



LOUISIANA OFFICE OF BEHAVIORAL HEALTH CERTIFICATION MANUAL

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LOUISIANA OFFICE OF BEHAVIORAL HEALTH ISSUED: 03/01/12

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OVERVIEW

The Louisiana Office of Behavioral Health Certification Section is responsible for establishing certification requirements for individuals, programs, agencies, providing services within the Louisiana Behavioral Health Partnership (LBHP). The Louisiana Behavioral Health Partnership is a managed care initiative organizing services across agencies, under the management of a single statewide management organization, Magellan of Louisiana.

Certification requirements have been established for individual agencies and organization level agencies consistent with best practices and the authorizing documents approved by CMS for operations within the LBHP. These requirements are intended to assure the safety, integrity, and quality of services to those served within this managed care initiative. The certification process may include site visits, review of documentation, consultation with proprietary agents or other collateral contacts as necessary to verify adherence to certification requirements.

Magellan of Louisiana is the fiscal intermediary that processes billing claims, assists agencies with billing problems, and completes the credentialing and contracting of new agencies. Magellan will also perform site visits, provider audits, as it deems necessary to ensure adherence to Quality Management standards and credentialing /contract requirements.

Contact information:

**Magellan Behavioral Health
For Magellan Agencies**
E-mail - LAAgencyquestions@magellanhealth.com
Call - Agency Service Line 1-800-788-4005
<http://www.magellanoflouisiana.com/magellan-of-louisiana-en.aspx>

All services within the Louisiana Behavioral Health Partnership must be delivered in accordance with federal and state laws, rules and regulations, credentialing/contracting requirements by Magellan, the LBHP Service Manual, this certification manual and any other notices or directives issued by OBH. These services must also be delivered by practitioners operating within the scope of their license as required by the respective Louisiana Practice Acts. It is the responsibility of each agency to be knowledgeable regarding the LBHP Service Manual Agency Qualifications, policies and procedures governing services they provide and to be aware of any revisions issued by OBH.

Providers are required to offer services under the Recovery / System of Care philosophical approaches, engaging the individual who is the focus of treatment and those in positions to support their care as directed by the recipient. The goals of services provided are to facilitate the achievement of the following outcomes:

- Assist recipients in the stabilization of acute symptoms of mental illness or

- emotional challenges;
- Assist recipients in coping with the longer term symptoms of their mental illness or emotional challenges;
- Enhance the strengths of recipients challenged by mental illness or emotional issues to support independent living;
- Reduce or prevent psychiatric hospitalizations; and,
- Minimize time lost from gainful employment or time spent in out-of-home placement and disruptions in school.

CERTIFICATION AND RECERTIFICATION

When applying for certification, prospective agencies and/or independent practitioners must follow the process described and meet the requirements for the respective certification type. Each location where business is routinely conducted and services are provided will need to be certified. This does not include those sites or locations that meet the definition of an off-site service delivery location.

Certification

Certification applications are required for any agency or individual practitioner requesting:

- Certification to provide services under the Louisiana Behavioral Health Partnership
- Agency change in ownership

The Office of Behavioral Health Certification Section will conduct the certification review. The OBH Certification Section reviews the certification application to ensure the applicant meets certification criteria. The OBH Certification Section review may include site visits, review of documentation, consultation with proprietary agents or other collateral contacts as necessary to verify adherence to certification requirements. If the application and other verification activities determine that the applicant has met the certification requirements, the OBH Certification Section will forward an approval letter to the applicant and to Magellan of Louisiana's Credentialing Section.

Upon receipt of the OBH Certification approval letter, Magellan of Louisiana may begin the credentialing process. Magellan reviews the completed credentialing applications. If the applicant meets the credentialing criteria, Magellan may then decide to contract with the provider. Failure to meet OBH certification criteria or failure to fully comply with the certification review process may result in a denial of certification and possible exclusion from the LBHP managed care program.

Certification and Application

To obtain an application, or if you have any questions about the certification process, you may contact an OBH Certification Section representative by calling (225) 342-1630 or email your

questions to OBH Certification Section at OBHCertification@la.gov . You may also choose to download a copy of the certification application at the following web address:

<http://new.dhh.louisiana.gov/index.cfm/page/538>

Any applicant who elects to enroll with Magellan of Louisiana to provide services within the LBHP shall apply to the Office of Behavioral Health for certification. The applicant shall create and maintain documents to substantiate that the applicant meets all prerequisites in order to be certified.

Certification Process

The process described in this section of the certification manual applies to certification of any agency or individual practitioner who will provide services within the LBHP managed care system.

Application Review

An applicant may mail, hand-deliver, e-mail or fax the completed application (s) with required attachments to the following:

Office of Behavioral Health
Attn: Certification Section
628 N. 4th St.
P.O. Box 4049 Bin #: 12
Baton Rouge, LA 70802
Email: OBHCertification@LA.GOV
Fax: 225-342-8912

An applicant shall undergo one (1) or more of the following reviews by the Office of Behavioral Health before certification to provide services to ensure compliance with agency operational requirements:

- application / documentation review
- a site review

The Office of Behavioral Health shall conduct a review of all application documents for compliance with certification requirements. The certification application must be approved by the Office of Behavioral Health prior to any required site review of the applicant's physical location.

- If the application documentation furnished by the applicant is not acceptable, the applicant will be notified of the deficiencies.
- The applicant has thirty (30) days from the date of receipt of the notice to correct

the document deficiencies. If the applicant fails to resubmit the application or if the application is not approved, certification may be denied.

- Following approval of the application, the Office of Behavioral Health Certification Section may schedule a site review.
- If the site meets all operational requirements, the certification request may be approved and a certification approval letter forwarded to Magellan of Louisiana.
- If at the site review all operational requirements are not met, the agency will be notified of the deficiencies.

The applicant will have thirty (30) days from the date of receipt of the notice to correct any deficiencies.

A follow up site review may be conducted if deemed necessary by the Office of Behavioral Health.

If the applicant fails to correct all deficiencies, certification may be denied.

Certification Approval

Magellan of Louisiana may credential the prospective provider requesting certification once the OBH Certification Section certifies compliance with all policy and operational requirements. If the prospective provider fails to meet any certification requirements, they may not be contracted as a provider under the LBHP managed care initiative. The applicant shall undergo the entire review process detailed above if they reapply for certification.

Changes or Events That Must Be Reported

Certain changes or events must be reported in writing to Office of Behavioral Health Certification Section. Since failure to comply with these requirements may result in a loss of certification, it is advisable to confirm receipt of the change reported.

All changes reported to the Office of Behavioral Health must be e-mailed or faxed to the Certification Section at 225-342-8912 using a LBHP Certification Change Report Form. To obtain change report forms, visit the OBH Certification website @ <http://new.dhh.louisiana.gov/index.cfm/page/538>

If you need assistance, contact an OBH Certification Section representative by calling (225) 342-1630.

Change of Address

A Change Report Form with the following attachments must be submitted to the Office of

Behavioral Health Certification Section sixty (60) days prior to the first day of operation in the new location.

Attachments

- Proof of an inspection and approval by the Office of Public Health, Sanitation Department (as coordinated by Al Mancuso at 225-342-8959 or Joy Acklen-Raymond at 225-342-8950 to arrange the correct type of inspection in all LA parishes); and, Proof of an inspection and approval by the Office of State Fire Marshall.

NOTE: The inspections may not be required if the agency is moving to a different office location within the same building.

The Office of Behavioral Health Certification Section may conduct a site review to ensure the location complies with operational requirements. Failure to comply with the requirements listed above may result in sanction(s) against the agency.

NOTE: Establishment of an additional office location is not a change. A new office location requires a new agency certification application to be submitted.

Off-site Service Delivery Location (Establishment or Closure)

Providers who regularly use the same off-site service delivery location solely for the provision of service delivery must notify the Office of Behavioral Health Certification Section.

A Change Report Form with the following attachments must be submitted to the Office of Behavioral Health Certification Section sixty (60) days prior to the first day of operation in the new location. The Office of Behavioral Health Certification Section may conduct a site review.

Attachments

- Proof of an inspection and approval by the Office of Public Health Sanitation Department (as coordinated by Al Mancuso at 225-342-8959 or Joy Acklen-Raymond at 225-342-8950 to arrange the correct type of inspection in all LA parishes); and,
- Proof of current inspection and approval by the Office of State Fire Marshal.

Change in Contact Information

Changes in the provider's telephone number (voice and fax) and agency's email address (s) on file with Office of Behavioral Health Certification Section must be reported at the time the change is made.

Change in Population

Changes in the population served must be reported at the time the change is made. The provider's policies and procedures must be updated to reflect the change.

Change of Services Provided

Changes in the services provided must be reported at the time the change is made. The provider's policies and procedures must be updated to reflect the change.

Changes of Ownership

A Change Report Form must be submitted to the Office of Behavioral Health Certification Section sixty (60) days prior to the change in ownership. The new owner must meet all certification requirements as outlined earlier in this section. The Office of Behavioral Health Certification Section will conduct a certification review to ensure the new owner complies with all applicable federal and state regulations.

Provider Closures

If a provider makes the decision to discontinue providing services, a Change Report Form must be submitted to the Office of Behavioral Health Certification Section thirty (30) days prior to the closure date. Notification shall include the last date services will be provided and the location where recipient and administrative records will be stored.

Staff

Staff changes negatively impacting ability to meet provider qualifications of services provided must be reported at the time of the change.

Accreditation Status (as applicable)

The provider must submit a Change Report Form to the Office of Behavioral Health Certification Section immediately upon notification of accreditation suspension or action taken that could result in loss of accreditation. The provider must attach all documentation (letter or reports) from the accrediting body as described above.

Insurance Coverage

The provider must immediately report cancellation of required insurance coverage.

Reportable Events

- Accredited organizations must report information about significant or critical

events including sentinel events, investigations, material litigation, and catastrophes through Magellan's incident reporting process; and,

- Any other occurrence, which affects compliance with certification requirements.

Loss of Certification

There may be an immediate loss of certification if at any time the provider fails to report the changes documented above and/or fails to maintain program requirements or accreditation status. The agency may not reapply for certification until all requirements for certification are met and verified by the Office of Behavioral Health Certification Section.

Recertification

The Office of Behavioral Health may conduct a recertification review to ensure continued compliance with all regulations and policies. Certified agencies shall apply for recertification annually. The recertification process shall begin July 1st of each year. Agencies will be recertified by October 1st and are considered recertified until September 30th of the following year. The Office of Behavioral Health may conduct a recertification review to ensure continued compliance with all LBHP regulations and policies.

The completed recertification application and any required attachments may be mailed, hand-delivered, e-mailed or faxed to:

Office of Behavioral Health
Attn: Certification Section
628 N. 4th St.
P.O. Box 4049 Bin #: 12
Baton Rouge, LA 70802
Email: OBHCertification@LA.GOV
Fax: 225-342-8912

Required recertification application attachments may include but are not limited to the accreditation report, copies of specific policies or procedures, and current staff information. Required documentation may differ among agencies based upon individual agency profiles. An on-site review may be conducted to ensure compliance with all rules and requirements.

Failure to Recertify

If the applicant fails to meet any recertification requirements and recertification is denied, the agency may be terminated and may not reapply for one year from the date of the notice of termination.

Agencies that fail to meet all requirements for recertification will receive a written notice identifying the deficiencies. These deficiencies must be corrected within sixty (60) days of the

date of the notice. Failure to resubmit the application within sixty (60) calendar days and/or failure to correct the deficiencies may result in sanction(s), including loss of certification.

Informal Review and Appeal Procedure

If an applicant fails to meet all certification requirements, and is denied certification a letter will be sent by OBH Certification. The following section details the appeals rights available to the applicant.

Informal Review

You are entitled to an administrative review of this action. Initially, you may request an Informal Review at which you are entitled to both present information in writing or orally, present documents, and to inquire as to the reasons for our determination. You must make your request for an Informal Review in writing and within fifteen (15) calendar days (including Saturdays and Sundays) of receipt of the notice of sanction.

Your written request should be sent to:

**Office of Behavioral Health
Attn: Certification Section
628 N. 4th St.
P.O. Box 4049 Bin #: 12
Baton Rouge, LA 70802**

You may be represented by an attorney or authorized representative at the Informal Review. Your attorney or authorized representative must file a written notice of representation identifying him/her by name, address, and telephone number at the address given above.

Following the Informal Review you will receive a written Notice of the Results of the Informal Review from which you are entitled to seek an appeal before the Department's Bureau of Appeals. Your request for an Administrative Appeal must be in writing and set out the reasons for which you are seeking an appeal and the basis upon which you disagree with the results of the Informal Review. All requests for an Administrative Appeal must be received within thirty (30) calendar days (including Saturdays and Sundays) of the receipt of the Notice. Request for an Administrative Appeal must be sent to the address given below (please send a copy of this request to the Medicaid Behavioral Health Section at the address given above):

**Director, Bureau of Appeals
DHH Appeals Bureau
P. O. Box 4183
Baton Rouge, LA 70821-4183
(225) 342-0443**

You may be represented by an attorney or authorized representative at the Administrative Appeal. Your attorney or authorized representative must file a written notice of representation identifying him/her by name, address, and telephone number at both of the addresses given above.

You may choose to forego the Informal Review and instead request an Administrative Appeal of this action. If you choose this alternative, please follow the procedure described above for scheduling an Administrative Appeal.

Note: The Office of Behavioral Health and/or Magellan may initiate sanctions in the form of a termination based on fraud and abuse or health and safety shall take effect immediately upon notice. In cases not involving health and safety or program integrity issues where fraud or abuse is at issue, a sanctioned provider who has timely filed an appeal shall be allowed to accept new recipients during the appeals process unless the appeal is delayed beyond ninety (90) days due to action on the part of the provider. If the appeal is delayed beyond ninety (90) days due to action on the part of the provider, the provider may be prohibited from taking on new recipients until a ruling on the appeal has been issued.

ORGANIZATIONAL CERTIFICATION REQUIREMENTS

Agencies seeking to provide services within the LBHP must complete the following organizational requirements and include the following required attachments:

- Certification Application;
- Agencies providing rehabilitation services (CPST, PSR for youth or adults, and/or CI), Psychiatric Rehabilitation Treatment Facilities (PRTF), Therapeutic Group Homes and Residential Addictions treatment facilities, must supply proof of accreditation or proof that the applicant applied for accreditation and paid the initial application fees for one of the national accreditation organizations listed below. New agencies must present proof of full accreditation within eighteen (18) months following initial contracting date with:
 - The Council on Accreditation;
 - The Commission on Accreditation of Rehabilitation Facilities; or,
 - The Joint Commission on Accreditation of Health Care Organizations.
- Agencies providing Evidence Based Program services (MST, FFT, Homebuilders, ACT, etc.) must meet additional requirements specific to these services as listed in the Service Definitions Manual.
(<http://new.dhh.louisiana.gov/index.cfm/page/538>)
- Agencies providing Permanent Supportive Housing (PSH) must meet additional requirements. Please refer to additional service criteria for PSH located in the SMO library:

(<http://new.dhh.louisiana.gov/index.cfm/page/538>)

- Agencies must document fiscal ability to maintain operations for up to ninety (90) days in the event there is an interruption or unanticipated delays in reimbursement for the organization. *Budget showing actual or projected monthly expenses, line of credit, or other documentation will be sufficient for this requirement.
- Establish and maintain a general liability and a professional liability insurance policy with at least \$1,000,000 coverage under each policy. Agencies with more than one site must have a separate policy for each location or each location must be identified on the agency's policy. The certificates of insurance for these policies shall be in the name of the agency. The agency address on the policy must be the office location where services are provided in the state of Louisiana.

The agency shall notify OBH and Magellan when coverage is terminated for any reason. Coverage shall be maintained continuously throughout the time services are provided and thereafter for a period of one year. Government entities or organizations are exempt from this requirement.

- Corporations must provide current proof of business registration with the Secretary of State. Registration must be active and in good standing with the Secretary of State.
- The site must be inspected and approved by the Office of Public Health (OPH), Sanitation Department within 90 days prior to the certification application date. This requirement is applicable for on-site and off-site locations.
- The site must be inspected and approved by the Office of State Fire Marshal within 90 days prior the certification application date. This requirement is applicable for on-site and off-site locations.
- Agencies providing Rehabilitation services (CPST, PSR, CI), must meet the minimum clinical competence criteria. To meet this requirement, each agency must have documented clinical experience providing behavioral health services to the population served by that agency. As such, each agency must have a combined three (3) years (in one (1) year increments), experience providing behavioral health services to adults or children/youth who meet the medical necessity criteria for the LBHP. If an agency provides services to both youth and adult recipients, then 3 years clinical experience must be demonstrated for each recipient population.

The agency may be required to submit documentation such as staff resumes to document compliance with this requirement. The agency shall employ sufficient staff to meet the minimum clinical competency standard.

The applicant shall create and maintain documents to substantiate that the agency meets all prerequisites for certification. The certification application is reviewed by the OBH Certification Section to ensure the applicant meets standard criteria. The OBH Certification Section review

may include site visits.

In addition to the organizational requirements listed previously, agencies must meet the following general organizational certification requirements;

- Program Philosophy
- Administration
- Organizational Structure
- Cooperative Agreement
- Governance
- Policy Manual
- Quality Management Process
- Agency Operations

Program Philosophy

The agency must describe and communicate the program philosophy and all relevant program standards that include input from the recipient and from others such as family members, caregivers and advocates.

Administration

The policies and procedures of the agency shall:

- Assume full responsibility for the delivery of all services, including those delivered through contracts, subcontracts, or consultant agreements.
- Ensure that services provided by contractors, subcontractors and consultants conform to all federal and state regulations, LBHP Service Manual standards, regarding delivery and documentation of services and staff qualifications.
- Provide for immediately reporting of any suspected or known violations of any civil or criminal law to the appropriate authority and to the Office of Behavioral Health Certification Section.
- Assure maintenance of written procedures and implementation of all required policies and procedures immediately upon acceptance of recipients for services.
- Accept full responsibility to ensure that the office locations meet all applicable federal, state, and local requirements. The transferring of certifications to a new location is strictly prohibited.

Organizational Structure

The agency must maintain a current, functional organizational chart that defines the lines of

authority. The owner must designate an administrator who will have overall responsibility for management of daily operations. The administrator or designee shall be accessible to the Office of Behavioral Health Certification Section staff during all normal business hours.

Cooperative Agreement

The agency agrees to cooperate with the Office of Behavioral Health with regard to recertification, monitoring of all service related activities, and any function that may affect recipients. The agency also agrees to require each contracted person or entity to sign an agreement to comply with the requirements stated above. This may include interviewing the staff, recipients, family or other stakeholders and observation of services.

Governance

The agency must have an identifiable governing body. The names and addresses of all members of the governing body, their terms of membership, officers and their terms of office must be documented. The governing body must:

- Documentation of contact information for recipient and family representation.
- Hold formal meetings at least semi-annually to discuss programmatic and administrative operations, have written minutes of all formal meetings, and by-laws specifying frequency of meetings and quorum requirements.
- Have specific responsibility and authority over the policies and activities of the agency and:
- Ensure the agency's compliance with its articles of incorporation and/or its charter;
- Ensure the agency's continual compliance with all relevant federal, state, local, and municipal laws and regulations;
- Ensure that the agency is adequately funded and fiscally sound;
- Review and approve the agency's annual budget;
- Review and approve the annual external fiscal audit or audit review by a certified public accountant;
- Designate a qualified individual, based on the owner's recommendation, to act as administrator, delegate sufficient authority to this person to manage the agency, and annually evaluate the administrator's performance; and
- Formulate and annually review, in consultation with the administrator, written policies concerning the agency's philosophy, goals, current services, personnel

practices, job descriptions and fiscal management.

Policy Manual

The agency shall develop, maintain, and implement a written internal policy manual. The agency must document that staff has been trained on the policy manual and make it available to all staff. The manual must be made available to the Office of Behavioral Health and recipients upon request. The manual must include the following:

- A policy governing creation and retention of administrative and personnel records;
- Employment policy assuring the prevention of discrimination based on race, color, religion, sex, age, national origin, disability, disabled veteran, or any other non-merit factor;
- A policy for conducting Tuberculosis (TB) Tests. Each agency must coordinate processes to reduce the risk of such infections in recipients and staff. Skin testing procedures should be made part of the agency's infection control program. Agency shall have documentation that all persons, prior to or at the time of employment shall be free of TB in a communicable state;
- Written procedures for maintaining the security and the confidentiality of recipient records;
- A comprehensive training policy for all employees, volunteers and students which meets specified requirements;
- A brief description of all services provided;
- A policy for adhering to Americans with Disabilities Act (ADA) guidelines;
- An operations policy that includes a mission statement, program philosophy, and goals of the agency;
- A complaint resolution procedures;
- A policy and procedure regarding abuse, neglect, extortion or exploitation;
- Agencies must have a policy that clearly defines abuse, neglect, extortion and exploitation of children and adults. All such policies and definitions must be in accordance with applicable state and federal laws, including, but not limited to the following:

LSA-R.S. 14:403.2 et seq. (or subsequent updates);
LSA-Ch.C Art. 601 et seq. (or subsequent updates).

LSA-R.S. 40:2009.13 et seq. (or subsequent updates);

- Agencies must have a procedure for reporting suspected cases of abuse, neglect, extortion or exploitation as required by law. The procedure must include the mandatory reporting by staff of any suspected cases of abuse, neglect, extortion or exploitation. A staff member, subcontractor, volunteer or intern who witnesses, has knowledge of, or otherwise has reason to suspect that such an incident may have occurred must report the incident to the appropriate law enforcement and state agencies such as Department of Children, Families and Youth Services (DCFYS), Child Protection, Adult Protective Services, and the Office of Behavioral Health. This includes incidents that occur in the agency offices as well as situations that may arise outside the office.
- Agencies must also have an internal procedure to investigate and report such incidents allegedly committed by an employee.
- Agencies must conduct criminal background checks through the Louisiana Department of Public Safety, State Police on all employees prior to employment. If the results of any criminal background check reveal that the employee was convicted of any offenses against a child/youth or an elderly or disabled person, the employer shall not hire and/or shall terminate the employment of such person. In the case of an individual with a criminal background record involving other offenses, the agency should exercise caution and good judgment in conjunction with their liability insurance carrier regarding hiring that individual. The agency shall not hire an individual with a record as a sex offender nor permit these individuals to work for the agency as a subcontractor.

If the agency offers services to children/youth, the background checks must be performed as required by R.S. 15:587.1 and R.S. 15:587.3 et seq.

- The agency shall have a policy to ensure an alcohol and drug-free workplace and a workforce free of substance abuse.
- The agency shall establish policies for business management and staffing to assure maintenance of complete and accurate accounts, books and records in keeping with generally accepted accounting principles.
- A recipient orientation policy. The orientation information must include the following:
 - A mission statement;
 - Array and type of intervention services offered;
 - Staff qualifications;
 - A statement of after hours access to services;
 - Recipients crisis management procedures, including de-escalation;
 - Complaint resolution procedures;

- Discharge planning procedure;
- Information as required by the Office of Behavioral Health that may include but is not limited to the Magellan Louisiana Member Services handbook;
- Emergency preparedness plan;
- Seclusion and restraint policy; and
- Recipient's rights including, but not limited to:
 - Freedom to choose his/her agency;
 - The right to ask for a different agency;
 - The right to request changes to their treatment plan, crisis plan, and discharge plan;
 - The right to confidentiality;
 - The right to review their record;
 - The right to complain about their services without fear of reprisal, such as discontinuance of services; and,
 - The right to be free from being restrained or secluded, unless necessary to protect him/herself or others from harm.

NOTE: Recipients have these rights regardless of their age, race, sex, religion, culture, lifestyle, ability to communicate, and disability.

Quality Management Process

The agency shall have systems and procedures for the ongoing monitoring of the quality, appropriateness and utilization of services delivered. Data collected must be reliable, valid, complete and accurate. Agency staff performing the quality management (QM) function should be knowledgeable regarding QM procedures.

Findings should be used to make programmatic changes, to identify training needs, to improve the quality of services and in financial and resource planning. Input from recipients and other stakeholders, obtained through public hearings, representation on advisory committees, or small focus groups, must be an integral part of the process.

To ensure individuals being served in Evidence Based Programs (MST, FFT, ACT, PSH, etc.) receive the most benefit from that specific program and that services are provided in a consistent manner across the state, certified EBP providers must submit documentation of adherence to the fidelity standards for the specific program model as part of the initial certification application and at re-certification.

Agency Operations

The agency must establish regular business office hours for all certified office locations.

NOTE: This requirement does not apply to off-site service delivery locations.

Offices shall be located in areas separate and apart from areas of residential occupancy and be

clearly identifiable as a separate office. The environment must be appropriate to the care and treatment of the recipients and ensure confidentiality and personal safety.

An office location is fully operational when the agency:

- Is certified by the Office of Behavioral Health to offer Rehabilitation services and is credentialed / contracted with Magellan of Louisiana.
- Has at least five active recipients at the time of any recertification or monitoring review, other than the initial application review. To be considered active, a recipient must be authorized for services.
- Is capable of accepting referrals at any time during regular business hours.
- Retains adequate staff to assess process and manage the needs of current recipients.
- Has the required designated staff on-site (at each location) during business hours.
- Is immediately available to its recipients and Magellan by telecommunications twenty-four (24) hours per day.

Note: Recipients should have an agency contact number for use in emergencies and should not automatically be directed by voice mail or staff to call 911 or go to an emergency room.

Services may be delivered in off-site service delivery locations that are:

- Publicly available and commonly used by members of the community other than the agency (e.g., libraries, community centers, Young Men's Christian Association (YMCA), church meeting rooms, etc.);
- Used solely for the provision of allowable off-site service delivery;
- Directly related to the recipient's usual environment (e.g., home, place of work, school); or,
- Utilized in a non-routine manner (e.g., hospital emergency rooms or any other location in which a crisis intervention service is provided during the course of the crisis).

NOTE: Agencies who utilize off-site service delivery locations solely for the provision of allowable services must notify the Office of Behavioral Health Certification Section regarding this reportable change as outlined in the Certification and Recertification section of this manual. The Office of Behavioral Health Certification Section may conduct a site review. Off-site service delivery locations may not house records, maintain staff or be used to conduct regular business.

Every location where services are provided shall be established with the intent to promote growth and development, recipient confidentiality and safety. Service may not be provided in the home (s) of the agency's owner, employees or agents. Group counseling and psychosocial skills training (adult and children/youth) services may not be provided in a recipient's home or place of residence.

The agency accepts full responsibility to ensure that its office locations meet all applicable federal, state and local licensing requirements. The transferring of license and certifications to new

locations is strictly prohibited. It is also the responsibility of the agency to notify the Office of Behavioral Health immediately of any office relocation or change of address and to obtain a new certification and license (if applicable).

Each agency must develop and implement an emergency preparedness plan that includes:

- The measures that will be taken to ensure the safety and security of employees and recipients;
- Provisions to protect business records, including employee and recipient records; and;
- A means of communication with the Bureau to report status of the agency post-disaster.

STAFFING AND TRAINING

The LBHP Service Definitions Manual establishes agency qualifications, eligibility standards, for services authorized within the Louisiana Behavioral Health Partnership managed through Magellan of Louisiana. The agency agrees to establish and maintain staffing requirements necessary to ensure an adequate level of effective, efficient, and professional services as defined in the LBHP Service Definitions Manual. The agency must ensure that the staff members possess the minimum requisite skills, qualifications, training, supervision, and coverage in accordance with the requirements described in the most recent version of the LBHP Service Definitions Manual.

Personnel Records

Personnel records creation and retention policies shall be developed, implemented and maintained by the agency. The agency shall maintain documentation and verification of all relevant information necessary to assess qualifications for all staff, volunteers and consultants. All required licenses as well as professional, educational, work experience and dates of employment must be verified. All verifications must be documented in the employee's or agent's personnel record prior to the individual providing billable Medicaid services.

Confidential Information

The following shall be maintained in a separate confidential file available for review when requested by the Office of Behavioral Health or other legitimate governmental entities:

- Drug testing results,
- Criminal background check, and
- TB test results.

Staff Qualifications

Staff delivering services must meet the education and experience requirements established in the

most recent version of the LBHP Service Definitions Manual (SDM).

Composition of clinical staff shall be determined by the agency, based on LBHP SDM qualifications for the services provided, an assessment of the needs of the community being served, the facility's goals, the programs provided, and applicable laws and regulations.

Supervision shall be provided by qualified professional personnel for all non-licensed and paraprofessional clinical staff.

Agencies shall ensure that psychiatric services are available as needed to meet the needs of those served. This requirement can be met through consultation, services delivered at the agency office, an off-site service delivery location, or in a recipient's natural environment (home or school) as medically necessary. The psychiatrist must be a licensed medical doctor (M.D. or D.O.) who is board-certified or board-eligible, authorized to practice psychiatry in Louisiana, and enrolled to participate in the Louisiana Medicaid Program.

Backup Staff

In the event a staff member is not available, back up staff must meet all staff qualifications, training, and supervision requirements outlined in the LBHP SDM. Critical clinical information, including the comprehensive crisis plan, the current assessment, and the current Individualized Treatment Plan, must be available to the back-up staff.

Supervision

Every unlicensed employee providing direct clinical services shall receive continuing direct and documented clinical supervision from a licensed mental health professional. Supervision shall be carried out by the LMHP who is directly responsible for the recipient. Peer supervision may not be used.

Supervision of staff shall include direct clinical review, assessment and feedback regarding the delivery of services, and teaching and monitoring of the application of Recovery/Resiliency and System of Care principles and practices. Supervision must be provided in a culturally sensitive manner that represents the cultural needs and characteristics of the staff and the service area. Supervision must be available by telephone whenever the employees are delivering services or are on call.

Orientation

Orientation shall be provided to new staff member, subcontractor, volunteer, or intern. The agency shall develop, implement and maintain an orientation policy that conforms to the standards in the agency manual. All employees, volunteers, and students must receive orientation and training prior to providing services. All orientation shall be documented in the employee's personnel record. The documentation shall include the date, title, class time (s), name and

credentials of all trainers, and a dated, original signature of the trainee.

A new employee does not need to complete orientation if there is documentation indicating that equivalent orientation was completed within the past twelve (12) months. This applies to employees who are rehired or who transfer from another agency.

Orientation will include but need not be limited to the following;

- Confidentiality;
- Protection of rights and reporting of violations;
- Abuse and neglect policies and procedures;
- Emergency and safety procedures;
- Infection control procedures;
- Agency policies and procedures;
- Ethics, including advertising and solicitation;
- Crisis intervention;
- Suicide and homicide precaution procedures;
- Prevention of workplace violence;
- Expectations regarding professional conduct; and
- Recipient rights.

Training

Initial and ongoing training shall occur on a routine basis to ensure that the staff demonstrate competency in areas necessary to assure quality service provision. Staff competency is evidenced by the staff person's ability to describe and apply the information obtained in the orientation and training. Ongoing training shall also be offered in response to service delivery issues identified through quality management activities.

Initial Training

The following training topics are recommended but not exhaustive:

- Person and family centered services;
- Basic information about mental illness;
- Developing and implementing behavioral interventions;
- Skills training (specific teaching methods and methods to track consumer progress);
- Linking and coordinating natural and community supports;
- Developing effective service plans including goals using —SMART- (Specific, Measurable, Action-Oriented, Realistic, and Time-Limited); and,
- Training specific to the services being provided (CPST, PSR, CI, etc.).

Other Required Training

- Training on the specific screening and assessment tools utilized by the agency must be completed by the LMHP prior to conducting screening or assessment services and prior to billing.
- All staff providing direct services for a PSR program must have documented training related to the psychosocial rehabilitation model(s) utilized in the program.
- Prior to handling or managing crisis calls unlicensed person employed by the agency shall have at documented training in a recognized Crisis Intervention curriculum. This training must be updated annually.
- Cultural competency training designed to achieve respect for cultural differences and cultural proficiencies related to the populations served by the agency.
- First aid, cardiopulmonary resuscitation (CPR) and seizure assessment.

NOTE: Psychiatrist, APRN/CNS, NP, and RN, and LPN are exempt from first aid and seizure assessment training.

NOTE: Supervision is not considered training.

NOTE: All documents must be maintained and readily retrieved for review by the Office of Behavioral Health.

RECORD KEEPING

Agency records must be maintained in an organized and standardized format at the certified office site. Original records shall not be kept in off-site service delivery locations. The agency must have adequate space, facilities, and supplies to ensure effective record keeping.

Retention of Records

The agency must retain administrative, personnel and recipient records for a minimum of six (6) years from the date of the last contact or date of last use, whichever is longer. However, if the agency is being audited, records must be retained until the audit is complete, even if the five (6) years is exceeded.

In the event records are destroyed or partially destroyed in a disaster, such as a fire, flood or hurricane and rendered unreadable and unusable, such records must be properly disposed of in a manner, which protects recipient's confidentiality. A letter of attestation must be submitted to:

**Office of Behavioral Health
Attn: Certification Section
628 N. 4th St.
P.O. Box 4049 Bin #: 12**

Baton Rouge, LA 70802
Email: OBHCertification@LA.GOV
Fax: 225-342-8912

NOTE: Upon agency closure, all agency records must be maintained according to applicable laws, regulations and the above record retention requirements. The Office of Behavioral Health must be notified of the location of the records.

Destruction of Records

After the required record retention period has expired, records may be destroyed. Confidential records must be incinerated or shredded to protect sensitive information. Non-paper files, such as computer files, require a special means of destruction. Disks or drives can be erased and reused, but care must be taken to ensure all data is removed prior to reuse. Commercially available software programs can be used to ensure all confidential data is removed.

Confidentiality and Protection of Records

Administrative and recipient records are the property of the agency. Records must be secured against loss, tampering, destruction or unauthorized use in accordance with Health Insurance Portability and Accountability Act (HIPAA) regulations.

The agency must safeguard the confidentiality of any information, which may identify the recipients or their families. The information may be released only under the following conditions:

- By a court order;
- By the recipient's written, informed consent for release of information;
- If the recipient has been declared legally incompetent, his/her legal representative must provide written consent;
- If the recipient is a minor, the parent or legal guardian must provide written consent, or upon request, an agency must make available information in the recipient records to the recipient, legally responsible guardian, or other service agencies including another LBHP certified agency in the case of a recipient transfer;
- If, in the professional judgment of the agency, information contained in the record would be harmful to the recipient, that information may be withheld from him/her except under court order.

An agency may use material from recipient records for educational purposes if names are deleted and other identifying information is removed. For research purposes, agencies must comply with the Office of Behavioral Health's research policy number: 0021-98.

NOTE: Under no circumstances should agencies allow staff to remove recipient records from the agency's site.

Review by State and Federal Agencies

Agencies must make all administrative, personnel and recipient records available to the Office of Behavioral Health and appropriate state and federal personnel upon request. Failure to allow access to records in a timely manner may result in a sanction.

Administrative and Personnel Records

The agency's administrative files must have critical program information including but not limited to documentation of Office of Behavioral Health certification, insurance policies, minutes of formal meetings, bylaws of the governing body, if applicable, training and supervision documentation, and required policies and procedures.

Personnel records shall be maintained for all staff, subcontractors, volunteers and interns. The record must contain all documents necessary to ensure compliance with certification requirements listed. An employee must have reasonable access to his/her personnel file and must be allowed to include any written statement he/she wishes in the file.

An agency must not release a personnel file without the employee's written permission except according to state law.

Recipient Records

Records must be maintained in chronological order. Documentation shall be sufficient to verify that services conform to the LBHP Service Definitions Manual, Magellan recipient records requirements and Office of Behavioral Health certification requirements.

The organization of individual records and location of documents must be uniform. Records must be appropriately thinned so that current material can be easily located. Records must contain at least six (6) months of current pertinent information relating to services provided. Records older than six (6) months must be kept on-site and be available for review upon the request of OBH certification or its authorized /delegated agents.

All entries and forms completed by staff in recipient records must be:

- In ink, in a color other than black;
- Legible;
- Fully dated;
- Legibly signed; and,
- Include the functional title of the individual making the entry.

Any error in a recipient's record must be corrected using the legal method, which is to draw a line through the incorrect information, write "error" by it and initial the correction. **Correction fluid must never be used in a recipient's records.** If information is typed, signatures must be in ink,

in a color other than black.

Components of Recipient Records

The recipient's record must consist of the active recipient record and stored files or folders. The active record must contain the following current information unless a recipient refuses disclosure, which may include race, ethnic origin, sex, or marital status.

Identifying information recorded on a standardized form including the following:

- Name;
- Home address;
- Home telephone number;
- Date of birth;
- Sex;
- Race or ethnic origin;
- Living arrangements;
- Closest living relative/guardian;
- Education;
- Marital status;
- Name, address, and telephone number of employer or school;
- Date of initial contact;
- Court and/or legal status, including relevant legal documents;
- Names, addresses, and telephone numbers of other involved with the recipient's Individualized Treatment Plan;
- Date this information was gathered, Required signatures on all forms, and Signed release of information form;
- A completed and signed Individualized Treatment Plan including the crisis plan and discharge plan;
- Reason for case closure and any agreements with the recipient at closure;
- Copies of all pertinent correspondence;
- If the agency is aware that a recipient has been interdicted, a statement to this effect must be noted and the court appointed guardian named; or,
- A description of any current treatment or medication necessary for the treatment of any serious or life threatening medical condition or known allergies. This may include documentation from the treating physician.

PROGRAM MONITORING

The Office of Behavioral Health will monitor agencies to ensure services comply with program standards. It is the agency's responsibility to be knowledgeable regarding the policies and procedures governing the program.

Monitoring

A monitoring review may include (but may not be limited to) a review of the following:

- Recipient records;
- Personnel records;
- Administrative records;
- Accreditation reports;
- Staff and recipient interviews; and,
- Any other requested data or files.

Monitoring Interviews

Monitoring interviews may include (but may not be limited to) interviews with the following:

- A representative sample of the recipients;
- An adult recipient's family and friends, if the recipient approves; or,
- A child's family, friends, teacher and other school personnel, with the approval of the parent or guardian, and/or current or former staff.

Monitoring Results

Upon completion of a monitoring review, the Office of Behavioral Health staff may conduct an exit interview to discuss the findings. A written report summarizing the findings will be sent to the agency, stating whether a plan of correction is required.