVICES ARE DESCRIBED AS FOLLOWS:

Occupational Therapy

Occupational Therapy is provided in accordance with 42 CFR 440.110 as ordered by the recipient's prescribing physician. These services are specially designed activities to enhance development of occupational skills, restore independent functioning and prevent disability. It may include adaptation of tasks or environment to achieve maximum rehabilitation of the individual and to restore optimal quality of life.

- a. Occupational therapy shall be provided by a licensed Occupational Therapist as authorized by the Louisiana State Board of Medical Examiners (LSBME), or
- b. An occupational therapy assistant, in accordance with the LSBME's requirement, shall practice under the supervision of a licensed occupational therapist.

Social Services

Social services are provided in accordance with 42 CFR 440.60 as ordered by a prescribing physician, and within the scope of Louisiana State Board of Social Work Examiner's Practice Act. The purpose is to assess the recipient child/family's strengths and needs with regard to functional skills and environmental resources. Social workers will identify and prioritize the child/family-defined rehabilitation goals. Services may include but are not limited to:

- Individual Psychosocial Assessments
- Home environment and caregiver skills evaluation
- Counseling
- Community living skills training
- Behavior management skills training
- Family advocacy-including referral to resources and other health care professionals/agencies;

The overall goal of social services is to assist the individual and caregiver in restoring functional skills and environmental resources to an optimal autonomous state. All services are provided for the direct benefit of the recipient.

A	
STATE <u>Louisiana</u>	
DATE REC'D <u>9-26-10</u>	
DATE APP'VD <u>11-18-11</u>	
DATE EFF <u>7-21-10</u>	
HCFA 179 <u>10-48</u>	

TN# 10-48 Approval Date 11-18-11 Effective Date 7-21-10

Supersedes SUPERSEDES: NONE - NEW PAGE
TN# _____

AMOUNT, DURATION AND SCOPE OF MEDICAL AND REMEDIAL CARE AND SERVICES PROVIDED

LIMITATIONS ON THE AMOUNT, DURATION AND SCOPE OF CERATIN ITEMS OF PROVIDED MEDICAL SERVICES ARE DESCRIBED AS FOLLOWS:

Personal Care Services

Personal care services are provided in accordance with 42 CFR 440.167(d) enabling the recipient to accomplish tasks they would normally do for themselves if they did not have a disability. Thus, personal care is hands-on assistance with activities of daily living (ADLs) (such as eating, bathing, dressing, and bladder and bowel requirements) or instrumental activities of daily living (IADLs) (such as taking medications) as ordered by the prescribing physician and in accordance with the recipient's plan of treatment.

Personal care services shall be provided by the direct care staff under the supervision of the registered nurse. Direct care staff may include: nursing assistants, certified nursing assistants, patient care technicians, and medical assistants.

Other covered Services

The transportation to and from the PDHC facility will be reimbursed by a daily per diem on a per case basis in accordance with 42 CFR 440.170(a).

Non-covered Services.

The following services do not qualify as covered PDHC services:

- education and training services;
- before and after school care;
- medical equipment, supplies and appliances;
- parenteral or enteral nutrition;
- infant food or formula; or
- room and board.

STATE <u>Louisiana</u>	A
DATE REC'D <u>9-30-10</u>	
DATE APPV'D <u>11-18-11</u>	
DATE EFF <u>7-21-10</u>	
HCFA 179 <u>10-48</u>	

PDHC facility services must be ordered by the recipient's prescribing physician and an individualized plan of care must be developed for the recipient by the PDHC facility.

The Plan of Care should be developed under the direction of the facility's nursing director and in collaboration with the prescribing physician. The plan of care for

TN# 10-48 Approval Date 11-18-11 Effective Date 7-21-10

Supersedes

TN# SUPERSEDES: NONE - NEW PAGE

AMOUNT, DURATION AND SCOPE OF MEDICAL AND REMEDIAL CARE AND SERVICES PROVIDED

LIMITATIONS ON THE AMOUNT, DURATION AND SCOPE OF CERATIN ITEMS OF PROVIDED MEDICAL SERVICES ARE DESCRIBED AS FOLLOWS:

continuation of services shall be reviewed and updated at least quarterly or as needed by the needs of the child.

PDHC services must be prior authorized by the Medicaid Program or its approved designee. Services provided without authorization shall not be considered for reimbursement, except in the case of retroactive Medicaid eligibility.

Provider Participation

In order to participate in the Medicaid Program, a facility must have a current, valid PDHC facility license issued by the department. Each PDHC facility site shall be separately enrolled in the Medicaid Program.

All enrolled PDHC services providers must comply with all of the licensing standards adopted for pediatric day health care facilities.

No PDHC provider shall be licensed to operate unless the Facility Need Review (FNR) Program has granted approval for the issuance of a PDHC provider license. Once the FNR Program approval is granted, a PDHC provider is eligible to be licensed by the department, subject to meeting all of the requirements for licensure.

Staffing Qualifications

Staffing for the PDHC facility will consist of :

A. **Administrator**

The facility administrator shall be a full time employee of the PDHC. The facility administrator shall designate in writing a person to be responsible for the facility when the administrator is absent from the facility for more than 24 hours. This person is known as the administrator's designee.

State: Louisiana
Date Received: 3/31/14
Date Approved: 4/22/14
Date Effective: 3/1/14
Transmittal Number: 14-09

TN# 14-09
Supersedes
TN# New Page

Approval Date 4/22/14

Effective Date 3/1/14

AMOUNT, DURATION AND SCOPE OF MEDICAL AND REMEDIAL CARE AND SERVICES PROVIDED

LIMITATIONS ON THE AMOUNT, DURATION AND SCOPE OF CERTAIN ITEMS OF PROVIDED MEDICAL SERVICES ARE DESCRIBED AS FOLLOWS:

Qualifications

1. The Administrator and administrator's designee shall have three years experience in the delivery of health care service and meet one of the following criteria:
 - a. A physician currently licensed in LA; or
 - b. A Registered nurse currently licensed in LA; or
 - c. A college graduate with a bachelors degree; or
 - d. An associate's degree, with one additional year of documented management experience.
2. Any licensed person functioning in the role of administrator or administrator's designee shall have an unrestricted, current license issued by the appropriate Louisiana licensing board.
3. The Administrator and the administrator's designee shall be at least 21 years of age.

B. Medical Director

The Medical Director of the PDHC shall be a physician currently licensed in Louisiana without restrictions who is either:

1. A board certified pediatrician; or
2. A pediatric specialist with knowledge of medically fragile children; or
3. Other medical specialist or subspecialist with knowledge of medically fragile children.

STATE	<u>Louisiana</u>	A
DATE REC'D	<u>9-30-10</u>	
DATE APP'D	<u>11-18-11</u>	
DATE EFF	<u>7-21-10</u>	
HCFA 179	<u>10-48</u>	

AMOUNT, DURATION AND SCOPE OF MEDICAL AND REMEDIAL CARE AND SERVICES PROVIDED

LIMITATIONS ON THE AMOUNT, DURATION AND SCOPE OF CERTAIN ITEMS OF PROVIDED MEDICAL SERVICES ARE DESCRIBED AS FOLLOWS:

C. Nursing Personnel and Direct Care Staff

1. Director of Nursing (DON)

Each PDHC shall have a full time Director of Nursing.

Qualifications of DON

The Director of Nursing shall be a Registered Nurse currently licensed in the state of Louisiana without restrictions, and shall meet the following:

- a. Hold a current certification in Cardio Pulmonary Resuscitation (CPR);
- b. Hold current certification in Basic Cardiac Life Support (BCLS) and Pediatric Advanced Life Support (PALS); and
- c. Have a minimum of two (2) years general pediatric nursing experience of which at least six (6) months shall have been spent caring for medically fragile or technology dependent infants or children in a pediatric intensive care, neonatal intensive care, pediatric emergency care, PDHC facility, prescribed pediatric extended care center, or similar care setting during the previous five (5) years.

2. Registered Nurse (RN)

Qualifications of RN

Each RN employed by the facility shall have at least the following qualifications and experience:

- a. Be currently licensed in the state of Louisiana without restrictions as a registered nurse;
- b. Hold a current certification in Cardio Pulmonary Resuscitation (CPR); and
- c. Have either:
 - i. one (1) or more years of pediatric experience as an RN, with at least six (6) months experience caring for medically fragile or technologically dependent children; or
 - ii. Have two (2) or more years of documented prior pediatric nursing experience as a licensed practical nurse (LPN) and with at least six (6) months experience caring for medically fragile or technologically dependent children.

STATE	<u>Louisiana</u>
DATE REC'D	<u>9-30-10</u>
DATE APP'D	<u>11-18-11</u>
DATE EFF	<u>7-21-10</u>
HCFA 179	<u>10-48</u>

A

TN# 10-48 Approval Date 11-18-11 Effective Date 7-21-10

Supersedes

TN# SUPERSEDES: NONE - NEW PAGE

AMOUNT, DURATION AND SCOPE OF MEDICAL AND REMEDIAL CARE AND SERVICES PROVIDED

LIMITATIONS ON THE AMOUNT, DURATION AND SCOPE OF CERTAIN ITEMS OF PROVIDED MEDICAL SERVICES ARE DESCRIBED AS FOLLOWS:

3. Licensed Practical Nurse(LPN)

Qualifications of LPN

Each LPN employed by the facility shall have at least the following qualifications and experience:

- a. Be currently licensed in the state of Louisiana without restrictions as a licensed practical nurse; and
- b. Hold a current certification in Cardio Pulmonary Resuscitation (CPR); and
- c. have either:
 - i. one (1) year or more years experience in pediatrics as an LPN; or
 - ii. have 2 years of documented prior pediatric experience working as a direct care worker caring for medically fragile child(ren).

Each PDHC shall have sufficient LPN staffing to ensure that the care and services provided to each child is in accordance with the child's plan of care.

4. Direct Care Staff

For the purposes of this subsection, other direct care personnel include: nursing assistants, certified nursing assistants, , and individuals with training and experience in education, social services or child care related fields.

STATE <u>Louisiana</u>	A
DATE REC'D. <u>9-30-10</u>	
DATE APPROV'D <u>11-18-11</u>	
DATE EFF. <u>7-21-10</u>	
HCFA 179 <u>10-48</u>	

- a. Direct care staff shall work under the supervision of the registered nurse.
- b. Direct care staff shall be responsible for providing direct care to children at the PDHC facility.

Qualifications:

Each direct care staff employed by the facility shall have at least the following qualifications and experience:

- a. Have one (1) year documented employment experience in the care of infants or children or have one year (1) experience in caring for a medically fragile child;

TN# 10-48 Approval Date 11-18-11 Effective Date 7-21-10

Supersedes

TN# SUPERSEDES: NONE - NEW PAGE

AMOUNT, DURATION AND SCOPE OF MEDICAL AND REMEDIAL CARE AND SERVICES PROVIDED

LIMITATIONS ON THE AMOUNT, DURATION AND SCOPE OF CERTAIN ITEMS OF PROVIDED MEDICAL SERVICES ARE DESCRIBED AS FOLLOWS:

- b. Demonstrate the necessary skills and competency to meet the direct care needs of the child(ren) to which they are assigned;
- c. Be currently registered with the Certified Nurse Aide Registry (CNA) in good standing and without restrictions; or
- d. A direct service worker not having a finding or be listed on the Direct Service Worker Registry (DSW);
- e. Hold a current certification in Cardio Pulmonary Resuscitation (CPR); and
- f. Be eighteen (18) years of age or older.

STATE <u>Louisiana</u>	A
DATE REC'D <u>9-30-10</u>	
DATE APPV'D <u>11-18-11</u>	
DATE EFF <u>7-21-10</u>	
HCFA 179 <u>10-48</u>	

TN# 10-48 Approval Date 11-18-11 Effective Date 7-21-10
Supersedes
TN# SUPERSEDES: NONE - NEW PAGE

AMOUNT, DURATION AND SCOPE OF MEDICAL AND REMEDIAL CARE AND SERVICES PROVIDED
LIMITATIONS ON THE AMOUNT, DURATION AND SCOPE OF CERTAIN ITEMS OF PROVIDED MEDICAL SERVICES ARE DESCRIBED AS FOLLOWS:

CITATION
42 CFR 447.201
42 CFR 441.57

Medical
and
Remedial
Care and
Services
Item 4b
(Cont'd)

School-Based Medicaid Nursing Services

Effective on or after January 1, 2012, EPSDT school-based nursing services are provided by a registered nurse (RN) within a local education agency (LEA). The goal of these services is to prevent or mitigate disease, enhance care coordination, and reduce costs by preventing the need for tertiary care. Providing these services in the school increases access to health care for children and youth resulting in a more efficient and effective delivery of care.

Eligibility

School-based nursing services will be provided to those medically eligible recipients under 21, and who are enrolled in a public school:

1. Are Medicaid eligible when services are provided;
 2. The recipient's need for treatment has been ordered by a licensed physician; and
 3. The recipient receives the service(s) in the public school setting and is included as part of the student's Individualized Health Plan (IHP).
- A. RNs providing school-based nursing services are required to maintain an active RN license with the state and comply with the Louisiana Nurse Practice Act.
- B. School boards and staff shall collaborate for all services with the Medicaid recipient's BAYOU HEALTH plan and ensure compliance with established protocols. In a fee-for-service situation, for the non-Bayou Health individuals, staff will make necessary referrals.

Covered Services

Nursing services are those medically necessary services that are based on a physician's written order and is part of IHP. The following school-based nursing services shall be covered:

1. Chronic Medical Condition Management and Care Coordination

This is care based on one of the following criteria:

- a. The child has a chronic medical condition or disability requiring implementation of a health plan/protocol (examples would be children with asthma, diabetes, or cerebral palsy). There must be a written health care plan based on a health assessment performed by the RN. The date of the completion of the plan and the name of the person completing the plan must be included in the written plan. Each

State: Louisiana
Date Approved: 10/08/15
Date Received: 7/17/15
Date Effective: 7/1/15
Transmittal Number: LA 15-0019

TN 15-0019

Approval Date 10-08-15

Effective Date 07-01-15

Supersedes
TN 12-0002

AMOUNT, DURATION AND SCOPE OF MEDICAL AND REMEDIAL CARE AND SERVICES PROVIDED
LIMITATIONS ON THE AMOUNT, DURATION AND SCOPE OF CERTAIN ITEMS OF PROVIDED MEDICAL
SERVICES ARE DESCRIBED AS FOLLOWS:

health care service required and the schedule for its provision must be described in the plan.

b. Medication Administration

This service is scheduled as part of a health care plan developed by either the treating physician or the school district LEA. Administration of medication will be at the direction of the physician and within the license of the RN and must be approved within the district LEA policies.

c. Implementation of Physician's Orders

These services shall be provided as a result of receipt of a written plan of care from the child's physician/BAYOU HEALTH provider or included in the student's IHP.

NOTE: All recipients have free choice of providers (per section 4.10 of Medicaid State Plan).

2. EPSDT Program Periodicity Schedule for Screenings

A nurse employed by a school district may perform any of these screens within their licensure for BAYOU HEALTH members as authorized by the BAYOU HEALTH plan; or, as compliant with fee-for-service for non-BAYOU HEALTH individuals. The results of these screens must be made available to the BAYOU HEALTH provider as part of the care coordination plan of the district. The screens shall be performed according to the periodicity schedule including any inter-periodic screens. This service is available to all Medicaid-individuals eligible for EPSDT.

3. EPSDT Nursing Assessment/Evaluation Services

A nurse employed by a school district may perform services to protect the health status of children and correct health problems. These services may include health counseling and triage of childhood illnesses and conditions.

Consultations are to be face-to-face contact in one-on-one sessions. These are services for which a parent would otherwise seek medical attention at the physician's or health care provider's office. This service is available to all Medicaid individuals eligible for EPSDT.

State: Louisiana
Date Approved: 10/08/15
Date Received: 7/17/15
Date Effective: 7/1/15
Transmittal Number: LA 15-0019

TN 15-0019

Approval Date 10-08-15

Effective Date 07-01-15

Supersedes
TN 12-0002

STATE OF LOUISIANA

AMOUNT, DURATION, AND SCOPE OF MEDICAL AND REMEDIAL CARE AND SERVICES PROVIDED
LIMITATIONS ON THE AMOUNT, DURATION, AND SCOPE OF CERTAIN ITEMS OF PROVIDED MEDICAL AND
REMEDIAL CARE AND SERVICES ARE DESCRIBED AS FOLLOWS:

Medical and Remedial Care and Services
Item 4.b, (Cont'd)

State: Louisiana
Date Received: December 30, 2014
Date Approved: February 11, 2015
Date Effective: October 20, 2014
Transmittal Number: 14-0040

42 CFR 440.60 - Other Licensed Practitioners

Licensed Behavior Analyst

- A. The Medicaid Program shall provide coverage for and payment to, licensed behavior analysts for services provided within their scope of practice. These services must be provided by or under the supervision of a behavior analyst who is currently licensed by the Louisiana Behavior Analyst Board, or a licensed psychologist, or a licensed medical psychologist. Licensed behavior analyst, licensed psychologists and licensed medical psychologists shall be reimbursed for Medicaid covered therapy services that are medically necessary, prior authorized by the Medicaid Program or its designee, and delivered in accordance with the recipient's treatment plan.

Licensed behavior analysts shall provide supervision to certified assistant behavior analysts and registered line technicians. Supervision is included in the State's Scope of Practice Act for licensed behavior analysts and they shall assume professional responsibility for the services rendered by an unlicensed practitioner. Licensed psychologists and licensed medical psychologists are authorized to provide supervision to non-licensed practitioners.

B. Provider Qualifications

1. Licensed behavior analysts shall:
 - a. be licensed by the Louisiana Behavior Analyst Board;
 - b. be covered by professional liability insurance in the amount designated by the State;
 - c. have no sanctions or disciplinary actions on their Board Certified Behavior Analyst or Board Certified Behavior Analyst-Doctoral certification and/or state licensure;
 - d. not have Medicare/Medicaid sanctions or be excluded from participation in federally-funded programs; and
 - e. have a completed criminal background check according to the State's requirements.
2. Certified assistant behavior analysts shall:
 - a. be certified by the Louisiana Behavior Analyst Board;
 - b. work under the supervision of a licensed psychologists, licensed medical psychologists, and licensed behavior analyst, with the supervisory relationship documented in writing;
 - c. have no sanctions or disciplinary actions, if State-certified or Board-certified;
 - d. not have Medicare/Medicaid sanctions or be excluded from participation in federally-funded programs; and
 - e. have a completed criminal background check according to the State's requirements.
3. Registered line technicians shall:
 - a. be registered by the Louisiana Behavior Analyst Board;
 - b. work under the supervision of a licensed psychologists, licensed medical psychologists, and licensed behavior analyst, with the supervisory relationship documented in writing;
 - c. have no sanctions or disciplinary actions, if State-certified or Board-certified;
 - d. not have Medicare/Medicaid sanctions or be excluded from participation in federally-funded programs; and
 - e. have a completed criminal background check according to the State's requirements.

TN#: 14-0040

Approval Date: 02-11-2015

Effective Date: 10-20-2014

Supersedes:
14-0006