

# **UnitedHealthcare Community Plan Implementation of Act 503**

**Changes to Community Psychiatric  
Support and Treatment and  
Psychosocial Rehabilitation Services**



# Today's speaker & agenda

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Kendell Andrus, MSN

Network Trainer

- ACT 503
- **NEW** Roster Requirements
- Q&A



# ACT 503

Mental Health Rehabilitation (MHR) Redesign Timeline

Changes to Community Psychiatric Support (CPST) and  
Treatment and Psychosocial Rehabilitation Services (PSR)

# MHR Redesign Timeline

- June 16, 2022 – Act 503 Senate Bill 213 is enacted
- July 14, 2022 – LDH publishes Informational Bulletin 22-22 regarding Act 503 changes to CPST and PSR
- October 3 – 11, 2022 – [MHR Regional Tours](#)
- October 2022 – Updated fee schedule is posted
- **January 1, 2023 – Go-live date for revised CPST and PSR services (pending CMS approval)**
- Additional guidance will be updated periodically within Louisiana Department of Health [Informational Bulletin 22-22](#)

# Louisiana Department of Health Informational Bulletin 22-22

- Informational Bulletin published July 14, 2022
- The Louisiana Legislature passed Senate Bill 213 and Governor John Bel Edwards signed it as Act 503. (Certain requirements in Act 503 require federal approval by the Centers for Medicare and Medicaid Services (CMS) via revisions to Louisiana's Medicaid State Plan.)
- This law affects behavioral health services providers (BHSP) who provide Community Psychiatric Support and Treatment (CPST) services or Psychosocial Rehabilitation (PSR) Services to Medicaid enrollees
- More specifically, it revises the components of the services and the staff able to provide the services

# Changes to CPST and PSR Services

Changes to CPST and PSR Services
<p>Per Act 503, “community psychiatric support and treatment services” means CMS-approved Medicaid mental health rehabilitation services designed to reduce disability from mental illness, restore functional skills of daily living, build natural supports, and achieve identified person-centered goals or objectives through counseling, clinical psycho-education, and ongoing monitoring needs as set forth in an individualized treatment plan.</p> <p>“Psychosocial rehabilitation services” means CMS-approved Medicaid mental health rehabilitation services designed to assist the individual with compensating for or eliminating functional deficits and interpersonal or environmental barriers associated with mental illness through skill building and supportive interventions to restore and rehabilitate social and interpersonal skills and daily living skills.</p>
<p>Any individual rendering the assessment and treatment planning components of CPST services for a licensed and accredited provider agency shall be a fully licensed mental health professional.</p>

## Changes to CPST and PSR Services (continued)

Any individual rendering any of the other components of CPST services for a licensed and accredited provider agency shall be a fully licensed mental health professional, a provisionally licensed professional counselor, a provisionally licensed marriage and family therapist, a licensed master social worker, a certified social worker, or a psychology intern from an American Psychological Association approved internship program.

Any individual rendering PSR services for a licensed and accredited provider agency shall hold a minimum of one of the following: a bachelor's degree from an accredited university or college in the field of counseling, social work, psychology, sociology, rehabilitation services, special education, early childhood education, secondary education, family and consumer sciences, **criminal justice**, or human growth and development.

The Department and the Medicaid managed care organizations shall take appropriate actions to ensure that recipients of CPST and PSR services are authorized to receive customized treatment based on the medical necessity of the recipients.

# New Roster Requirements

UnitedHealthcare Community Plan Roster Requirements for  
Licensed and Non-Licensed Behavioral Health Providers

Non-Licensed Provider Training Attestation Letter



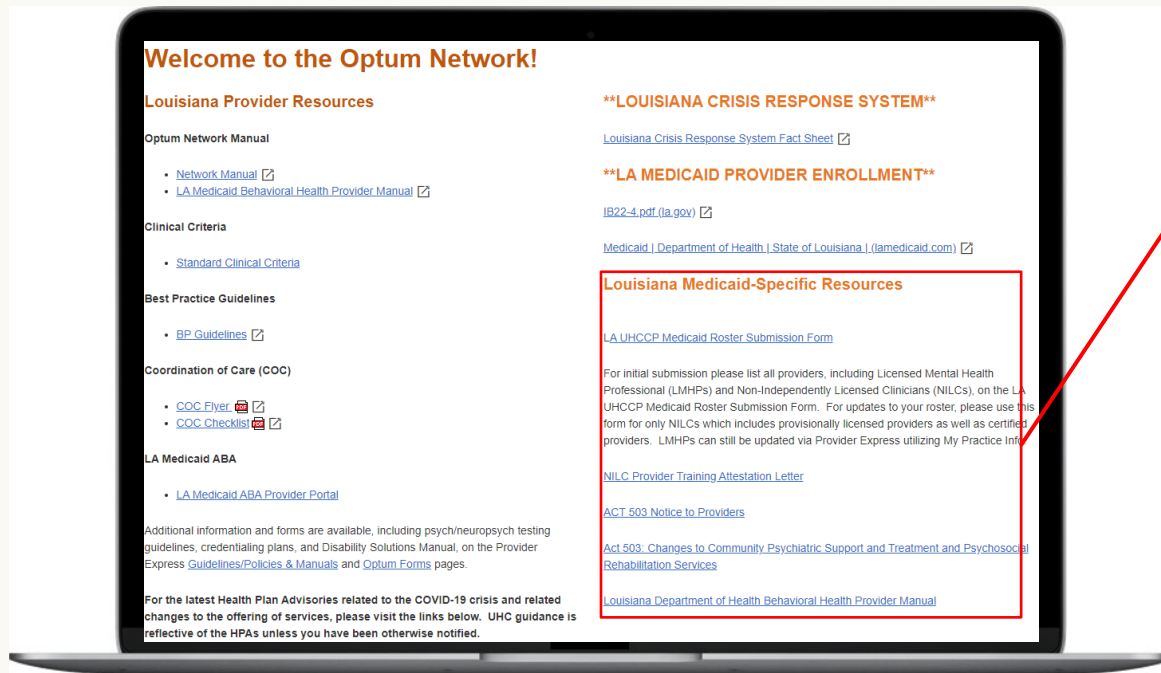
# Roster Requirements

- Due to the upcoming changes to CPST and PSR Service Providers, we are requesting that our Mental Health Rehabilitation Service Providers complete a roster form
- Please list all your agency staff providers (Licensed and Non-Licensed) who service our member
- This includes the providers we may currently have listed as par in the UnitedHealthcare Community Plan Network

**Please Note:**

**If you have multiple locations, a roster form must be completed for each location.**

# The Louisiana Page on Provider Express



## Welcome Louisiana (providerexpress.com)

- [LA UHCCP Medicaid Roster Submission Form](#)
- [NILC Provider Training Attestation Letter](#)
- [ACT 503 Notice to Providers](#)
- [Act 503: Changes to Community Psychiatric Support and Treatment and Psychosocial Rehabilitation Services](#)

### Non-Licensed Provider Training Attestation Letter

Agency Name:

Contact Name for Training:

Clinical Director Name and Signature\*:

\_\_\_\_\_  
Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Licensure

- When you sign **and** submit this letter, you attest that you have completed the seven standardized trainings for Non-Licensed Providers that are available on our website at [providerexpress.com](http://providerexpress.com).

Required Training Modules:

- Co-occurring Disorders
- Crisis Intervention
- Cultural and Linguistic Competency
- Serious Mental Illness and Emotional Behavioral Disorders
- Suicide and Homicide Precautions
- System of Care Overview
- Treatment Planning

Upon completion of this form, please email to [networkse@optum.com](mailto:networkse@optum.com).

A copy of this signed letter of attestation shall be maintained in the provider's personnel record as verification of completion of this state required training.

**We will also accept training attestation forms from Healthy Blue, Louisiana Healthcare Connections, Aetna, AmeriHealth Caritas and Humana.**

Staff Name	Staff Title/Credentials	Dates of Training	Staff Signature*

# Non-Licensed Provider Training Attestation Letter

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All Non-licensed Behavioral Health Providers are required, by the Louisiana Department of Health and Hospitals, to complete [standard basic training courses](#).

Please update your training attestation for all Non-licensed Providers and submit with your roster.

Return the updated roster form and attestation to [networkse@optum.com](mailto:networkse@optum.com).

# New Roster Form

UnitedHealthcare Community Plan Roster Form for Licensed  
and Non-Licensed Behavioral Health Providers

Fee Schedule

# Group / Agency Information

- Agency Name
- Agency TIN
- Agency NPI
- Agency Practice Location Address
- Agency License Number For Practice Location

<b>AGENCY NAME</b>
<b>AGENCY TIN</b>
<b>AGENCY NPI</b>
<b>AGENCY PRACTICE LOCATION ADDRESS</b>
<b>AGENCY LICENSE NUMBER FOR PRACTICE LOCATION</b>

# Provider Information

- Add Or Term Provider
- Provider Effective Date Or Term Date With Group
- Last Name
- First Name
- Social Security Number
- Date Of Birth

Provider Information					
ADD OR TERM PROVIDER	PROVIDER EFFECTIVE DATE OR TERM DATE WITH GROUP	LAST NAME	FIRST NAME	SOCIAL SECURITY NUMBER	DATE OF BIRTH

## Provider Information (continued)

- Individual NPI
- Taxonomy
- Medicaid ID, If Applicable
- Medicare ID, If Applicable
- Gender
- License Type (If Not Licensed, Fill In With N/A)

<b>INDIVIDUAL NPI</b>	<b>TAXONOMY</b>	<b>MEDICAID ID, IF APPLICABLE</b>	<b>MEDICARE ID, IF APPLICABLE</b>	<b>GENDER</b>	<b>LICENSE TYPE (IF NOT LICENSED, FILL IN WITH N/A)</b>



## Provider Information (continued)

- License Number, If Applicable
- Certification Type, If Applicable
- Certification Number, If Applicable
- Degree Level
- Field Of Study
- Name of University or College Issuing Degree

LICENSE NUMBER, IF APPLICABLE	CERTIFICATION TYPE, IF APPLICABLE	CERTIFICATION NUMBER, IF APPLICABLE	DEGREE LEVEL	FIELD OF STUDY	NAME OF UNIVERSITY OR COLLEGE ISSUING DEGREE

## Provider Information

- Behavioral Health Services Performed (Example: CPST, PSR, Psych Outpatient, MST, etc.)

**BEHAVIORAL HEALTH  
SERVICES PERFORMED  
(EXAMPLE: CPST, PSR, PSYH  
OUTPT, MST, ETC.)**

## Fee Schedule (Revised Rates)

Community Psychiatric Support and Treatment					
Service	Current Bachelors Level	Current Masters Level	MHR Redesign Rates		
CPST Community	\$16.85	\$20.28	<b>\$27.21</b>		
CPST/PSH Community	\$17.70	\$21.30	<b>\$28.57</b>		
CPST Office	\$14.87	\$18.06	<b>\$21.43</b>		
CPST/PSH Office	\$15.60	\$19.00	<b>\$22.50</b>		
Psychosocial Rehabilitation					
Service	Current Bachelors Level	Current Masters Level	Grandfathered HS Diploma	Bachelors Level	Masters Level
PSR Community	\$12.67	\$12.67	<b>\$12.67</b>	<b>\$14.14</b>	<b>\$20.28</b>
PSR/PSH Community	\$12.67	\$12.67	<b>\$13.30</b>	<b>\$14.85</b>	<b>\$21.30</b>
PSR Office	\$10.99	\$10.99	<b>\$10.99</b>	<b>\$12.01</b>	<b>\$14.87</b>
PSR/PSH Office	\$10.99	\$10.99	<b>\$11.54</b>	<b>\$12.61</b>	<b>\$15.61</b>
PSR Group	\$2.20	\$2.20	<b>\$2.40</b>	<b>\$2.40</b>	<b>\$2.40</b>

\*Effective 1/1/23 pending CMS approval.

# Q&A

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Duration of segment

# Thank You!

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Contact information:

Louisiana Provider Services

**1-866-675-1607**

or

[networkse@optum.com](mailto:networkse@optum.com)