LOUISIANA DEPARTMENT OF HEALTH

Office of Behavioral Health (OBH) Presentation to Providers

MENTAL HEALTH REHABILITATION (MHR) REDESIGN

October 2022

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Agenda

1. Redesign Timeline
2. Review of Act 503
3. Changes to CPST and PSR
4. MHR Program Reminders and Clarifications
5. Revised CPST and PSR Rates
6. Q&A

Providers may send questions related to the MHR Redesign to BHProviders@la.gov.

Redesign Timeline

- June 16, 2022 – Act 503 (SB 213) is enacted.
- July 14, 2022 – LDH publishes Informational Bulletin 22-22 regarding Act 503 changes to CPST and PSR.
- October 3 – 11, 2022 – MHR Regional Tour
- October 2022 – Updated fee schedule is posted.
- January 1, 2023 – Go-live date for revised CPST and PSR services (pending CMS approval)

SB 213 by Sen Luneau - BEHAVIORAL HEALTH: Provides relative to specialized behavioral health rehabilitation services in the Louisiana medical assistance program.

https://legis.la.gov/legis/BillInfo.aspx?s=22RS&b=SB213

- Two main changes in legislation:
  1. Changes to CPST and PSR definitions
  2. Adds allowable practitioner types for CPST

- Signed by the Governor as Act 503 on 6/16/2022
- Effective date pending CMS approval – 1/1/2023

Distinguishing between CPST and PSR

- The definitions for CPST and PSR are amended to provide a clear distinction between the two services.
- The CPST definition includes a focus on clinically-oriented components, including assessment, treatment planning, and counseling and clinical psycho-education. All “skills-building” components are moved to the PSR definition.
- The PSR definition is amended to focus exclusively on skills-building components as supportive interventions to promote independent functioning and to remove psycho education components.

Definition of CPST

(3) "Community psychiatric support and treatment services", hereinafter referred to as "CPST" services, means CMS-approved Medicaid mental health rehabilitation services ~~defined as services associated with assisting individuals with skill building to restore stability, support functional gains, and adapt to community living,~~ designed to ~~focus on reducing the~~ **reduce** disability from mental illness, ~~restoring~~ **restore** functional skills of daily living, ~~and building~~ **build** natural supports, and ~~solution-oriented interventions, or such other successor services or requirements subsequently approved by CMS or the department for CPST services for the Louisiana medical assistance program~~ **achieve identified person-centered goals or objectives through counseling, clinical psycho-education, and ongoing monitoring needs as set forth in an individualized treatment plan**.

Definition of PSR

(7) "Psychosocial rehabilitation services", hereinafter referred to as "PSR" services, means CMS-approved Medicaid mental health rehabilitation services ~~defined as psycho-educational services provided to individuals with mental illness in order to assist with skill building, restoration, and rehabilitation,~~ designed to assist the individual with compensating for or eliminating functional deficits and interpersonal or environmental barriers associated with mental illness~~, or such other successor services or requirements subsequently approved by CMS or the department for PSR services for the Louisiana medical assistance program.~~ **through skill building and supportive interventions to restore and rehabilitate social and interpersonal skills and daily living skills.**

Individuals Rendering CPST

(c) Any individual rendering ~~any CPST services for a licensed and accredited provider agency shall hold a minimum of a bachelor's degree from an accredited university or college in the field of counseling, social work, psychology, or sociology.~~ **the assessment and treatment planning components of CPST services for a licensed and accredited provider agency shall be a fully licensed mental health professional. Any individual rendering any of the other components of CPST services for a licensed and accredited provider agency shall be a fully licensed mental health professional, a provisionally licensed professional counselor, a provisionally licensed marriage and family therapist, a licensed master social worker, a certified social worker, or a psychology intern from an American Psychological Association approved internship program.**

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.

PSR shall be manualized or delivered in accordance with a nationally accepted protocol.

PSR is directed toward a particular symptom and works on increasing or reducing a particular behavior.

Psychosocial Rehabilitation

Components

- **Skills building** 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 so the member can remain in a natural community location and achieve developmentally appropriate functioning, and assisting the member with effectively responding to or avoiding identified precursors or triggers that result in functional impairment.
- **Supporting the restoration and rehabilitation of 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; and
- **Supporting the restoration and rehabilitation 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 necessary to remain in home, school, work and community.

Psychosocial Rehabilitation Provider Qualifications

Any individual rendering PSR services for a licensed and accredited provider agency shall hold a minimum of one of the following:

- A bachelor's degree from an accredited university or college in the field of counseling, social work, psychology, sociology, rehabilitation services, special education, early childhood education, secondary education, family and consumer sciences, **criminal justice**, or human growth and development; or
- A bachelor's degree from an accredited university or college with a minor in counseling, social work, sociology, or psychology.

CPST Redesign Definition

Components Performed by an LMHP

- **Initial and annual assessment**, including the LOCUS/CALOCUS.

- **Development of a treatment plan** in collaboration with the member and family if applicable (or other collateral contacts) on the specific strengths and needs, resources, natural supports and individual goals and objectives for the member. 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 treatment plan must include developing a crisis management plan.

CPST Redesign Definition

Components Performed by an LMHP or other qualified professional as defined in staff qualifications

- **Ongoing monitoring of needs** including triggering an update of the treatment plan by the LMHP if needs change significantly.
- **Counseling**, including mental health interventions that address symptoms, behaviors, thought processes, that assist the member in eliminating barriers to treatment and identifying triggers. Counseling includes assisting the member with effectively responding to or avoiding identified precursors or triggers that would impact the member's ability to remain in a natural community location. The use of evidenced based practices/strategies is encouraged.
- **Clinical psycho-education** includes using therapeutic interventions to provide information and support to better understand and cope with the illness. The illness is the object of treatment, not the family. The goal is for therapist, members, and families work together to support recovery. including assisting the individual and family members or other collaterals with identifying a potential psychiatric or personal crisis.

CPST Provider Types

- Currently, to be eligible for Medicaid reimbursement for assessment and counseling services in Louisiana, the provider must be a fully licensed mental health professional (LMHP) able to practice independently.

- By redesigning the CPST service to offer counseling, the list of clinical practitioners that can deliver CPST will expand to the following:
  - Licensed Mental Health Professionals (LMHP)
  - Provisionally Licensed Professional Counselor (PLPC)
  - Provisionally Licensed Marriage and Family Therapist (PLMFT)
  - Licensed Master Social Worker (LMSW)
  - Certified Social Worker (CSW)
  - Psychology intern from an American Psychological Association approved internship program.

- Including counseling as a component of CPST adds a beneficial clinical element to the services received by individuals diagnosed with serious mental illness, which is part of the eligibility criteria to receive this service.

CPST Provider Types

- All providers of CPST will be licensed, provisionally licensed or certified by their appropriate professional licensure board. The relevant licensure boards include the Louisiana State Board of Licensed Professional Counselors and the Louisiana State Board of Social Work Examiners.

- Services provided by a non-LMHP must be provided under regularly scheduled supervision in accordance with requirements established by the practitioner's professional licensing board and in accordance with the agency's accrediting body.

CPST Workforce

- OBH has engaged in a number of conversations with the Louisiana State Board of Licensed Professional Counselors and the Louisiana State Board of Social Work Examiners.

- Both boards have agreed to e-blast their licensees about the MHR Redesign and potential job opportunities with MHR agencies in the state.

- They recognize that the redesign offers new opportunities for certified and provisionally licensed clinicians to utilize their clinical practice skills in the Medicaid space, where it's not been approved before.

- The Louisiana State Board of Professional Counselors will post job announcements to their website. MHR agencies are encouraged to make that request directly to the Board.

MHR and Youth

Enhanced Language Around Family Involvement

- Children/adolescents who are in need of specialized behavioral health services shall be served within the context of the family to assure that family dynamics are addressed and are a primary part of the treatment plan and approach. While a child/adolescent is receiving rehabilitation services, a parent/caregiver and necessary family members should be involved in medically necessary services. **The treatment plan and progress notes must indicate the member's parent/caregiver and family are involved in treatment.**

- When clinically and developmentally appropriate (for instance, when providing services to an adolescent), services may be delivered without the parent/caregiver present, as long as the above standards of parent/caregiver involvement are met throughout treatment. However, particularly when services are delivered to younger children, **the majority of the services should be delivered with parent/caregiver participating with the member as the services are delivered, as the most developmentally appropriate, clinically effective service will be delivered with the full engagement and participation of the parent/caregiver.**

- Following initial authorization, **if a member is not progressing and the family is not engaged or participating in treatment, the treatment plan and approach should be updated to assure family involvement before reauthorization is considered.**

MHR and Co-Occurring Diagnoses

MHR services are intended for an individual with a mental health diagnosis only, or a co-occurring diagnosis of mental health and substance use disorder or a co-occurring diagnosis of mental health and intellectual/developmental disability.

MHR and Assessments

Clarified Language Regarding Timing of Assessments

- For adults, assessments must be performed prior to receiving CPST and/or PSR and at least once every 365 days until discharge. Assessments must also be performed any time there is a significant change to the member's circumstances. See Appendix G-2 for vocational and employment considerations.

- For youth, assessments must be performed prior to receiving CPST and/or PSR and at least once every 180 days until discharge. Assessments must also be performed any time there is a significant change to the member's circumstances. For additional details regarding conducting assessments for members 6 to 20 years of age, refer to Appendix G-1.

Monitoring Member Progress

As a part of treatment planning, LMHPs shall monitor progress with accomplishing goals and objectives. Progress may be measured by using one or more of the following methods that may include, but is not limited to:

- Assessing mental health symptoms; and
- Assessing the member's level of improved functioning utilizing a variety of methods that may include ratings on standardized assessment tools, checklists, direct observation, role-play, self-report, improved grades, improved attendance at school or work, improved medication compliance, feedback from the member, family, teacher, and other stakeholders, and reduced psychiatric inpatient, emergency room, and/or residential utilization.

When it is determined that a member is making limited to no progress, the LMHP, in collaboration with the treatment team, member and family/caregiver, should update the treatment plan to increase the possibility that a member will make progress. **If the member continues to make limited to no progress, the LMHP shall consider if MHR services should continue or if a referral to a different level of service delivered by the same or a different provider may improve progress.**

Documentation

The progress note must clearly document that the services provided are related to the member's goals, objectives and interventions in the treatment plan, and are medically necessary and clinically appropriate. Each service/progress note must document the specific interventions delivered including a description of what materials were used when teaching a skill. Service/progress notes should include each member's response to the intervention, noting if progress is or is not being made. Effective documentation includes observed behaviors if applicable and a plan for the next scheduled contact with the member. Each progress note must include sufficient detail to support the length of the contact. The content must be specific enough so a third party will understand the purpose of the contact and supports the service and claims data.

The only staff who may complete a progress note is the staff who delivered the service. It is not permissible for one staff to deliver the service and another staff to document and/or sign the service notes.

Determine the Appropriate Services and Level of Intensity

Prior to submitting an authorization request, the LMHP in collaboration with the member, family/caregiver, natural supports, and direct care staff shall request services based on each member's assessment/reassessment, treatment history, treatment plan, progress toward accomplishing goals/objectives, level of member/family engagement, member choice/preference and level of need. The provider shall ensure there is sufficient documentation to support the services requested.

The decision regarding the most effective interventions is based on a member's assessed needs, availability of treating providers in the member's geographic area, member preference, and other factors including a member's readiness for change and member/family level of engagement. Interventions recommended must not be limited to the services delivered by the provider or provider agency conducting the assessment and submitting the authorization request. The member's MCO conducting the authorization review may approve the requested service(s) or may recommend a more clinically appropriate service based on their review.

The intensity, frequency, and duration for any service must be individualized.

Active Intervention vs. Observation

Treatment is the active delivery of an intervention identified on a member's treatment plan. **Passive observation of a member without an intervention is not a billable activity.** For example, observing a member in school while in class, working on the job site, engaging in a recreational activity, interacting with peers, doing homework, or following directions from a teacher, coach, or principal is observation and is not considered an active billable intervention.

Service Location

Services may be provided at a facility, in the community, or in the individual's place of residence as outlined in the treatment plan. Services shall not be provided at an institute for mental disease (IMD) or secure settings (e.g. jails and prisons). The service location shall be determined based on the member's treatment plan, the service delivered, and the participants involved. The service location or place of service shall be documented on the member's treatment plan and shall be associated with a specific goal or objective. The service location shall be selected based on what is therapeutically appropriate and beneficial to the member.

For youth, providers should deliver services when the parent/caregivers are available. Services may be delivered at school or in a community location if appropriate for the service(s) delivered but should not be the primary location if delivered in isolation of the family/caregiver and natural support. The provider must document how the family is incorporated into the service being delivered outside of the home as the primary location.

Service Location

The following are required when services are delivered at school:

- The initial and ongoing assessment must indicate school related needs, which may include, but is not limited to, disruptive behaviors in school, poor school attendance, and difficulties with social and peer interactions in school.
- Prior to MHR services being delivered in the school setting, each member shall be assessed by an LMHP. This assessment shall include a review of school records and Interviews with school personnel. Ongoing reassessment of need shall be conducted by an LMHP to determine if services shall continue with school as a place of service.
- MHR providers shall collaborate with school personnel to collect data to monitor a member's progress. Data collection may include standardized tools as well as collecting other information to determine if a member is making progress. This shall be documented in the member's record. Data collection is not billable.
- The member shall not be removed from a core class such as math, science, or English, without written permission from the parent and school personnel. A rationale shall be documented in the member's record. If allowed by the member's school, direct interventions may be delivered in the classroom if medically necessary and on the member's treatment plan. Only observing a member is not billable.
- Prior to delivering services in a member's school, the provider shall obtain written approval from the school. The written approval shall be filed in the member's record.
- Providers delivering services in a member's school shall actively communicate and coordinate services with school personnel and with the member's family/caregiver to avoid service duplication.

Service Location

Services in locations without the caregiver in attendance, such as school or community settings, shall have written approval by the parent/caregiver filed in each member's record.

Providers must accurately identify and report on each claim where a service took place using the most appropriate CMS place of service code.

Delivering Services to Family Members

The agency owner or staff assigned to provide mental health services shall not be a part of a member's family or a legal dependent. The family includes biological, legal or step first, second, third or fourth degree relatives. Family member means, with respect to an individual:

- First-degree relatives include parents, spouses, siblings, and children.
- Second-degree relatives include grandparents, grandchildren, aunts, uncles, nephews, and nieces.
- Third-degree relatives include great-grandparents, great-grandchildren, great aunts, great uncles, and first cousins.
- Fourth-degree relatives include great-great grandparents, great-great grandchildren, and children of first cousins.

The BHSP Crisis Mitigation Plan

The BHSP's crisis mitigation plan shall:

- Identify steps to take when a member suffers from a medical, psychiatric, medication or relapse crisis;
- Specify names and telephone numbers of staff or contracted entities to assist members in crisis; and
- **Not include referral to the (non-MHR) crisis response services**.

Supervision of Non-Licensed Staff Providing PSR and CI

A maximum of 50% of the individual and group supervision may be telephonic or via a secure Health Insurance Portability and Accountability Act (HIPAA) compliant online synchronous videoconferencing platform. Texts and/or emails cannot be used as a form of supervision to satisfy this requirement.

Limitations/Exclusions

The following activities are not considered CPST or PSR, including PSH, and are therefore not reimbursable:

- Activities provided to teach academic subjects or as a substitute for educational personnel such as, but not limited to, a teacher, teacher's aide, or an academic tutor;
- Child care provided as a substitute for the parent or other individuals responsible for providing care and supervision;
- Respite care;
- Teaching job related skills (management of symptoms and appropriate work habits may be taught);
- Vocational rehabilitation (vocational assessment, job development, job coaching); CPST and PSR can include services, such as interpersonal skills, anger management, etc.) that enable the beneficiary to function in the workplace;
- Transportation;
- Staff training;

Limitations/Exclusions

The following activities are not considered CPST or PSR, including PSH, and are therefore not reimbursable:

- Completion of paper work when the member and/or their significant others are not present. Requiring members to be present only for documentation purposes is not reimbursable;
- Team meetings and collaboration exclusively with staff employed or contracted by the provider where the member and/or their family/caregivers are not present;
- Observation of the member (e.g. in the school setting or classroom);
- Staff research on behalf of the member;
- Providers may not set up summer camps and bill the time as a mental health rehabilitation service;
- All contacts by salaried professionals such as supervisors, administrators, human resources staff, receptionists, etc. that are included in the rate (including meetings, travel time, etc.), are considered indirect costs;
- Contacts that are not medically necessary;

Limitations/Exclusions

The following activities are not considered CPST or PSR, including PSH, and are therefore not reimbursable:

- Covered services that have not been rendered;
- Services rendered that are not in accordance with an approved authorization;
- Interventions not identified in the member's treatment plan;
- Services provided to children, spouse, parents, or siblings of the eligible member under treatment or others in the eligible member's life to address problems not directly related to the eligible member's issues and not listed on the member's treatment plan;
- Services provided that are not within the provider's scope of practice;
- Any art, movement, dance, or drama therapies; and
- Any intervention or contact not documented.

Revised Rates

Community Psychiatric Support and Treatment						
Service	Current Bachelors Level	Current Masters Level		MHR Redesign Rates		
CPST Community	$16.85	$20.28		**$27.21**		
CPST/PSH Community	$17.70	$21.30		**$28.57**		
CPST Office	$14.87	$18.06		**$21.43**		
CPST/PSH Office	$15.60	$19.00		**$22.50**		
Psychosocial Rehabilitation						
Service	Current Bachelors Level	Current Masters Level		Grandfathered HS Diploma	Bachelors Level	Masters Level
PSR Community	$12.67	$12.67		**$12.67**	**$14.14**	**$20.28**
PSR/PSH Community	$12.67	$12.67		**$13.30**	**$14.85**	**$21.30**
PSR Office	$10.99	$10.99		**$10.99**	**$12.01**	**$14.87**
PSR/PSH Office	$10.99	$10.99		**$11.54**	**$12.61**	**$15.61**
PSR Group	$2.20	$2.20		**$2.40**	**$2.40**	**$2.40**

*Effective 1/1/23 pending CMS approval.

Q&A

Providers may send questions related to the MHR Redesign to BHProviders@la.gov.

THANK YOU

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