



Provider Update

Informational Bulletin 18-14 – Act 582: Providers of Community Psychiatric Support and Treatment (CPST) or Psychosocial Rehabilitation (PSR) Services

The Louisiana Department of Health would like to take this opportunity to inform our behavioral health providers of the Informational Bulletin 18-14, Act 582: Providers of Community Psychiatric Support and Treatment (CPST) or Psychosocial Rehabilitation (PSR) Services, posted on November 13, 2018.

This law affects behavioral health services providers (BHSP) who provide community psychiatric support and treatment (CPST) services or psychosocial rehabilitation (PSR) services to Medicaid recipients. More specifically, it changed regulations regarding numerous requirements for provider agencies and individuals providing services within those agencies.

Certain requirements in Act 582 require federal approval by the Centers for Medicare and Medicaid Services (CMS) via revisions to Louisiana’s Medicaid State Plan. LDH has begun the CMS approval process. CMS approval is a lengthy process, but once approved, the requirements are effective immediately. Therefore, providers are receiving advanced notice through this Informational Bulletin.

The following Act 582 requirements require CMS approval.

LDH anticipates approval with an effective date of Jan. 1, 2019.

Providers of CPST and/or PSR should prepare now to ensure compliance with these requirements in advance of the Jan. 1, 2019 effective date.

PRELIMINARY ACCREDITATION
<p>In order to be eligible to receive Medicaid reimbursement, BHSPs of CPST or PSR services must be accredited by an LDH-approved national accrediting organization.</p> <p><u>LDH-Approved National Accrediting Organizations:</u></p> <ul style="list-style-type: none"> • Commission on Accreditation of Rehabilitation Facilities (CARF) • Council on Accreditation (COA)

- The Joint Commission (TJC)

Currently, providers of CPST and/or PSR services are required to be accredited within 18 months of their initial accreditation application date. Application, inclusive of accreditation fee payment, is required before contracting with a Medicaid managed care organization (MCO). If still within the 18-month window, but not yet fully accredited on or before Jan. 1, 2019, currently contracted BHSPs must obtain preliminary accreditation.

Effective Jan. 1, 2019, providers not already contracted with a Medicaid MCO must obtain preliminary accreditation, if not already fully accredited, prior to being contracted with a Medicaid MCO.

Preliminary Accreditation: A temporary accreditation status granted by an accrediting body to an unaccredited organization meeting certain organizational, administrative and service delivery standards prior to the organization attaining full accreditation status. *Please note that each accrediting organization calls the initial, temporary accreditation by a different name, i.e. CARF (preliminary), COA (provisional), and TJC (early survey).*

What you need to do now

- BHSPs who have not attained a full accreditation status by Jan. 1, 2019, must do the following prior to Jan. 1, 2019:
 - 1) Contact [CARF](#), [COA](#) or [TJC](#) to apply for preliminary accreditation;
 - 2) Prepare for the preliminary accreditation review/survey and meet the accreditation standards; and
 - 3) Obtain official documentation of achieving preliminary accreditation by Jan. 1, 2019, to be eligible to receive Medicaid reimbursement for providing CPST and/or PSR services. *

What you need to know

- BHSPs who have not attained a full accreditation status by Jan. 1, 2019, must:
 - 1) Maintain proof of preliminary accreditation.
 - 2) Provide proof of preliminary accreditation, i.e. preliminary accreditation certificate, to each MCO with which you contract.
 - 3) Attain full accreditation status within 18 months of the initial accreditation application date.
 - 4) Provide proof of full accreditation, i.e. certificate of full accreditation, to each MCO with which you contract immediately upon receipt.
 - 5) Maintain continuous preliminary or full accreditation.
 - 6) Report any loss, suspension or reduction of accreditation status, or any other action that could result in loss of accreditation, to each MCO with which you are contracted within 24 hours of receipt of notification from the accrediting body.

* **NOTE:** It may take six to eight weeks to attain preliminary accreditation. Please contact your accrediting body **now** to discuss options and to apply.

STAFF QUALIFICATIONS

In order to be eligible to receive Medicaid reimbursement, BHSPs must ensure each individual staff rendering CPST or PSR services for the licensed and accredited provider agency meets specific educational qualifications.

Effective Jan. 1, 2019, individuals rendering CPST or PSR services must meet the following educational requirements.

CPST

- Have a minimum of a bachelor’s degree from an accredited university or college in the field of counseling, social work, psychology or sociology.

NOTE: Currently, educational qualifications for providing the *individual supportive behavioral intervention* component of CPST require a master’s degree. Effective Jan. 1, 2019, individuals must have a minimum of a master’s degree from an accredited university or college in the field of counseling, social work, psychology or sociology to render the individual supportive behavioral intervention component of CPST. Individuals rendering the individual supportive behavioral intervention component of CPST for a licensed and accredited agency who do not possess the minimum master’s degree in the four listed educational fields but have met all provider qualifications in effect prior to Jan. 1, 2019 may continue to provide the individual supportive behavioral intervention component of CPST for the same provider agency. Prior to the individual rendering the individual supportive behavioral intervention component of CPST for a different provider agency, the individual must comply with the minimum master’s degree provisions as established in the *Medicaid Behavioral Health Services Provider Manual* available online at www.lamedicaid.com.

PSR

- Have a minimum of a bachelor’s degree from an accredited university or college in the field of counseling, social work, psychology or sociology.

NOTE: Individuals rendering PSR services for a licensed and accredited agency who do not possess the minimum bachelor's degree as described here but have met all provider qualifications in effect prior to Jan. 1, 2019 may continue to provide PSR services for the same provider agency. However, prior to the individual rendering the PSR services for a different provider agency, the individual must comply with the minimum bachelor’s degree provisions of this section.

The following Act 582 requirements do not require CMS approval.

These requirements were effective as per legislation May 31, 2018, unless otherwise noted. Several requirements were in effect prior to being statutorily legislated.

PROVIDER AGENCIES

In order to be eligible to receive Medicaid reimbursement, BHSPs providing CPST or PSR services to Medicaid recipients must meet **all** of the following requirements.

- Be licensed as a BHSP agency.
- Be accredited by a department-approved accrediting organization.
- Have a National Provider Identification (NPI) number.
 - Effective Jan. 1, 2019, each BHSP must include its NPI number and the NPI number of the individual rendering CPST or PSR services on all PSR and CPST claims submitted for Medicaid reimbursement for dates of service on or after Jan. 1, 2019.
- Implement a Member Choice Form.
 - The form must be signed by each recipient or a legal guardian of the person receiving CPST or PSR services. BHSPs follow each MCO’s guidelines for submitting Member Choice Forms.
- 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 one full-time physician or licensed mental health professional as a supervisor.
 - 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).
 - Licensed advanced practice registered nurse (APRN).
 - “Full-time” means they must work at least 35 hours per week for the agency.
- Provide supervision for unlicensed individuals.

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

This Informational Bulletin is not an all-inclusive list of requirements for providing CPST or PSR services, nor for receiving Medicaid reimbursement. The requirements noted in this bulletin establish minimum standards for a limited number of requirements. The Department may establish additional requirements and may strengthen standards of requirements noted in Act 582. 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 CPST and/or PSR services to Medicaid recipients.

INDIVIDUAL STAFF

In order to be eligible to receive Medicaid reimbursement, BHSPs must ensure that individuals rendering CPST or PSR services to Medicaid recipients for their agency meet the following requirement.

- [Have a National Provider Identification number.](#)
 - Effective for services rendered on or after Jan. 1, 2019, each BHSP must include its NPI number *and* the NPI number of the individual rendering CPST or PSR services on all CPST and PSR claims submitted for Medicaid reimbursement.