PROVIDER*ALERT*

AmeriHealth Caritas Louisiana

To: **AmeriHealth Caritas Louisiana Providers**

Date: **April 3, 2024**

Subject: **LDH Approved Clinical Policies**

Summary: Two LDH Approved Clinical Policies.

AmeriHealth Caritas Louisiana would like to inform you of two new policies that have been approved by the Louisiana Department of Health in accordance with La. R.S. 46:460.54. The guidelines are effective on **May 3, 2024** and will be posted on our website under Clinical Policies: https://www.amerihealthcaritasla.com/provider/resources/clinical/policies.aspx.

1. Plastic Reconstructive Surgery
2. Therapeutic Group Homes

Reminder: If your practice is not registered with our website portal-NaviNet, we highly recommend registering. To register, please visit www.navinet.net to sign up or contact your Provider Account Executive for details.

Questions: Thank you for your continued support and commitment to the care of our members. If you have questions about this communication, please get in touch with AmeriHealth Caritas Louisiana Provider Services at 1-888-922-0007 or your Provider Network Management Account Executive.

Missed an alert? You can find a complete list of provider alerts on our website's Provider Newsletters and Updates page.

Need to update your provider information? Send full details to network@amerihealthcaritasla.com.

AmeriHealth Caritas Louisiana

Plastic reconstructive surgery

Clinical Policy ID: CCP.1184

Recent review date: 10/2023

Next review date: 2/2025

Policy contains: Cosmetic surgery; plastic reconstructive surgery.

AmeriHealth Caritas has developed clinical policies to assist with making coverage determinations. AmeriHealth Caritas' clinical policies are based on guidelines from established industry sources, such as the Centers for Medicare & Medicaid Services (CMS), state regulatory agencies, the American Medical Association (AMA), medical specialty professional societies, and peer-reviewed professional literature. These clinical policies along with other sources, such as plan benefits and state and federal laws and regulatory requirements, including any state- or plan-specific definition of "medically necessary," and the specific facts of the particular situation are considered by AmeriHealth Caritas when making coverage determinations. In the event of conflict between this clinical policy and plan benefits and/or state or federal laws and/or regulatory requirements, the plan benefits and/or state and federal laws and/or regulatory requirements shall control. AmeriHealth Caritas' clinical policies are for informational purposes only and not intended as medical advice or to direct treatment. Physicians and other health care providers are solely responsible for the treatment decisions for their patients. AmeriHealth Caritas' clinical policies are reflective of evidence-based medicine at the time of review. As medical science evolves, AmeriHealth Caritas will update its clinical policies as necessary. AmeriHealth Caritas' clinical policies are not guarantees of payment.

Coverage policy

The purpose of this policy is to supplement coverage guidance for plastic surgical procedures with cosmetic aspects that may not be contained in a separate clinical policy.

Plastic, also known as reconstructive, surgery is clinically proven and, therefore, may be medically necessary when both of the following criteria are met:

- The need for the surgical procedure is clinically proven.
- The goal of surgery is to correct a functional impairment of a body area caused by a congenital defect, trauma, burns, infection, tumors, or disease.

Limitations

Surgery performed to improve body appearance in the absence of a functional impairment is considered cosmetic and, therefore, not medically necessary.

All requests for coverage of plastic surgery of a non-Medicare member require prior review by a Medical Director on a case-by-case basis, except for those procedures addressed in another clinical policy or required by state or federal authorities.

Alternative covered services

- Prescription drug therapy may be appropriate for certain conditions.
- Behavioral health services.

Background

While both cosmetic and plastic surgery address improving a patient's body, the overarching philosophies guiding the training, research, and goals for patient outcomes are different from other surgeries (American Society of Plastic Surgeons, 2023). Cosmetic surgical procedures, techniques, and principles are entirely focused on reshaping structures of the body to improve aesthetic appeal, symmetry, and proportion in a person's appearance. Because the treated areas function properly, cosmetic surgery is elective. Cosmetic surgery can be performed by doctors from a variety of medical fields, including plastic surgeons (American Society of Plastic Surgeons, 2023).

Plastic surgery is a surgical specialty dedicated to correcting functional impairments of the face and body caused by congenital defects, trauma, burns, infection, tumors, and disease (American Society of Plastic Surgeons, 2023). A functional impairment is a direct and measurable reduction in physical performance of an organ or body part. Surgery is generally performed to improve function (American Society of Plastic Surgeons, 2023).

The field of plastic surgery continuously strives for innovation to provide the highest quality of care. Evidence-based medicine integrates the best research evidence with clinical expertise and patient values, but, until recently, its adoption for plastic surgery was slow (Burns, 2011). As a result, both established and novel practices are often adopted without sufficient data supporting their safety or efficacy (Agha, 2013; Ayeni, 2012).

The American Society of Plastic Surgery actively promotes the use of evidence-based medicine to encourage publication of higher-quality evidence from well-designed randomized controlled trials, cohort studies, case-control studies, systematic reviews, and, if possible, meta-analyses of plastic surgery technologies and treatments (Burns, 2011; Kowalski, 2013). McGuire (2019) offers cautious interpretation of meta-analyses that introduce a high risk of bias when attempting to synthesize low level and heterogeneous primary studies.

In recent years, plastic surgery journals have published higher-quality research and a significantly greater proportion of robust Level I and II studies (McGuire, 2019; Rifkin, 2020). These publications will ensure improvement in the best available evidence on which decisions permitting use of plastic surgical procedures can be based. Further improvement in the quality of publications is needed, as concluded by an analysis of 227 systematic reviews on breast plastic surgery (Tumeh, 2023).

Findings

Not applicable.

References

On July 9, 2023, we searched PubMed and the databases of the Cochrane Library, the U.K. National Health Services Centre for Reviews and Dissemination, the Agency for Healthcare Research and Quality, and the Centers for Medicare & Medicaid Services. Search terms were "cosmetic techniques" (MeSH), "reconstructive surgical procedures" (MeSH), "evidence based medicine" (MeSH), "surgery, plastic" (MeSH), "plastic surgery," and "reconstructive surgical procedures." We included the best available evidence according to established evidence hierarchies (typically systematic reviews, meta-analyses, and full economic analyses, where available) and professional guidelines based on such evidence and clinical expertise.

Agha RA, Camm CF, Edison E, Orgill DP. The methodological quality of randomized controlled trials in plastic surgery needs improvement: A systematic review. *J Plast Reconstr Aesthet Surg.* 2013;66(4):447-452. Doi: 10.1016/j.bjps.2012.11.005.

American Society of Plastic Surgeons. Reconstructive surgery. https://www.plasticsurgery.org/. Published 2023.

Ayeni O, Dickson L, Ignacy TA, Thoma A. A systematic review of power and sample size reporting in randomized controlled trials within plastic surgery. *Plast Reconstr Surg.* 2012;130(1):78e-86e. Doi: 10.1097/PRS.0b013e318254b1d1.

Burns PB, Rohrich RJ, Chung KC. The levels of evidence and their role in evidence-based medicine. *Plast Reconstr Surg.* 2011;128(1):305-310. Doi: 10.1097/PRS.0b013e318219c171.

Kowalski E, Chung KC. The outcomes movement and evidence-based medicine in plastic surgery. *Clin Plast Surg.* 2013;40(2):241-247. Doi: 10.1016/j.cps.2012.10.001.

McGuire C, Samargandi OA, Corkum J, Retrouvey H, Bezuhly M. Meta-analyses in plastic surgery: Can we trust their results? *Plast Reconstr Surg*. 2019;144(2):519-530.Doi: 10.1097/prs.0000000000005880.

Rifkin WJ, Yang JH, DeMitchell-Rodriguez E, Kantar RS, Diaz-Siso JR, Rodriguez ED. Levels of evidence in plastic surgery research: a 10-year bibliometric analysis of 18,889 publications from four major journals. *Aesthet Surg J*. 2020;40(2):220-227. Doi: 10.1093/asj/sjz156.

Tumeh RA, Neto MS, Sales GD, Ferreira LM. Quality regarding the systematic reviews in breast plastic surgery. *Aesthetic Plast Surg*. 2023;47(2):559-567. Doi: 10.1007/s00266-023-03264-8.

Policy updates

8/2015: initial review date and clinical policy effective date: 9/2015.

8/2016: Policy references updated.

8/2017: Policy references updated.

7/2018: Policy references updated. Policy ID changed.

9/2019: Policy references updated. The topic of scar revision removed from policy.

10/2020: Policy references updated.

10/2021: Policy references updated.

10/2022: Policy references updated.

10/2023: Policy references updated. Title changed from “Cosmetic and Plastic Reconstructive Surgery” to “Plastic Reconstructive Surgery.”

Therapeutic group homes

Plan: AmeriHealth Caritas Louisiana

Clinical Policy ID: CCP.4049

Recent review date: 7/2023

Next review date: 12/2025

Policy contains: Bed-based services; therapeutic group homes.

AmeriHealth Caritas Louisiana has developed clinical policies to assist with making coverage determinations. AmeriHealth Caritas Louisiana's clinical policies are based on guidelines from established industry sources, such as the Centers for Medicare & Medicaid Services (CMS), state regulatory agencies, the American Medical Association (AMA), medical specialty professional societies, and peer-reviewed professional literature. These clinical policies along with other sources, such as plan benefits and state and federal laws and regulatory requirements, including any state- or plan-specific definition of "medically necessary," and the specific facts of the particular situation are considered by AmeriHealth Caritas Louisiana when making coverage determinations. In the event of conflict between this clinical policy and plan benefits and/or state or federal laws and/or regulatory requirements, the plan benefits and/or state and federal laws and/or regulatory requirements shall control. AmeriHealth Caritas Louisiana's clinical policies are for informational purposes only and not intended as medical advice or to direct treatment. Physicians and other health care providers are solely responsible for the treatment decisions for their patients. AmeriHealth Caritas Louisiana's clinical policies are reflective of evidence-based medicine at the time of review. As medical science evolves, AmeriHealth Caritas Louisiana will update its clinical policies as necessary. AmeriHealth Caritas Louisiana's clinical policies are not guarantees of payment.

Policy statement

Therapeutic group homes (TGHs) provide a community-based residential service in a home-like setting of no greater than ten beds, for members under the age of 21, who are under the supervision and program oversight of a psychiatrist or psychologist. TGHs are located in residential communities in order to facilitate community integration through public education, recreation and maintenance of family connections.

TGHs deliver an array of clinical and related services within the home, including psychiatric supports, integration with community resources and skill-building taught within the context of the home-like setting. The treatment should be targeted to support the restoration of adaptive and functional behaviors that will enable the child or adolescent to return to and remain successfully in his/her home and community, and to regularly attend and participate in work, school or training, at the child's best possible functional level.

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 (e.g., inpatient hospital or psychiatric residential treatment facility (PRTF). 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 integrated in the community (as opposed to being educated at a school located on the campus of an institution). This array of services, including psychiatric supports, therapeutic services (individual counseling, family therapy, and group therapy), and skill-building, prepares the youth to return back to their community.

The setting shall be geographically situated to allow ongoing participation of the child's family. In this setting, the child or adolescent remains involved in community-based activities and attends a community educational, vocational program or other treatment setting.

Components

Pretreatment assessment

The supervising practitioner should review the referral Pretreatment Assessment at admission or within 72 hours of admission and prior to service delivery.

Assessment and Treatment Planning

The supervising practitioner must complete an initial diagnostic assessment at admission or within seventy –two (72) hours of admission and prior to service delivery and must provide face to face assessment of the member at least every 28 days or more often as necessary per LAC I:42, chapter 62.

Assessments shall be completed with the involvement of the child or adolescent and the family and support system, to the extent possible. A standardized assessment and treatment planning tool must be used such as the Child and Adolescent Needs and Strengths (CANS) Comprehensive Assessment. 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. The TGH must ensure that youth are receiving appropriate therapeutic care to address assessed needs on the child's treatment plan.

Within seven days of admission, a comprehensive treatment plan shall be developed by the established multidisciplinary team of staff providing services for the member. Each treatment team member shall sign and indicate their attendance and involvement in the treatment team meeting. The treatment team review shall be directed and supervised by the supervising practitioner at a minimum of every 28 days.

Treatment

Treatment provided in the TGH or in the community should incorporate research-based approaches appropriate to the child's needs, whenever possible. The family/guardian should be involved in all aspects of treatment and face to face meetings as much as possible. Family members should be provided assistance with transportation and video conferencing options to support their engagement with the treatment process.

The individualized, strengths-based services and supports must:

1. Be identified in partnership with the child or adolescent and the family and support system, to the extent possible;

2. Be implemented with oversight from a licensed mental health professional (LMHP);

3. Be based on both clinical and functional assessments;

4. Assist with the development of skills for daily living, and support success in community settings, including home and school;

5. 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;

6. 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. As much as possible, this work should be done with the engagement of, and in the context of the family with whom the youth will live next, such that the skills learned to increase pro-social behavior are practiced within family relationships and so can be expected to generalize to the youth's next living situation; and

7. Transition the child or adolescent from TGH to home- or community-based living, with outpatient treatment (e.g., individual and family therapy).

8. Care coordination is provided to plan and arrange access to a range of educational and therapeutic services.

9. Psychotropic medications should be used with specific target symptoms identification, with medical monitoring and 24-hour medical availability when appropriate and relevant.

Discharge Planning

Discharge planning begins on the day of admission using the TGH treatment episode to facilitate helping the youth progress towards be able to successfully reintegrate into a family setting. Discharge planning should be guided by the family/guardian and should identify and coordinate aftercare services and supports that will help the youth maintain safe and healthy functioning in a family environment.

Eligibility Criteria

The medical necessity for these rehabilitative services must be determined by and recommended by an LMHP or physician to promote the maximum reduction of symptoms and/or restoration of an individual to his/her best age-appropriate functional level.

Less intensive levels of treatment must have been determined to be unsafe, unsuccessful or unavailable. The child under the age of 21 must require active treatment provided on a 24-hour basis with direct supervision/oversight by professional behavioral health staff that would not be able to be provided at a less restrictive level of care.

Allowed Mode(s) of Delivery

1. On-site

Provider Responsibilities

The provider must comply with all responsibilities as outlined in the licensing regulations (LAC Title 48 Part 1, Chapter 62).

1. TGHs provide a twenty-four (24) hours/day, seven (7) days/week, structured and supportive living environment.

2. Although the psychologist or psychiatrist does not have to be on the premises when the member is receiving covered services, the supervising practitioner must assume accountability to direct the care of the member at the time of admission and during the entire TGH stay; and assure that the services are medically appropriate.

3. The psychiatrist or psychologist/medical psychologist must provide twenty-four (24) hour, on-call coverage seven (7) days a week.

Staffing schedules must reflect overlap in shift hours to accommodate information exchange for continuity of youth treatment, adequate numbers of staff reflective of the tone of the home, appropriate staff gender mix and the consistent presence and availability or 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.

The TGH is required to coordinate with the child's or adolescent's community resources, including schools with the goal of transitioning the youth out of the program to a less restrictive care setting for continued, sometimes intensive, services as soon as possible and appropriate. Discharge planning begins upon admission, with concrete plans for the child to transition back into the community beginning within the first week of admission with clear action steps and target dates outlined in the treatment plan. The treatment plan must include behaviorally measurable discharge goals.

Provider Qualifications

Agency

Facilities that operate as TGHs must be licensed by the Louisiana Department of Health (LDH), in accordance with LAC 48:1, Chapter 62, to provide community-based residential services in a home-like setting of no greater than ten beds, and under the supervision and oversight of a psychiatrist or licensed psychologist, to children under the age of 21. A TGH must be accredited by the Commission on Accreditation of Rehabilitation Facilities (CARF), the Council on Accreditation (COA), or The Joint Commission (TJC). Denial, loss of, or any negative change in accreditation status must be reported in writing immediately upon notification to the managed care entities with which the agency contracts or is being reimbursed.

NOTE: Facilities must apply for accreditation and pay accreditation fees prior to being contracted or reimbursed by AmeriHealth Caritas Louisiana, and must maintain proof of accreditation application and fee payment. Agencies must attain full accreditation within 18 months of the initial accreditation application date.

TGHs may not be IMDs. Each organization owning TGHs must ensure that in no instance, does the operation of multiple TGH facilities constitute operation of an IMD. All new construction, newly acquired property or facilities, or new provider organizations must comply with facility bed limitations not to exceed ten beds. Existing facilities

may not add beds if the bed total would exceed ten beds in the facility. Any physical plant alterations of existing facilities must be completed in a manner to comply with the ten bed per facility limit (i.e., renovations of existing facilities exceeding ten beds must include a reduction in the bed capacity to ten beds).

TGH staff must be supervised by a licensed mental health professional (LMHP) with experience in evidence-based treatments and operating within their scope of practice license. LMHP staff also provide individual, family, and group therapy. 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 interventions) with degrees in social work, counseling, psychology or a related human services field, with oversight by a psychologist or psychiatrist. The human service field is defined as an academic program with a curriculum content in which at least 70 percent of the required courses are in the study of behavioral health or human behavior. 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.

Facilities that operate as TGHs must:

1. Arrange for and maintain documentation that prior to employment (or contracting, volunteering, or as required by law) individuals pass the enhanced criminal background checks, including sexual offender registry checks, in accordance with all of the below:
    a. The Therapeutic Group Homes (licensing regulations established by the Louisiana Administrative Code (LAC) 48:I.Chapter 62, which includes those for owners, managers, and administrators; and all employees or nonemployees, including independent contractors, consultants, students, volunteers, trainees, or any other associated person, who performs paid or unpaid work with or for the TGH;
    b. La. R.S. 40:1203.1 et seq. associated with criminal background checks of un-licensed workers providing patient care;
    c. La. R.S. 15:587, as applicable; and
    d. Any other applicable state or federal law.
    e. Note: The enhanced criminal background check described in LAC 48:1, Chapter 62, §6210 is now required for each TGH, pursuant to the federal Family First Prevention Services Act (Public Law 115-123 enacted February 9, 2018) on child care institutions and Act 243 of the 2019 Regular Session of the Louisiana Legislature. This new enhanced criminal background check process encompasses the state requirements in R.S. 40:1203.1 et seq. A TGH's compliance with this new enhanced criminal background check process will be deemed in compliance with the requirements in R.S. 40:1203.1.
2. Not hire individuals failing to meet enhanced criminal background check requirements and regulations. Individuals not in compliance with the enhanced criminal background check requirements and regulations shall not be utilized on an employment, contract nor volunteer basis. Criminal background checks performed over 90 days prior to the date of employment will not be accepted as meeting the criminal background check requirement. Results of criminal background checks are to be maintained in the individual's personnel record.
3. Review the Department of Health and Human Services' Office of Inspector General (OIG) List of Excluded Individuals and Entities (LEIE) and the LDH State Adverse Actions website prior to hiring or contracting any employee or contractor that performs services that are compensated with Medicaid funds, including

but not limited to licensed and unlicensed staff, interns and contractors. Once employed, the lists must be checked once a month thereafter to determine if there is a finding that an employee or contractor has abused, neglected or extorted any individual or if they have been excluded from participation in AmeriHealth Caritas Louisiana or the Department of Health and Human Services' Office of Inspector General. The provider is prohibited from knowingly employing or contracting with, or retaining the employment of or contract with, anyone who has a negative finding placed on the Louisiana State Adverse Action List, or who have been excluded from participation in AmeriHealth Caritas Louisiana or the Department of Health and Human Services' Office of Inspector General.

4. Maintain results in personnel records that checks have been completed. The OIG maintains the LEIE on the OIG website () and the LDH Adverse Action website ();
5. Arrange for and maintain documentation that all persons, prior to employment, are free from tuberculosis (TB) in a communicable state via skin testing (or chest exam if recommended by physician) to reduce the risk of such infections in members and staff. Results from testing performed over 30 days prior to date of employment will not be accepted as meeting this requirement;
6. Establish and maintain written policies and procedures inclusive of drug testing staff to ensure an alcohol and drug-free workplace and a workforce free of substance use;
7. Maintain documentation that all direct care staff, who are required to complete first aid, and cardiopulmonary resuscitation (CPR) training, complete the training within 90 days of hire;
8. Maintain documentation of verification of staff meeting educational and professional requirements, licensure (where applicable), as well as completion of required trainings for all staff; and
9. Ensue and maintain documentation that all unlicensed persons employed by the organization complete training in a recognized crisis intervention curriculum prior to handling or managing crisis calls, which must be updated annually.

Program Requirements

All programs should incorporate some form of research-based, trauma-informed programming and training. For clinical intervention, the program must incorporate at least one research-based approach pertinent to the population of TGH members to be served by the specific program. All research-based programming in TGH settings must be approved by the State.

TGH facilities may specialize and provide care for sexually maladaptive behaviors, substance use or dually diagnosed members. If a program provides care to any of these categories of youth, the program must submit documentation as part of their program description submitted to the State 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 (if applicable).

The specific research-based model(s) to be used should be incorporated into the program description, including information on the program's plan to ensure training for their staff in the selected research-based model(s), which staff types (direct care staff, therapists, etc.) are trained in the selected research-based model(s), and provisions for continuing education in the research-based model(s). The program description should be submitted to the State for approval, subject to OBH review.

Staff

To provide TGH services, staff must meet the following requirements:

1. Must be consistent with State licensure regulations. For example, if State licensure requires a ratio of not less than one staff to five members be maintained at all times; then, two staff must be on duty at all times with at least one being direct care staff when there is a member present.
2. Direct care staff must be at least 18 years old and at least three years older than an individual under 18 years of age;
3. Must have a high school diploma, general equivalency diploma or trade school diploma in the area of human services, or demonstrate competency or verifiable work experience in providing support to persons with disabilities. The human service field is defined as an academic program with a curriculum content in which at least 70 percent of the required courses are in the study of behavioral health or human behavior;
4. Must have a minimum of two years of experience working with children, be equivalently qualified by education in the human services field, or have a combination of work experience and education with one year of education substituting for one year of experience;
5. Employees and contractors must not be excluded from participation in AmeriHealth Caritas Louisiana or the Department of Health and Human Services' Office of Inspector General;
6. Direct care staff must not have a finding on the Louisiana State Adverse Action List;
7. All unlicensed staff must be under the supervision and oversight of a psychiatrist or psychologist;
8. Pass criminal background check through DPS State Police prior to employment;
9. Pass a TB test prior to employment;
10. Pass drug screening tests as required by agency's policies and procedures; and
11. Complete American Heart Association (AHA) recognized First Aid, and CPR training. Psychiatrists, advanced practical registered nurses (APRNs)/physician assistants (PAs), registered nurses (RNs) and licensed practical nurses (LPNs) are exempt from this training.

Allowed Provider Types and Specialties

1. PT AT Therapeutic Group Home PS 5X Therapeutic Group Home

Service Exclusions

The following services/components must be excluded from AmeriHealth Caritas Louisiana reimbursement:

1. Components that are not provided to or directed exclusively toward the treatment of the AmeriHealth Caritas Louisiana eligible member;
2. Services provided at a work site which are job tasks oriented and not directly related to the treatment of the member'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 a member receiving substance use treatment services;
4. Services rendered in an institution for mental disease (IMD);

5. Room and board; and
6. Supervision associated with the child's stay in the TGH.

Reimbursement

The unit of service for reimbursement for the TGH is based on a daily rate for the services provided by unlicensed practitioners only.

TGH services will be inclusive of, but not limited to, the allowable cost of clinical and related services, psychiatric supports, integration with community resources and the skill-building provided by unlicensed practitioners.

In addition to the AmeriHealth Caritas Louisiana per diem rate for treatment services, there is also a separate per diem room and board component to the rate that cannot be paid with Medicaid funds. This room and board rate is typically paid by the youth's custodian (in some cases a child-serving state agency) or another designated payment source.

LMHPs bill for their services separately under the approved State Plan for "Other Licensed Practitioners". Therapy (individual, group and family, whenever possible) and ongoing psychiatric assessment and intervention, as needed, (by a psychiatrist) are required of TGH, but provided and billed separately by licensed practitioners for direct time spent. Therapeutic care may include treatment by TGH staff, as well as community providers.

TGH Cost Reporting Requirements

Cost reports must be submitted annually. The due date for filing annual cost reports is the last day of the fifth month following the facility's fiscal year end. Separate cost reports must be filed for the facilities central/home office when costs of that entity are reported on the facilities cost report. If the facility experiences unavoidable difficulties in preparing the cost report by the prescribed due date, a filing extension may be requested. A filing extension must be submitted to AmeriHealth Caritas Louisiana prior to the cost report due date. Facilities filing a reasonable extension request will be granted an additional 30 days to file their cost report.

References

Louisiana Department of Health. 2017. *Behavioral Health Services Provider Manual.* Bed Based Services. Chapter 2, Section 2.2. Issued 02/25/2022.

Policy updates

Initial review date: 11/6/2023