

HOUSE SUMMARY OF SENATE AMENDMENTS

HB 211

2019 Regular Session

Horton

MEDICAID: Provides relative to Medicaid coverage of certain behavioral health services

Synopsis of Senate Amendments

1. Deletes proposed law stipulating that an individual provider rendering CPST services, PSR services, or both shall be limited to a maximum combined total of 12 reimbursable hours of services per rendering provider, per calendar day, regardless of the number of patients seen by the rendering provider unless the services are billed for a group setting; but in that case, the total hours worked by an individual rendering provider shall not exceed 12 reimbursable hours per calendar day.
2. Adds proposed law stipulating that an individual provider rendering CPST services, PSR services, or both shall be limited to a maximum combined total of 12 reimbursable hours of services per rendering provider, per calendar day, regardless of the number of patients seen by the rendering provider unless any of the following conditions are met:
 - (a) The medical necessity of the services is documented for a Medicaid recipient receiving more than 12 hours of CPST and PSR services per day per rendering provider.
 - (b) The services are billed for a group setting; but in that case, the total hours worked by an individual rendering provider shall not exceed 12 reimbursable hours per calendar day.
 - (c) The services are billed for crisis intervention.
3. Provides that proposed law shall not apply to evidence-based practices including, without limitation, the practices known as assertive community treatment, multisystemic therapy, functional therapy, and homebuilders.

Digest of Bill as Finally Passed by Senate

Proposed law provides that, for purposes of proposed law, "CPST services" means community psychiatric support and treatment services and "PSR services" means psychosocial rehabilitation services.

Proposed law limits individual behavioral health services providers rendering CPST services, PSR services, or both to a maximum combined total of 12 reimbursable hours of Medicaid-funded services per rendering provider, per calendar day, regardless of the number of patients seen by the rendering provider unless any of the following conditions are met:

- (1) The medical necessity of the services is documented for a Medicaid recipient receiving more than 12 hours of CPST and PSR services per day per rendering provider.
- (2) The services are billed for a group setting; but in that case, the total hours worked by an individual rendering provider shall not exceed 12 reimbursable hours per calendar day.
- (3) The services are billed for crisis intervention.

Proposed law stipulates that services subject to the 12-hour limitation provided in proposed law include all CPST and PSR services rendered per individual National Provider Identifier at one or more outpatient behavioral services provider facilities or agencies within a calendar day. Provides, however, that the limit shall not apply per individual behavioral health services provider agency.

Proposed law stipulates that it shall apply exclusively to CPST and PSR services; but shall not apply to the practices known as assertive community treatment, multisystemic therapy, functional therapy, or homebuilders.

Proposed law prohibits Medicaid managed care organizations from accepting for payment any behavioral health services claim that does not include all claim information required by present law relative to specialized behavioral health services in the state Medicaid program (R.S. 40:2162).

Proposed law requires the La. Department of Health to include the limitation on reimbursable hours of CPST and PSR services established by proposed law in each contract with a Medicaid managed care organization that covers behavioral health services.

Proposed law provides that implementation of any of its provisions shall be subject to approval by the Centers for Medicare and Medicaid Services.

Proposed law requires that upon request of the legislative auditor or the Medicaid Fraud Control Unit of the office of the attorney general, the La. Department of Health shall furnish to the requestor behavioral health data that meets the standard for completeness set forth by the Centers for Medicare and Medicaid Services.

(Adds R.S. 46:460.77.1 and 460.77.2)