



# Louisiana Behavioral Health Partnership Provider Requirements for Certification by OBH

## **Provider Requirements**

Louisiana Behavioral Health Partnership (LABHP) recognizes three (3) Primary Provider Types.

1. Agencies
  - Mental Health Rehabilitation
  - Behavioral Health Clinics
  - Behavioral Health Rehabilitation Provider Agencies
2. Licensed Mental Health Practitioner
3. Unlicensed Providers

To be an LABHP provider, one must contract with and be credentialed by the State Management Organization (SMO).

Prior to applying to the SMO for network privileges, providers must provide documentation and assurances that pre-contractual qualifications have been met. Provider Qualifications include:

- Accreditation/Licensing requirements
- Criminal background checks
- Professional background checks
- Completion of the State approved standardized basic training program
- Attestation

## **Accreditation/Licensing**

### **Mental Health Rehabilitation Agency**

Proof of full accreditation by one of the following national accreditation organizations:

- The Council on Accreditation (COA);
- The Commission on Accreditation of Rehabilitation Facilities (CARF); or,
- The Joint Commission on Accreditation of Health Care Organizations (JCAHCO).

Prior to March 2012, It is sufficient for providers to provide Proof of request for accreditation. Proof of a request for accreditation and a copy of the completed application with a national accrediting body approved by the Bureau and proof of payment to the accrediting body. Proof of full accreditation is required within eighteen months of contracting with the State Management Organization.

### **Behavioral Health Clinics**

Must maintain a current license by Louisiana Department of Health and Hospitals, Bureau of Health Standards per Mental Health Clinic RS 28:567 and in compliance with State Licensing Standards for Substance Abuse/Addiction Treatment Facilities/Programs, Louisiana Administrative Code Title 48, Chapter 74 "Minimum Standards/Requirements for Abuse / Addiction Treatment Facilities/Programs."

### **Behavioral Health Rehabilitation Provider Agencies**

Must maintain active contractual relationship with Evidence Based Program(EBP)that ensures fidelity to the specific EBP model.

### **Licensed Mental Health Practitioner**

LMHP's must hold a current unencumbered license in their area of practice from the appropriate licensing board of the State of Louisiana. One must be licensed in the State of Louisiana and practice with the scope of all applicable state laws and their professional license.

An LMHP includes individuals licensed to practice independently and regulated thru the various behavioral health licensing boards:

- Physicians (Psychiatrists)
- Medical Psychologists
- Licensed Psychologists
- Licensed Clinical Social Workers (LCSWs)
- Licensed Professional Counselors (LPCs)
- Licensed Marriage and Family Therapists (LMFTs)
- Licensed Addiction Counselors (LACs)
- Advanced Practice Registered Nurses (APRN)
  - APRN must be a nurse practitioner specialist in Adult Psychiatric & Mental Health, and Family Psychiatric & Mental Health or a Certified Nurse Specialists in Psychosocial, Gerontological Psychiatric Mental Health, Adult Psychiatric and Mental Health, and Child-Adolescent Mental Health and may practice to the extent that services are within the APRN's scope of practice)

### **Unlicensed Providers**

Unlicensed providers must work within a licensed agency, under the supervision of an LMHP. They must also meet the provider qualifications for age, education and experience as outlined in the service definitions and the state plan amendments.

## **Training**

### **Mental Health Rehabilitation Agency & Behavioral Health Clinics**

- The provider shall develop, implement and maintain training policy, procedures and materials that conform to the standards in the provider manual, to ensure that employees who deliver services to LABHP clients to complete the LABHP standardized basic training program.
- All Training 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.
- Initial training and ongoing supervision shall occur on a routine basis to ensure that staff demonstrate competency in the content areas within the approved LABHP standard& basic training program.

- A new employee does not need to complete orientation training if there is documentation indicating that training was completed within the past thirty-six (36) months. This applies to employees who are rehired or who transfer from another provider.
- Training is not billable.

### **Licensed Mental Health Practitioner**

- LMHPs must complete the LABHP standardized basic training program, prior to delivering services to clients
- LMHPs must maintain documentation of their completion of training and education to satisfy the LABHP standardized basic training program. Documentation shall include the date, title, class time(s), name and credentials of all trainers, and a dated, original signature of the trainee.
- Training is not billable.

### **Unlicensed Providers**

- LMHPs must complete the LABHP standardized basic training program, prior to delivering services to clients.
- ~~Certified School Psychologist (Practice limited to school-based settings).~~
- Certified School Psychologists, Certified School Counselors, and Licensed Master of Social Worker (Unlicensed Provider must have certification in the State of Louisiana to provide the service and practice is limited to school-based settings)
- Training is not billable.

### **Office of Behavioral Health Standardized Basic Training Program**

The following training must be completed prior to providing services for which billing will be submitted. Prior to contracting with the SMO and to providing services to clients, providers must demonstrate that they have completed, at a minimum, twelve (12) hours of training comprised of the following content areas:

1. System of Care Values, Principles
2. Cultural Competency
3. SMI / EBD Overview (Co-occurring inclusive)
4. Crisis intervention
5. Suicide and homicide precaution procedures
6. Developing effective service plans (SoC philosophy, Recovery Orientation, etc.)

Online training is an approved method of instruction. The provider must ensure the content is competency based and meets the needs identified through quality management and supervision. Training content must be available at the request of the Office of Behavioral Health.

### **On-the-Job Training**

Non-Licensed Mental Health Providers must be provided with at least forty (40) hours of on-the-job training, which involves observing and assisting a trained staff member in the delivery of services. On-the-job training will commence after staff have completed the Standardized Basic Training Program.

Non-Licensed Mental Health Providers must complete the LABHP standardized basic training program and on-the-job training requirements, prior to delivering services to clients.

### **Job Specific Training**

Employees who provide services to the targeted groups shall have training, experience working with these groups or an approved alternative range of work experience, and receive supervision from a staff member with specialized training and experience. All staff providing direct services for a PSR program must have documented training related to the psychosocial rehabilitation model(s) utilized in the program.

### **Attestation**

Providers must complete the Provider Attestation Form, attesting to the validity and accuracy of the documentation and assurances of compliance with LABHP provider requirements (see attachment A).

### **NOTE: Orientation Requirements**

Secondary to contracting with the SMO, there is an expectation that providers will complete orientation on the following topics. Orientation may not be limited to the topics below.

- 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,
- Prevention of workplace violence,
- Expectations regarding professional conduct, and
- Recipient rights
- Managed Care Business Process

Attachment A

CHECKLIST OF ITEMS FOR PROVIDER REQUIREMENTS

Agency	Practitioner	
	N/A	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.
	N/A	The site must be inspected and approved by the Office of State Fire Marshal within 90 days prior to the certification application date.
	N/A	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.
	N/A	Municipal zoning & other approvals as applicable
	N/A	Establish and maintenance of a reserve fund in the amount of \$50,000 or 3 months of operating expenses, whichever is higher. The reserve fund shall be a line of credit from a federally insured, licensed lending institution and/or a certificate of deposit. The line of credit or the certificate of deposit shall be in the name of the provider.
		Proof of general and professional liability insurance as well as worker's compensation insurance. The general and professional liability coverage shall be for at least \$1,000,000. The agency must maintain these insurance requirements at all times, and be able to provide proof of insurance upon request
		Resumes' and documentation of qualifications, verification of licensure/certification for administrative, clinical & other professional staff
		Proof of criminal background investigations on the owners, administrative personnel and direct care staff
	N/A	Proof the applicant applied for accreditation and paid the initial application fees for one of the national accreditation organizations listed below. New providers must present proof of full accreditation within eighteen months following initial contracting date. <i>(MH rehabilitation Agencies)</i>
	N/A	Providers <i>(MH rehabilitation Agencies)</i> shall maintain accreditation status. Denial, loss of or any negative change in accreditation status must be reported to the SMO in writing within five (5) working days of receiving the notice from the accrediting organization. The written notification shall include information detailing a copy of the accreditation report and any related correspondence including but not limited to: <ul style="list-style-type: none"> <li>• The provider's denial or loss of accreditation status;</li> </ul>

		<ul style="list-style-type: none"> <li>• Any negative change in accreditation status;</li> <li>• The steps and timeframes, if applicable, the accreditation organization is requiring from the providers to maintain accreditation.</li> </ul>
--	--	--

With my signature below, I attest to the fact that:

1. I have disclosed all necessary information.
2. I have reviewed the information and attest that it is true, accurate and complete.
3. I understand that knowingly and willfully failing to fully and accurately disclose the information requested may result in denial of a request to participate in the Louisiana Behavioral Health Partnership Program.
4. I understand that whoever knowingly and willfully makes or causes to be made a false statement or representation of this statement may be prosecuted under applicable federal and state laws.
5. I understand that it is my responsibility to ensure that all information is kept up to date on the DHH's provider file.

I certify that the above information is true and correct. I further understand that any false or misleading information may be cause for denial or termination of participation as a LABHP Provider.

\_\_\_\_\_  
Authorized Representative or Practitioner

\_\_\_\_\_  
Date