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FAX/EMAIL

To: All Aetna Better Health of Louisiana Providers
Date: January 11, 2019

Attention: Act 582 and Medicaid Behavioral Health Services Provider Manual Update

Please be advised, updates to the *Louisiana Medicaid Behavioral Health Services Provider Manual* at

https://www.lamedicaid.com/provweb1/Providermanuals/BHS_Main.htm

have been published to the www.lamedicaid.com website to align with Act 582 and with CMS approved effective dates. Act 582 specifically affects providers rendering Community Psychiatric Support and Treatment (CPST) and Psychosocial Rehabilitation (PSR) services.

See attached Act 582 Legislation Summary from the Louisiana Department of Health.

If you have questions or concerns, please contact Aetna Better Health of Louisiana Provider Relations by calling **1-855-242-0802** and following the prompts.

Thank you,

Aetna Better Health of Louisiana

Act No. 582: Legislation Summary

HEALTH CARE: Provides relative to behavioral health services providers

<http://www.legis.la.gov/legis/ViewDocument.aspx?d=1105623>

Senate Bill No. 564 by Senator Luneau was filed on April 19th during the 2018 Regular Legislative Session. It passed through the legislature and was signed by the Governor, becoming effective May 31, 2018 as Act 582.

This piece of legislation, now law, affects behavioral health services providers (BHSPs) who provide psychosocial rehabilitation (PSR) or community psychiatric supportive treatment (CPST) to Medicaid recipients. More specifically, it changed the law regarding several requirements for **provider agencies** and **individuals providing services** within those agencies.

Please note that certain requirements in Act 582 require federal approval by the Centers for Medicare and Medicaid (CMS). LDH has begun the CMS approval process, but it may be six months before approval is obtained. Those items requiring CMS approval will be noted below with a double asterisk**. As LDH obtains CMS approval for these requirements, they will be published in Rule or in the Medicaid Behavioral Health Services Provider Manual available at www.lamedicaid.com. LDH will notify the MCOs and direct the MCOs to notify their providers via fax blast and email. As CMS approves the new requirements, LDH will also post information about the requirements and their effective dates under the news feed on the Office of Behavioral Health online home page: <http://ldh.la.gov/index.cfm/subhome/10>.

**For the requirements in Act 582 that do not require CMS approval,
those requirements were effective May 31, 2018.**

- **PROVIDER AGENCIES:** In order to be eligible to receive Medicaid reimbursement, BHSPs providing PSR or CPST to Medicaid recipients must meet *all* of the following requirements:
- [Be licensed](#) as a BHSP agency
 - [Be accredited](#) by a department-approved accrediting organization
 - The BHSP must show proof of full accreditation or obtain preliminary accreditation *prior* to being contracted with a Medicaid MCO; **
 - The BHSP must maintain proof of continuous full or preliminary accreditation; **
 - If not fully accredited on or before July 1, 2018, the BHSP must attain full accreditation within 18 months of its initial accreditation application date and must provide proof of full accreditation to each MCO with which it is contracted.
 - *Note:* The requirement for obtaining *preliminary* accreditation, if not fully accredited, requires CMS approval.
 - [Have a National Provider Identification number](#) (NPI)
 - Effective January 1, 2019, each BHSP must include its NPI number and the NPI number of the individual rendering PSR or CPST services on all PSR and CPST claims submitted for Medicaid reimbursement for dates of service on or after January 1, 2019.

- Implement a member choice form
 - The form must be signed by each recipient or legal guardian or representative of the person receiving PSR or CPST.

- Be credentialed
 - The BHSP must be credentialed and in the provider network of the MCO for which the provider intends to submit claims for Medicaid services, unless the MCO has a single case agreement with the provider agency. In such single case agreements, the BHSP agency must be both licensed and accredited.

- Employ at least 1 full-time physician or licensed mental health professional to supervise
 - This physician or LMHP will serve as a full-time mental health supervisor to assist in the design and evaluation of treatment plans. For purposes of this requirement, LMHP is defined as one of the following fully licensed practitioner types able to practice independent of supervision:
 - Medical psychologist;
 - Licensed psychologist;
 - Licensed clinical social worker (LCSW);
 - Licensed professional counselor (LPC);
 - Licensed marriage and family therapist (LMFT); or
 - Licensed advanced practice registered nurse (APRN).
 - “Full-time” means they must work at least 35 hours/week for the agency.

- Provide supervision for unlicensed individuals
 - The BHSP shall ensure each unlicensed individual rendering PSR or CPST services for their agency receives at least 1 hour a month of personal supervision and training by the agency’s mental health supervisor.

- Meet other requirements
 - This legislation summary is not an all-inclusive list of requirements for providing PSR or CPST services, nor for receiving Medicaid reimbursement. The requirements noted in this legislation summary establish minimum standards for a limited number of requirements. The department may establish additional requirements, and may strengthen standards of requirements noted in this legislation summary.
 - Providers must meet all requirements in statute, in rule, and in the Medicaid Behavioral Health Services Provider Manual. Providers should refer to the *Medicaid Behavioral Health Services Provider Manual* accessible via www.lamedicaid.com to find more information about standards, qualifications and requirements established to provide PSR or CPST services to Medicaid recipients.

- **INDIVIDUALS PROVIDING SERVICES:** In order to be eligible to receive Medicaid reimbursement, BHSPs must ensure that any individual rendering PSR or CPST services for their agency meets *all* of the following requirements:
- [Have a National Provider Identification number \(NPI\)](#)
 - Effective for services rendered on or after January 1, 2019, the individual rendering the PSR or CPST services for the licensed and accredited provider agency must have an individual NPI number, and that number must be included on any PSR or CPST claim submitted by that provider agency for Medicaid reimbursement (in addition to the agency NPI number).
 - [Have a bachelor's degree to provide PSR services](#) **
 - Individuals rendering PSR services must have a minimum of bachelor's degree from an accredited university or college in the specific field of counseling, social work, psychology, or sociology.
 - Grandfather clause: individuals who do not possess the minimum bachelor's degree required per Act 582, but who met **all other** provider qualifications and requirements in effect prior to July 1, 2018, may continue to provide PSR services **for the same provider agency**, where they were employed prior to July 1, 2018. However, before the individual may render PSR services for a different provider agency, he/she must comply with the degree requirements established by Act 582.
 - *Note:* The requirement relating to qualifications of individuals providing PSR services requires CMS approval.
 - [Have a bachelor's degree to provide CPST services](#) **
 - Individuals rendering CPST services must have a minimum of a bachelor's degree in the specific field of counseling, social work, psychology, or sociology.
 - There is no grandfather provision for individuals providing CPST services.
 - *Note:* The requirement relating to qualifications of individuals providing CPST services requires CMS approval.