

LOUISIANA

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Types of Facilities

Mental Health (MH) and Substance Use Disorder (SUD): Louisiana regulates:

- *Forensic Supervised Transitional Residential and Aftercare Facility (FSTRA):* serves clients referred by state forensic hospitals or state forensic inpatient psychiatric units operated by the Department of Health, including persons who are court ordered and persons who are on court ordered conditional release status. A FSTRA facility shall operate 7 days per week, 24 hours a day.
- Louisiana regulates Behavioral Health Service (BHS) providers. This includes all mental health and substance use treatment providers with certain exceptions not relevant here. Among the facilities falling under the BHS definition are *Residential Treatment Programs* which involve a planned regimen of 24-hour professionally-directed evaluation, observation, monitoring and treatment of behavioral health conditions according to a treatment plan.
- *Level III Crisis Receiving Center (CRC):* an agency, business, institution, society, corporation, person or persons, or any other group, licensed by the Department of Health and Hospitals to provide crisis identification, intervention and stabilization services for people in behavioral crisis. A CRC shall be no more than 24 beds. The purpose of a CRC is to provide intervention and stabilization services in order for the client to achieve stabilization and be discharged and referred to the lowest appropriate level of care that meets the client's needs. The estimated length of stay in a CRC is 3-7 days.

Substance Use Disorder (SUD): Louisiana regulates the following adult residential SUD treatment facilities:

- *Substance Abuse/Addiction Treatment Service:* a service “related to the screening, diagnosis, management, or treatment for the abuse of or addiction to controlled dangerous substances, drugs or inhalants, alcohol, problem gambling or a combination thereof; may also be referred to as substance use disorder service.” Residential forms of these services are defined along the ASAM Level spectrum and include:

- *Clinically Managed Low Intensity Residential Treatment Program (ASAM Level III.1):* a residential program that offers at least five hours a week of a combination of low-intensity clinical and recovery-focused services for substance-related disorders. Services may include individual, group and family therapy, medication management and medication education, and treatment is directed toward applying recovery skills, preventing relapse, improving emotional functioning, promoting personal responsibility and reintegrating the client into the worlds of work, education and family life (e.g., halfway house).
- *Clinically Managed Residential Detoxification or Social Detoxification (ASAM LEVEL III.2D):* an organized residential program utilizing 24 hour active programming and containment provided in a non-medical setting that provides relatively extended, sub-acute treatments, medication monitoring observation, and support in a supervised environment for a client experiencing non-life threatening withdrawal symptoms from the effects of alcohol/drugs and impaired functioning and who is able to participate in daily residential activities.
- *Clinically Managed Medium-Intensity Residential Treatment Program (ASAM Level III.3):* a residential program that offers at least 20 hours per week of a combination of medium-intensity clinical and recovery-focused services in a structured recovery environment to support recovery from substance-related disorders; is frequently referred to as extended or long term care.
- *Clinically Managed High-Intensity Residential Treatment Program (ASAM Level III.5):* a residential program that offers continuous observation, monitoring, and treatment by clinical staff designed to treat clients experiencing substance-related disorders who have clinically-relevant social and psychological problems, such as criminal activity, impaired functioning and disaffiliation from mainstream values, with the goal of promoting abstinence from substance use and antisocial behavior and affecting a global change in clients' lifestyles, attitudes and values.
- *Medically Monitored Intensive Residential Treatment Program (ASAM Level III.7):* a residential program that provides a planned regimen of 24-hour professionally directed evaluation, observation, medical monitoring and addiction treatment to clients with co-occurring psychiatric and substance disorders whose disorders are so severe that they require a residential level of care but do not need the full resources of an acute care hospital. The program provides 24 hours of structured treatment activities per week, including, but not limited to, psychiatric and substance use assessments, diagnosis treatment, and habilitative and rehabilitation services.
- *Medically Managed Residential Detoxification (Medically Supported Detoxification) (ASAM Level III.7D):* a residential program that provides 24-hour observation, monitoring and treatment delivered by medical and nursing professionals to clients whose withdrawal signs and symptoms are moderate to severe and thus require residential care, but do not need the full resources of an acute care hospital.

Unregulated Facilities: Therapeutic group homes and psychiatric residential treatment facilities serve those under age 21 and are excluded from this summary. Adult residential care providers

are excluded as they do not fall within the scope of residential treatment facilities. All three have separate regulatory standards.

Approach

Mental Health (MH) and Substance Use Disorder (SUD): The Louisiana Department of Health (LDH) licenses and regulates all residential treatment facilities under review in this document.

Processes of Licensure or Certification and Accreditation

Mental Health (MH) and Substance Use Disorder (SUD):

- For FSTRAs, licensure by the LDH is required for operation. Licensure duration is one year, at which time a renewal application must be submitted. An announced licensing survey is required for licensure and renewal.
- For CRCs, licensure by LDH is required for operation. Licensure duration is one year, at which time a renewal application must be submitted. An announced licensing survey is required for licensure and renewal.
- For all facilities, licensure by LDH as a Behavioral Health Service (BHS) provider is required for operation. Licensure duration is one year, at which time a renewal application must be submitted. A licensing survey is required for licensure and renewal.
- Accreditation is not required for licensure, however LDH staff indicate that accreditation may be required by state law, rules, or regulations for certain MH/SUD facilities to receive state or federal funding. Accreditation by a Department-authorized accreditation organization confers deemed status upon an applicant, which results in no periodic licensing surveys being conducted by the department.
- LDH staff were unable to confirm whether adult residential care units have certificate of need requirements.

Cause-Based Monitoring

Mental Health (MH) and Substance Use Disorder (SUD): For FSTRAs, the Department shall conduct unannounced complaint surveys, with the possibility of follow-up surveys should there be deficiencies cited. The Department may also issue appropriate sanctions, including civil monetary penalties, directed plans of correction, and license revocations for deficiencies and non-compliance with any complaint survey.

For CRCs, the Department may conduct periodic licensing surveys to “ensure compliance with all laws, rules and regulations governing crisis receiving centers and to ensure client health, safety and welfare. These surveys may be conducted on-site or by administrative review and shall be unannounced.” Additionally, the Department can conduct unannounced complaint surveys. Sanctions may be imposed for deficiencies or violation of law, including but not limited to fines, plans of correction, provisional licensure, revocation, or nonrenewal.

For all MH/SUD facilities, the Department is empowered to conduct periodic licensing surveys and any other surveys it deems necessary. The surveys shall be unannounced and can include either an administrative review or an on-site visit. The Department can issue sanctions for deficiencies and violations, including fines and the revocation of licensure.

Access Requirements

Mental Health (MH) and Substance Use Disorder (SUD): For all facilities, no providers shall refuse admission to any individual on the grounds of “race, religion, national origin, sexual orientation, ethnicity or disability.” Wait time requirements were not located.

Staffing

Mental Health (MH) and Substance Use Disorder (SUD): For FSTRAs, there shall be a written personnel policy that includes a plan for recruitment, screening, orientation, ongoing training, development, supervision, and performance evaluation of staff members.

FSTRAs shall have, as part of their core staffing requirements, a consulting forensic psychiatrist; an administrator/director with either a degree of six years of experience; registered nurses; licensed practical nurses; and direct care staff that have at minimum high school diploma and two years of experience. There shall at minimum one direct care staff person on duty for every 15 clients. The facility shall demonstrate that sufficient staff are scheduled.

FSTRAs shall provide a 20-hour orientation training to all incoming staff and 16 hours of additional training annually. The training shall include, but not be limited to, clients rights, infection control, and client care services.

CRCs shall develop written personnel policies that cover the recruitment, screening, orientation, ongoing training, development, supervision and performance evaluation of staff including volunteers. All staff shall receive orientation training prior to working in the CRC, 40 hours of which should cover crisis services and intervention training. Additionally, every year staff are required to receive in-service training, 12 hours of which covers crisis services and intervention training. These trainings shall include, but not be limited to, grievance processes;

program philosophy; detecting signs of illness or dysfunction that warrant medical or nursing intervention; and the components of a crisis cycle.

Minimum staff for a CRC shall include a manager with a master's degree and one year of qualifying experience; a clinical director who is a physician or a psychiatric and mental health nurse practitioner with an unrestricted APRN license; a nurse manager with an unrestricted license as an RN; an authorized licensed prescriber who is a physician or a psychiatric and mental health nurse practitioner with an unrestricted APRN license; licensed mental health professionals; and nurses. The CRC may also hire non-licensed clinical staff that are overseen by the nursing staff.

For all MH/SUD facilities, providers shall develop, implement, and comply with written personnel policies that address recruitment, screening, orientation, ongoing training, development, supervision and performance evaluation of employees. The policy shall ensure that all staff, either contracted or directly employed, receive training relative to the restrictive use of social media and include, at a minimum, ensuring confidentiality of client information and preservation of client dignity and respect, including protection of client privacy and personal and property rights.

All MH/SUD providers shall maintain an organized and professional staff, and staff coverage in consideration of acuity of the clients being serviced; the time of day; the size, location, physical environment and nature of the provider; the ages and needs of the clients; and ensuring the continual safety, protection, direct care and supervision of clients. All staff shall receive orientation and annual in-service training.

All MH/SUD providers shall have the following minimum staff: a medical director who is a physician or an advanced practice registered nurse; a clinical director is a licensed psychiatrist, psychologist, clinical social worker, professional counselor (LPC) or marriage and family therapist (LMFT) with a minimum of two years qualifying experience in treating psychiatric disorders and who maintains a current, unrestricted license; an administrator who has either a bachelor's degree from an accredited college or university or one year of qualifying experience that demonstrates adequate knowledge, experience and expertise in business management; a clinical supervisor who is an LMHP; and nursing staff.

Substance Use Disorder (SUD): For ASAM Level III facilities, there shall be a medical director that is a licensed physician, and there will be other employees such as licensed mental health professionals (LMHPs) that have documented credentials and unlicensed professionals (UPs).

For Level III.1, the provider shall have a clinical supervisor available for clinical supervision and by telephone for consultation, and there shall be at least one LMHP or UP on duty at least 40 hours a week. The LMHP/UP caseload shall not exceed 1:25 active clients, and there shall be at least one direct care aide on duty during each shift."

For Level III.2D, the provider shall ensure that there is a physician on call 24 hours per day, seven days per week and on duty as needed for management of psychiatric and medical needs of the clients; there is a clinical supervisor available for clinical supervision when needed and by telephone for consultation; there is at least one LMHP or UP available on site at least 40 hours per week; and each LMHP/UP's caseload shall not exceed 1:25.

For Level III.3, the provider shall ensure that there is a physician on call 24 hours per day and on duty as needed for management of psychiatric and medical needs; there is a clinical supervisor available for clinical supervision when needed and by telephone for consultation; there is 24 hour on-call availability by an RN plus a licensed nurse on duty whenever needed to meet the professional nursing requirements; there is a LMHP or UP on site 40 hours a week to provide direct client care; each LMHP/UP caseload shall not exceed 1:12; and there is at least one direct care aide on duty for each shift plus additional aides as needed.

For Level III.5, the provider shall ensure that there is a physician on call 24 hours per day, seven days per week, and on duty as needed for management of psychiatric and medical needs of the clients; there is a clinical supervisor available for clinical supervision when needed and by telephone for consultation; the provider shall have one licensed RN on call 24/7 to perform nursing duties for the provider; and there shall be at least one LMHP or UP on duty at least 40 hours per week. Each LMHP/UP's caseload shall not exceed 1:12; there shall be at least one direct care aide on duty on all shifts with additional as needed; and there shall be at least one licensed nurse on duty during the day and evening shifts to meet the nursing needs of the clients.

For Level III.7, the provider shall ensure that there is a physician on call 24 hours per day, seven days per week, and on duty as needed for management of psychiatric and medical needs; there is a clinical supervisor available for clinical supervision when needed and by telephone for consultation; there is at least one LMHP or UP on duty at least 40 hours/week; there is at least one RN on call 24 hours per day, seven days per week to perform nursing duties and at least one licensed nurse is on duty during all shifts with additional licensed nursing staff to meet the nursing needs of the clients; its on-site nursing staff is solely responsible for III.7 program and does not provide services for other levels of care at the same time; each LMHP/UP caseload shall not exceed 1:10; there is at least one direct care aide on duty on all shifts with additional as needed; and there is an activity or recreational therapist on duty at least 15 hours per week.

For Level III.7D, the provider shall have a physician on call 24 hours per day, seven days per week, and on duty as needed for management of psychiatric and medical needs of the clients. The provider shall have at least one RN on call 24 hours per day, seven days per week to perform nursing duties; there shall be at least one licensed nurse on duty during all shifts with additional as needed based upon the provider's census and the clients' acuity levels; there shall be a RN on-site no less than 40 hours per week who is responsible for conducting nursing assessments upon admission and delegating staffing assignments to the nursing staff based on the assessments and the acuity levels of the clients; and the provider shall ensure that its on-site nursing staff is solely responsible for III.7D program and does not provide services for other

levels of care at the same time. The provider shall have a clinical supervisor available for clinical supervision when needed and by telephone for consultation. The LMHP/UP caseload shall not exceed 1:10; there shall be at least one direct care aide on all shifts with additional as needed based upon the provider's census and the clients' acuity levels; and the provider shall have at least one employee on duty certified in CPR.

Placement

Mental Health (MH) and Substance Use Disorder (SUD): FSTRAs shall have a clear and specific written description of admission policies and procedures. This written description shall include, but is not limited to, types of clients suitable to the facility. An intake evaluation shall take place on the first day of admission, and a nursing assessment shall also be conducted. A diagnostic evaluation shall also be conducted, and include examination of the medical, psychosocial, social, behavioral and developmental aspects of the client's situation and reflect the need for services from a FSTRA.

A CRC shall admit only those individuals whose needs, pursuant to the screening, can be fully met by the center. Prior to admission to the CRC, the facility shall attempt to obtain documentation from the referring emergency room, agency, facility or other source, if available, that reflects the client's condition. A screening shall be conducted by an RN within 15 minutes of a client entering the center which determines the eligibility and appropriateness for admission. If the client qualifies for admission, a behavioral health assessment shall be conducted by an LMHP within four hours of admission. The LOCUS tool is not referenced.

For all MH/SUD facilities, prior to admission, providers shall either conduct an initial admission assessment or obtain a current assessment conducted within the past year that determines the individual's diagnosis and update the assessment to represent the client's current presentation.

Substance Use Disorder (SUD): All residential substance use treatment facilities must only accept clients clinically appropriate within the specific ASAM level of care criteria.

Treatment and Discharge Planning and Aftercare Services

Mental Health (MH) and Substance Use Disorder (SUD): For FSTRAs, the service plan shall be monitored on an ongoing basis by facility staff to determine its continued appropriateness and to identify when a client's condition or preferences have changed. A documented review of the service plan by the licensed professional staff shall be made at least every quarter.

CRC treatment planning records must include an initial plan and any updates or revisions, and clients have a right to participate in treatment plan development. Discharge planning beginning at admission is required, and referral must be to the most appropriate and least restrictive

setting available consistent with the client's needs. No aftercare, or follow-up planning requirements were identified.

For all facilities, treatment planning requirements are indicated, with updates as required. Discharge planning, beginning at admission, is also required. When a client begins the transition to a different level of care, the provider shall ensure that staff aids in coordination. Additionally, the residential provider responsible for the transfer and discharge of the client shall request and receive approval from the receiving provider prior to the transfer; notify the receiving provider prior to the arrival of the client of any significant medical and/or psychiatric conditions and complications or any other pertinent information that will be needed to care for the client prior to arrival; transfer all requested client information and documents upon request; and ensure that the client has consented to the transfer.

Substance Use Disorder (SUD): For Level III.1, the provider shall ensure that the treatment plan is reviewed in collaboration with the client at least every 90 days. For Level III.2, providers shall develop and implement an individualized stabilization/treatment plan in collaboration with the client that shall be reviewed and signed by the UP and the client; and shall be filed in the client's record within 24 hours of admission. For Level III.3, providers shall ensure that the treatment plan is reviewed in collaboration with the client as needed or at a minimum of every 90 days and documented accordingly. For Level III.5, the provider shall ensure the treatment plan is reviewed in collaboration with the client as needed, or at a minimum of every 30 days and documented accordingly.

Treatment Services

Mental Health (MH) and Substance Use Disorder (SUD): For FSTRAs, the facility shall provide adequate services and oversight/supervision, including adequate security measures, around the clock as needed for any client in accordance with the client's treatment plan. The care and services to be provided through arrangement or by the facility shall include, but are not limited to, behavioral health services; nutritional services; medication management; assistance with independent living skills; recreational services; and transportation services.

CRCs shall provide emergency screening; assessment; crisis intervention and stabilization; 24-hour observation; medication administration; and referral to the most appropriate and least restrictive setting available consistent with the client's needs.

For all MH/SUD facilities, services shall be delivered according to a plan that is age and culturally appropriate for the population served; demonstrates effective communication and coordination; provides utilization of services at the appropriate level of care; is an environment that promotes positive well-being and preserves the client's human dignity; and utilizes evidence-based counseling techniques and practices. Core services include: (1) assessment; (2) orientation; (3) treatment; (4) client education; (5) consultation with professionals; (6)

counseling services; (7) referral; (8) rehabilitation services; (9) crisis mitigation; and (10) medication management.

Substance Use Disorder (SUD): For Level III.1, the provider shall offer at least five hours per week of a combination of low-intensity clinical and recovery focused services, including: (a) individual therapy; (b) group and family therapy; (c) medication management; and (d) medication education. For Level III.2D, treatment is stabilization and unspecified treatment. For Level III.3, providers shall offer at least 20 hours per week of a combination of medium-intensity clinical and recovery-focused services. All require the provision of case management.

Patient Rights and Safety Standards

Mental Health (MH) and Substance Use Disorder (SUD): FSTRAs shall have a written policy on clients' civil rights and the practices of the facility shall assure that no client of a facility shall be deprived of civil or legal rights, benefits or privileges guaranteed by law or the Constitution of the United States solely by reason of status as a client of a facility. Among other things, client rights include: informed consent, the right to voice grievances, not to be chemically restrained, confidentiality, and privacy.

CRCs must inform clients of their rights which include but are not limited to nondiscrimination, freedom from abuse, translation or interpreter services, informed consent, privacy, to be in the least restrictive setting, and to be subject to restraint or seclusion only as provided by law. CRCs shall develop, implement, and comply with policies and procedures that protect client's rights and respond to questions and grievances pertaining to these rights. To that end, the facility should develop and implement written grievance procedures so clients can submit a grievance without a fear of retaliation. Procedures should include a process for filing a grievance; a timeline for responding to the grievance; a method for responding to a grievance; and the staff responsibilities for addressing and resolving grievances.

For all MH/SUD facilities, each provider shall develop written policies that comply with regulations to protect clients' rights. These include but are not limited to the right to nondiscrimination, dignity, to be free from abuse, informed consent, privacy, to submit complaints, communication, recreation, religion, be treated in the least restrictive setting, and not to be restrained in violation of law.

Quality Assurance or Improvement

Mental Health (MH) and Substance Use Disorder (SUD): CRCs shall have a quality improvement plan that assures that the overall function of the center is in compliance with federal, state, and local laws; is meeting the needs of the citizens of the area; is attaining the goals and objectives established in the center's mission statement; maintains systems to effectively identify issues

that require quality monitoring, remediation and improvement activities; improves individual outcomes and individual satisfaction; includes plans of action to correct identified issues; and is updated on an ongoing basis to reflect changes, corrections and other modifications. This plan shall establish an internal evaluation procedure.

All MH/SUD facilities shall develop, implement, and maintain a quality improvement. There shall be a quality improvement plan committee that shall be comprised of at least three persons, one of whom is a LMHP and the others are staff with the qualifying experience to contribute to the committee's purpose; and develop and implement the QI plan."

Governance

Mental Health (MH) and Substance Use Disorder (SUD): All facilities shall have an identifiable governing body. Similar requirements apply specifically to FSTRAs.

Special Populations

Substance Use Disorder (SUD): Some ASAM Level III.3 facilities have a Mothers with Dependent Children program, which shall provide weekly parenting classes where attendance is required; address the specialized needs of the parent; provide education, counseling, and rehabilitation services for the parent that further addresses: (i) the effects of chemical dependency on a woman's health and pregnancy; (ii) parenting skills; and (iii) health and nutrition; regularly assess parent-child interactions and address any identified needs in treatment; and provide access to family planning services."

Location of Regulatory and Licensing Requirements

Department of Health (LDH)¹. Regulatory data collected July 31, 2019.

Other Information Sources

R. McDermott (LDH); National Conference of State Legislatures CON Program Overview, <http://www.ncsl.org/research/health/con-certificate-of-need-state-laws.aspx>

¹ See <https://www.doa.la.gov/Pages/osr/LAC-48.aspx>.

LOUISIANA MEDICAID

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Approach

Mental Health (MH) and Substance Use Disorder (SUD): The Louisiana Department of Health oversees the state Medicaid program. Louisiana relies to some extent on the in lieu of provision to reimburse and Disproportionate Share Hospital (DSH) Payments for certain services in an institution for mental diseases (IMD).

Substance Use Disorder (SUD): Louisiana has a Section 1115 waiver permitting Medicaid expenditures for otherwise covered services furnished to otherwise eligible individuals who are primarily receiving treatment and withdrawal management services for substance use disorder (SUD) who are residents in facilities that meet the definition of an IMD, including residential treatment.

Types of Facilities

Substance Use Disorder (SUD): The residential settings identified in the waiver include the following:

- Level 3.1 Clinically managed low-intensity residential treatment
- Level 3.2-WM Clinically managed residential social detoxification (clinically managed residential)
- Level 3.3. Clinically managed population-specific medium/high intensity residential
- Level 3.5 Clinically managed high-intensity residential services
- Level 3.7 Medically monitored intensive residential treatment
- Level 3.7-WM Medically monitored residential detoxification (medically monitored inpatient)

Length of stay is not a condition of the waiver. Medication-assisted treatment also is to be available to those in IMDs.

Processes of Medicaid Enrollment

Mental Health (MH) and Substance Use Disorder (SUD):

- Louisiana Behavioral Health Medicaid regulations specify that each provider of specialized behavioral health services shall enter into a contract with one or more of the MCOs in order to receive reimbursement for Medicaid covered services. All services shall be delivered in accordance with federal and state laws and regulations, the provisions of this Rule, the provider manual, and other notices or directives issued by the department. Anyone providing specialized behavioral health services shall be licensed in accordance with state laws and regulations, in addition to operating within their scope of practice license.
- Providers shall be required to revalidate their enrollments with the Medicaid Program at a minimum of five-year intervals.

Substance Use Disorder (SUD): Pursuant to state Medicaid regulations, each provider of SUD services shall enter into a contract with one or more of the MCOs in order to receive reimbursement for Medicaid covered services. Providers of SUD 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 SUD services must be licensed in accordance with state laws and regulations, in addition to operating within their scope of practice license.

- Residential treatment facilities shall meet the following additional requirements, among others: Be a licensed organization, pursuant to the residential service provider qualifications described in the Louisiana Administrative Code and the Louisiana Medicaid provider manual; Residential addiction treatment facilities shall be accredited by an approved accrediting body and maintain such accreditation. Denial, loss of or any negative change in accreditation status must be reported to the MCO in writing within the time limit established by the department; Provide full disclosure of ownership and control, including but not limited to any relative contractual agreements, partnerships, etc.; Follow all residential treatment provider qualifications and program standards in licensure, Medicaid provider manual, managed care contracts or credentialing; Must deliver care consistent with the specifications in the ASAM Criteria or other OBH approved, nationally recognized SUD program standards, hours of clinical care, and credentials of staff for residential treatment settings; and effective April 1, 2019, must offer medication-assisted treatment (MAT) on-site or facilitate access to MAT off-site, and appropriately document MAT options, education and facilitation efforts in accordance with requirements outlined in the Medicaid provider manual.

Staffing

Substance Use Disorder (SUD): Pursuant to the Section 1115 waiver, the state must establish residential treatment provider qualifications in licensure, policy or provider manuals, managed care contracts or credentialing, or other requirements or guidance that meet program standards in the ASAM Criteria or other nationally recognized, SUD-specific program standards regarding credentials of staff for residential treatment settings. The state must conduct an assessment of the availability of providers in the key levels of care throughout the state, or in the regions of the state participating under this demonstration, including those that offer MAT. According to the SUD implementation plan, Louisiana utilizes the ASAM criteria program standards to establish residential treatment provider qualifications in its licensure and authority documents including the types of services, hours of clinical care and credentials of staff for residential treatment settings.

Placement

Substance Use Disorder (SUD): Pursuant to the Section 1115 waiver, the state must establish a requirement that providers assess treatment needs based on SUD-specific, multidimensional assessment tools, such as the American Society of Addiction Medicine (ASAM) Criteria or other assessment and placement tools that reflect evidence-based clinical treatment guidelines. The state also must establish a utilization management approach such that beneficiaries have access to SUD services at the appropriate level of care and that the interventions are appropriate for the diagnosis and level of care, including an independent process for reviewing placement in residential treatment settings. According to the SUD implementation plan, the provider manual is to be updated to clarify that ASAM criteria and levels of care shall be used for each provider's assessment tool.

Treatment and Discharge Planning and Aftercare Services

Substance Use Disorder (SUD): Requirements were not explicitly described in the state Medicaid regulations or the 1115 waiver.

Treatment Services

Substance Use Disorder (SUD): Under the Section 1115 waiver, beneficiaries will have access to high quality, evidence-based OUD and other SUD treatment services ranging from medically supervised withdrawal management to on-going chronic care for these conditions in cost-effective settings while also improving care coordination and care for comorbid physical and mental health conditions. Pursuant to the Section 1115 waiver, the state must establish

residential treatment requirements regarding the types of services and hours of clinical care for residential treatment settings. The state must establish a requirement that residential treatment providers offer MAT on-site or facilitate access to MAT off-site.

Medicaid regulations require that SUD services must be medically necessary to reduce the disability resulting from the illness and to restore the individual to his/her best possible level of functioning in the community.

Medicaid regulations require that residential treatment facilities must offer medication-assisted treatment (MAT) on-site or facilitate access to MAT off-site, and appropriately document MAT options, education and facilitation efforts in accordance with requirements outlined in the Medicaid provider manual.

Care Coordination

Substance Use Disorder (SUD): Under the Section 1115 waiver, beneficiaries will have improved care coordination and care for comorbid physical and mental health conditions. The state must ensure establishment and implementation of policies to ensure residential facilities link beneficiaries with community-based services and supports following stays in these facilities. According to the SUD implementation plan, Louisiana MCOs are required to develop and maintain effective care coordination, continuity of care, and care transition activities to ensure a continuum of care approach to providing health care services to MCO members. The MCO contracts have explicit language around continuity of care and care transition. Requirements include collaborating with hospitals, nursing home facilities, and inpatient facilities to coordinate aftercare planning prior to discharge and transition of members for the continuance of behavioral health services and medication prior to reentry into the community, including referral to community providers. They are required to coordinate hospital and/or institutional discharge planning that includes post-discharge care as appropriate, including aftercare appointments, following an inpatient, PRTF, or other out-of-home stay and assure that prior authorization for prescription coverage is addressed and or initiated before patient discharge.

Quality Assurance or Improvement

Substance Use Disorder (SUD): Pursuant to the Section 1115 waiver, the state must establish a provider review process to ensure that residential treatment providers deliver care consistent with the specifications in the ASAM Criteria or other nationally recognized SUD program.

Pursuant to state Medicaid regulations implementing the waiver, MCOs and their contracted providers of OUD/SUD services under the demonstration project shall be required to provide data as outlined or requested by the Department of Health.

The state must provide summaries of: External Quality Review Organization (EQRO) reports; managed care organization (MCO) reports; state quality assurance monitoring; and any other documentation that validates the quality of care provided or corrective action taken under the 1115 waiver.

Special Populations

Substance Use Disorder (SUD): Under the Section 1115 waiver, beneficiaries will have improved care for comorbid physical and mental health conditions.

Location of Medicaid Requirements

Louisiana Administrative Code Title 50, Public Health -- Medical Assistance². Regulatory data collected January 6, 2020.

Other Information Sources

Kaiser Family Foundation. State Options for Medicaid Coverage of Inpatient Behavioral Health Services. KFF: San Francisco. November 2019. <http://files.kff.org/attachment/Report-Brief-State-Options-for-Medicaid-Coverage-of-Inpatient-Behavioral-Health-Services>

This state summary is part of the report “**State Residential Treatment for Behavioral Health Conditions: Regulation and Policy**”. The full report and other state summaries are available at <https://aspe.hhs.gov/state-bh-residential-treatment>.

² See <https://www.doa.la.gov/Pages/osr/lac/books.aspx>.