

Provider Network Monitoring Plan

The MCOs shall collaborate with each other to develop and implement a plan for monitoring specialized behavioral health (SBH) providers and facilities across all levels of care, excluding inpatient psychiatric hospital services, which incorporates onsite reviews, with a focus on unlicensed providers delivering care. The MCO shall conduct network monitoring reviews on a sample of providers on at least a quarterly basis. The MCO shall submit the plan to LDH for approval within 60 calendar days of the operational start date and at least 60 days prior to material change. The MCO's plan shall comply with all the requirements as specified by LDH:

- ❖ Review criteria for each applicable service which comprehensively addresses:
 - the adherence to minimum provider qualifications and requirements at the organizational level and the individual staff level as established by Louisiana law, rules, regulations, SPA, waivers and Medicaid provider policy manuals. This shall include but not be limited to requirements associated with licensure, accreditation, educational and professional experience, and training inclusive of utilization of LDH approved training curriculum in the delivery of services, if applicable, as established by Medicaid provider policy manuals. Verification shall include review of provider and staff personnel records and other administrative records.
 - Adherence to appointment availability standards as established by this contract and as evidenced by provider's scheduling system and wait times for appointments and admission.
 - Accuracy of provider demographics associated with service location addresses, telephone numbers, languages spoken, current staff rosters and status of accepting new Medicaid referrals, as compared against MCO credentialing files and the MCO provider directory listings; and

NOTE: Providers shall be reviewed based on the services for which they have received reimbursement.

- ❖ Plan for updating review criteria based on changes to requirements as reflected in the applicable provider manual or rule.
- ❖ Number of staff personnel records to be reviewed at each provider location (the MCO shall review a reasonable number of records to determine each provider's compliance rate) and look-back period.
- ❖ Onsite review criteria.
- ❖ Sample selection criteria, including inclusion and exclusion criteria, and representative sample size.
- ❖ Tools to be used.
- ❖ Qualifications for staff performing monitoring reviews who at a minimum must receive annual training on the LDH Behavioral Health Provider Manual and the relevant State laws, policies, and regulations related to the State's mental health rehabilitation program.
- ❖ Plan for educating providers on the provider monitoring process, including review criteria and corrective actions, initially and ongoing.
- ❖ Corrective actions to be imposed based on the degree of provider non-compliance with review criteria elements on both an individual and systemic basis.
- ❖ Plan for ensuring corrective actions is implemented appropriately and timely by providers; and

- ❖ Inter-rater reliability testing methods, including targets, processes to ensure staff participate in reliability testing reviews initially and at least annually, and processes to ensure staff meet the target rate prior to conducting reviews independently.

The sample size may be increased at the discretion of LDH. LDH reserves the right to select the MCO's sample, require the MCO to modify its provider-monitoring plan inclusive of monitoring tools, type of monitoring reviews and plans for corrective action. Current staff hiring/allocation is based on current identified sample size based on strategy below. LDH will provide 30 days advanced notice of any increase in sample size so the MCOs may make proper staff hiring/allocation adjustments. The MCO shall ensure that an appropriate corrective action is taken when a provider or staff fails to meet minimum provider qualifications or requirements, appointment availability standards, or is determined to be out of compliance with provisions of contract requirements, federal and state regulations, law, rules, SPA, waivers, or Medicaid provider policy manuals. The MCO shall monitor and evaluate corrective actions taken to ensure that appropriate changes have been made in a timely manner.

The MCO shall submit routine reports using the template provided by LDH which summarize monitoring activities, findings, corrective actions, and follow-up. For desktop reviews, the MCO shall maintain documentation used to determine the providers' compliance for a minimum of three years from the date of review.

MCO Manual Reference: Specialized Behavioral Health Providers

Provider Network Monitoring Plan

Professional Standards of Practice Observed

It is the policy of the MCOs to measure compliance with Behavioral Health Provider Network Monitoring Standards. The Behavioral Health Provider Network Monitoring Process of the MCOs will endeavor to maintain a network of qualified providers through review, analysis, and evaluation of provider and staff personnel records and other administrative records. The MCOs require ongoing monitoring of provider qualifications and requirements of a representative sample size of all in-network Specialized Behavioral Health Service (SBHS) providers to ensure compliance with established state and federal guidelines and regulations. SBHS providers sampled with an overall score below 100% must be reported detailing deficiencies. SBHS providers sampled must meet 100% overall for provider qualifications and requirements or be subject to a corrective action plan. SBHS providers sampled have 15 days to correct identified deficiencies and submit documentation demonstrating compliance. Pursuant to LA R.S. 46:460.73, Reimbursement for any services provided during the fifteen-day remedy period after notice of the deficiency was identified by the Medicaid managed care organization, or during a longer period if allowed by the Louisiana Department of Health (LDH), shall be withheld if the provider elects to continue providing services while the deficiency is under review. If the deficiency is remedied, the Medicaid managed care organization shall remit payment to the provider. If the deficiency is not remedied, nothing in this Subsection shall be construed to preclude the managed care organization from recouping funds from the provider for any period in which the provider was not properly enrolled, credentialed, or accredited. Providers not

demonstrating compliance after the 15 days period will be referred for non-compliance to the appropriate department per each MCOs policies and procedures. Provider records are to be maintained in a manner that is current, detailed, organized, and which permits effective quality review. The Provider Network Monitoring Review will include the following but is not limited to: requirements associated with licensure, accreditation, educational and professional experience, staffing requirements, and training as established by Medicaid provider policy manuals.

The MCOs, in compliance with the Health Insurance Portability and Accountability (HIPPA) Privacy Rule (45 C.F.R. § 164.530(i), develop and implement this written policy and procedure to protect protected health information (PHI). This policy establishes and implements a process for record requests that limit the use and disclosure of PHI to that which is the minimum amount reasonably necessary to achieve the intended purpose of the use, disclosure, or request. (Refer to 45 C.F.R. §§ 164.502(b) and 164.514 (d.) records must be treated as confidential information and accessible only to authorized persons. Records should be safeguarded against loss, destruction, or unauthorized use, maintained in an organized fashion, and readily accessible and/or available for review and audit to comply with company standards, provider specific contracts, and in accordance with Louisiana Revised Statue § 40:1165.1 (2015).

MCO employees completing reviews

- Employees who can complete reviews include but not limited to:
 - LMHPs as defined in the BHS Provider Manual:
 - Medical psychologists
 - Licensed psychologists
 - Licensed Clinical Social Workers (LCSWs)
 - Licensed Professional Counselors (LPCs)
 - Licensed Marriage and Family Therapists (LMFTs)
 - Licensed Addiction Counselors (LACS)
 - APRNs (must be a nurse practitioner (NP) specialist in adult psychiatric and mental health, and family psychiatric and mental health or a certified nurse specialist 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)
 - Provider Network staff as identified by the MCO.

Accuracy of Provider Demographics

The MCOs will review the information in Attachment B to verify provider demographics as compared against the MCO's credentialing files and provider directory listings.

Corrections/Updates will be made in accordance with each MCOs policies and procedures for updating provider directory information.

Staff Training

Each MCO conducts ongoing staff training and education on identified trends, best practices, and opportunities for improvement. Staff performing monitoring reviews receive training, prior to conducting reviews and annually, on the LDH Behavioral Health Provider Manual and the relevant State laws, policies, and regulations related to the State's mental health rehabilitation program also referenced in La. R.S. §46:460.77.3.

Tools Utilized

The MCOs will utilize the following tools for the review process:

- Behavioral Health Provider Network Monitoring Tool Elements (Attachment A).
 - Elements are available for providers to review in the following locations: Links will be added once received from each MCO
 - Aetna:
 - <https://www.aetnabetterhealth.com/louisiana/providers/behavioral-health.html>
 - AmeriHealth Caritas:
 - <https://qa.amerihealthcaritasla.com/provider/behavioral-health/contracting-credentialing.aspx>
 - HealthyBlue:
 - <https://provider.healthyblue.com/louisiana-provider/resources/forms>
 - Humana
 - <https://www.humana.com/provider/medical-resources/louisiana-medicaid/behavioral-health>
 - Louisiana HealthCare Connections:
 - <https://www.louisianahealthconnect.com/providers/resources/forms-resources.html>
 - United Healthcare:
 - <https://www.providerexpress.com/content/ope-provexpr/us/en/our-network/welcomeNtwk/wLA.html>
- Staff roster request letter
- Desktop Review Initial Request
- On-site Review Initial Request
- Provider Scorecard
- Provider Notification Letter Satisfactory Score
- Provider Notification Letter Unsatisfactory Score
- Corrective Action Plan Template specific to each individual MCO.

Tools will be reviewed by the MCOs at minimum on an annual basis or based on changes to requirements as reflected in the applicable provider manual or rule.

Inter-rater reliability

At minimum, the MCOs ensure all designated reviewers complete Inter-rater reliability testing prior to conducting reviews independently. The MCOs institute processes to ensure staff participate in reliability testing reviews initially and at least annually, and institute processes to ensure staff meet the target rate prior to conducting reviews independently per each MCO's established workflow. Failure to meet a 90% for IRR will result in the reviewer being referred for corrective action according to the individual MCO internal policies and procedures. The reviewer will not be able to independently review records until a score of 90% is reached.

Provider Type reviewed

Provider types reviewed will include:

- Mental Health Outpatient providers/practitioners
 - Individual/Group Practice (Psychiatrist, Psychologist, LPC, LMFT, LCSW, APRN)
 - Mental Health Rehabilitation (MHR) Providers (Community Psychiatric Support and Treatment (CPST), Psychosocial Rehabilitation (PSR), Homebuilders Providers, Functional Family Therapy (FFT) / Functional Family Therapy-Child Welfare (FFT-CW), Crisis Intervention),
 - Other agency types (LGE, FQHC, RHC, Group Outpatient), and
 - Other outpatient provider types such as peer support specialists, behavioral health personal care services).
 - Crisis Response Providers
 - ACT Providers
- MST Providers
- Substance Use Outpatient
 - Opioid Treatment Providers (OTPs)
 - All substance Use Treatment Outpatient Providers
 - Individual/Group Practice LACs
 - Outpatient ASAM Levels 1, 2.1, & 2-WM
- Inpatient/Residential
 - Therapeutic Group Homes (TGH)
 - Psychiatric Residential Treatment Facilities (PRTF)
 - Residential Substance Use Treatment
 - Crisis Stabilization Providers

Frequency of Reviews

The MCOs will collaborate with each other to develop and implement a plan for monitoring specialized behavioral health (SBH) providers and facilities across all levels of care, excluding inpatient psychiatric hospital services, which incorporates onsite and/or desk reviews. The Provider Network Monitoring process is continuous throughout the year. The MCOs will ensure providers are not reviewed more than once within the calendar year, unless the MCO identifies

cause for a re-review, by sharing a list of eligible providers with the other MCOs. Should a provider pass their review with a score of 90% or greater and no deficient critical elements, the provider will not be reviewed by any MCO within 24 months from the date of the review in which they passed. Eligible providers, excluding inpatient psychiatric facilities, are those who have been identified through the Behavioral Health Quality Monitoring review process prior to the reporting quarter. Providers within the identified regions being monitored and/or those excluded may be subject to review if it is determined they have never been reviewed for Provider Network Monitoring Standards. Evidenced Based Practice providers not included in the BH PQMP process are considered eligible given they have not been reviewed by MCOs within the calendar year and who have served at least 1 member based on claims made within the prior 6 months from the review quarter while excluding those who may be under investigation with SIU and those providers who have passed recent PNM review with a score of 90% or greater with no deficient critical elements. The PNM MCO Sub-committee will consolidate the eligible provider lists to de-duplicate providers. MCOs will review eligible providers identified through the BH PQMP process. Additionally, EBP providers eligible for review would come from regions in the quarter prior to the current reporting quarter. (See table below). Exception will be made for a provider to have a review within 9 months from already being reviewed by another MCO if identified as priority by OBH/LDH to the MCO PNM subcommittee. Priority review would occur within the quarter requests from OBH/LDH is made, i.e., if request by OBH/LDH is made in Q2 of 2022, then MCOs would identify who would take priority review. Review would be initiated during the quarter that LDH/OBH notified MCO PNM Subcommittee of priority status. If unable to review during that quarter, MCO would include on LA358 with rationale why review isn't completed in the narrative. If the priority provider is under SIU of MCO, MCO would enter this information on the LA358 attestation/notes tab and not count this provider in their totals.

	2023 Q1	2023 Q2	2023 Q3	2023 Q4
Regions	6, 7, 8	3, 4, 5	1, 10	2, 9

Sampling Approach

At a minimum, the MCO’s sampling approach shall result in a statistically significant representative sample with a confidence interval of 95% + or - 5 for each level of care. The sample shall be random and include providers who have received reimbursement for services rendered to at least one member during the review period. Levels of care include mental health outpatient, substance use outpatient, and residential. Additional levels of care may be added at the discretion of LDH. The statistical significance will be based on the total numbers from the collaborative pool identified as eligible providers by the MCOs. For instance, if the MCOs have a list of 100 eligible providers then de-duplicate the list of providers, the MCOs may be left with a total of 80 eligible providers. Each MCO will be provided with assignments for the quarter. Each MCO will then further de-duplicate their lists by removing those who fall within the exclusionary criteria. This total will then become the total from which the MCO will use to determine a statistically significant representative sample size for the quarter.

Eligible providers are determined as defined in the “Frequency of Reviews” section.

Providers selected may not be available to review if they have an active case with the Special Investigation Unit (SIU), have already been reviewed within the calendar year, or have scored at least 90% or greater on recent review and has not yet been 24 months since that date of review, thus impacting the total number of reviews completed for the quarter.

Records Audited

A reasonable number of records at each site shall be reviewed to determine compliance. A minimum of five (5) records or 10% of the total number of employees, excluding core staff, per site will be reviewed whichever is greater. For applicable providers, core staff, as defined in the Behavioral Health Service Manual specific to the provider level of care, will be reviewed in addition to the total number of employees reviewed. Agencies will also be required to submit all operational policies, procedures, and all related operational documents for review.

Time Frame for Monitoring and Reporting

Initial review request, via email, postal letter, and/or phone call is made, and the provider is given 14 days to respond and/or schedule the review. If the MCO receives no response within the time frame allotted, each MCO will follow their own internal procedures for possible escalation and/or referral.

On-site vs. desk reviews

Provider reviews will be conducted via desk reviews as well as onsite. Any planned onsite reviews will be completed in accordance with safety protocols within LDH guidelines. Onsite reviews will be conducted on providers who do not respond to a desk review request within the allotted time frame as stated above, do not remedy CAP related issues in the specified time as noted in the Professional Standards of Practice Observed section, or at the discretion of the MCO.

Results Review

Each MCO will conduct internal meetings as needed to review results and address any identified issues and/or concerns that may potentially require additional referrals. Each MCO will conduct meetings with providers as needed to review results and address any identified issues and/or concerns that may potentially require additional referrals.

Identification of issues

Any reviewed provider that shows evidence of Fraud, Waste, Abuse, and/or potential quality of care concerns is referred to the appropriate internal investigations department within each MCO. Quality of care concerns will also be reported to LDH per MCO contract requirements. Each MCO will follow their own internal policies and procedures to address any identified issues/concerns. If through the review it is discovered that an organization has lost their license or accreditation, the MCO is contractually obligated to terminate them from their network. LDH's expectation is for the provider to score 100%. If elements are missed the provider has 15 days to correct the deficiency. However, if staff members are related to

and/or causing the deficiency they are barred from providing services until the deficiency is corrected.

Corrective Action Plans (CAPs)

Providers are placed on CAPS when overall scores are less than 80%. Subsequent reviews will be conducted by the MCOs through their corrective action plan process. Each MCO has their own unique process to handle corrective action plans.

Record Storage

All provider documentation obtained by the MCOs will first be scanned into a secure network drive only accessible to a selection of the MCO employees who require access to the drive for completion of PNM reviews. Each MCO will maintain and store records in accordance with their own internal policies and procedures.

Provider Education

The MCOs have drafted a training schedule to be offered on specified dates and times outlined through the end of the year 2023. Each MCO will conduct training for providers monthly. Future trainings will be developed and offered based on providers' need as well as when LDH Behavioral Health manual updates necessitate.

Trainings will also be offered upon provider request. Training attendance on the provider network monitoring tool will be mandatory for any provider who fails to meet the overall 80% required to be considered passing for a review. Providers who fail a review will be required to work with the issuing MCO to coordinate a training to satisfy this requirement.

Attachment A – Provider Network Monitoring Tool Elements

<i>Provider Network Management Quality Review Tool Elements</i>
<u>TGH AGENCY REQUIREMENTS</u>
Licensed by the Louisiana Department of Health (LDH), in accordance with LAC 48:1, Chapter 62, entitled Therapeutic Group Homes, to provide community-based residential services in a home-like setting of no greater than ten beds for the location reviewed.
Licensed by the Louisiana Department of Health (LDH), in accordance with LAC 48:1, Chapter 62, entitled Therapeutic Group Homes, to provide community-based residential services under the supervision and/or oversight of a psychiatrist or licensed psychologist, to children under the age of 21
Accredited by the Commission on Accreditation of Rehabilitation Facilities (CARF), the Council on Accreditation (COA), or The Joint Commission (TJC) for the location reviewed.
Agencies must attain full accreditation within 18 months of the initial accreditation application date.
The agency shall pay all associated accreditation fees prior to being contracted and reimbursed by a Medicaid managed care entity.
New or existing providers must not exceed 10 beds.
TGH must arrange for prior to employment (or contracting, volunteering, or as required by law) individuals pass criminal background checks, including sexual offender registry checks, in accordance with any applicable federal or state laws.
TGH must maintain documentation that prior to employment (or contracting, volunteering, or as required by law) individuals pass criminal background checks, including sexual offender registry checks, in accordance with any applicable federal or state laws.
Criminal background checks are performed no more than 90 days prior to the date of employment
TGH must review the Department of Health and Human Services’ Office of Inspector General (OIG) List of Excluded Individuals and Entities (LEIE) prior to hiring or contracting any employee or contractor that performs services that are compensated with Medicaid/Medicare funds, including but not limited to licensed and unlicensed staff, interns and/or contractors.
TGHs must review the LDH State Adverse Actions website prior to hiring or contracting any employee or contractor that performs services that are compensated with Medicaid/Medicare funds, including but not limited to licensed and unlicensed staff, interns and/or contractors.
Agency must, for current employees, check the Department of Health and Human Services’ Office of Inspector General (OIG) List of Excluded Individuals and Entities (LEIE) list once a month thereafter to determine if they have been excluded from participation in the Medicaid or Medicare Program by Louisiana Medicaid or the Department of Health and Human Services’ Office of Inspector General.
Agency must, for current employees, check the LDH State Adverse Actions list 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 the Medicaid or Medicare Program by Louisiana Medicaid or the Department of Health and Human Services’ Office of Inspector General.

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.
TB testing was completed less than 31 days prior to date of employment
Establish and maintain written policies and procedures inclusive of drug testing staff to ensure an alcohol and/or drug-free workplace and/or a workforce free of substance use
Maintain documentation that all direct care staff, who are required to complete first aid training, complete the training within 90 days of hire; Psychiatrists, advanced practical registered nurses (APRNs)/physician assistants (PAs), registered nurses (RNs) and licensed practical nurses (LPNs) are exempt from this training.
Maintain documentation that all direct care staff, who are required to renew first aid training, complete the training within the time period recommended by the American Heart Association; Psychiatrists, advanced practical registered nurses (APRNs)/physician assistants (PAs), registered nurses (RNs) and licensed practical nurses (LPNs) are exempt from this training.
Maintain documentation that all direct care staff, who are required to complete cardiopulmonary resuscitation (CPR) training, complete the training within 90 days of hire; Psychiatrists, advanced practical registered nurses (APRNs)/physician assistants (PAs), registered nurses (RNs) and licensed practical nurses (LPNs) are exempt from this training.
Maintain documentation that all direct care staff, who are required to renew CPR training, complete the training within the time period recommended by the American Heart Association; Psychiatrists, advanced practical registered nurses (APRNs)/physician assistants (PAs), registered nurses (RNs) and licensed practical nurses (LPNs) are exempt from this training.
Maintain documentation of verification of staff meeting professional requirements including licensure (where applicable)
Unlicensed staff rendering services have completed the Standardized Basic Clinical Competency Training Module: MH 101 – Introduction to Serious Mental Illness (SMI) and Emotional Behavioral Disorders.
Unlicensed staff rendering services have completed the Standardized Basic Clinical Competency Training Module: Crisis intervention.
Unlicensed staff rendering services have completed the Standardized Basic Clinical Competency Training Module: Suicide and homicide precautions.
Unlicensed staff rendering services have completed the Standardized Basic Clinical Competency Training Module: System of care overview.
Unlicensed staff rendering services have completed the Standardized Basic Clinical Competency Training Module: Co-occurring disorders.
Unlicensed staff rendering services have completed the Standardized Basic Clinical Competency Training Module: Cultural and linguistic competency (basic).
Unlicensed staff rendering services have completed the Standardized Basic Clinical Competency Training Module: Treatment planning.

Ensure and/or maintain documentation that all unlicensed persons employed by the organization complete annual training in a recognized crisis intervention curriculum prior to handling or managing crisis calls.
Direct care staff must be at least 18 years old
Direct care staff must be at least three years older than an individual under 18 years of age
Direct care staff 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;
Direct care staff 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;
All unlicensed staff must be under the supervision and oversight of a psychiatrist or psychologist;
Employees and/or Contractors pass drug screening tests as required by agency's policies and procedures;
Staffing schedules must reflect overlap in shift hours to accommodate information exchange for continuity of youth treatment
A TGH shall have a minimum of two staff on duty per shift in each living unit with at least one being direct care staff when there is a client present
A TGH shall have the ability to call in as many staff as necessary to maintain safety and control in the facility, depending upon the needs of the current population at any given time
A ratio of not less than one staff to five clients is maintained at all times

The TGH shall employ a supervising practitioner which shall be one of the following:

- i. a physician with an unrestricted license to practice in Louisiana and who meets all of the following qualifications:
 - (a). an unrestricted drug enforcement agency (DEA) and Louisiana controlled substance license;
 - (b). if the physician holds an additional license(s) in another state or jurisdiction, that license(s) shall be unrestricted and be documented in the employment record;
 - (c). board-certification in general psychiatry; and
 - (d). satisfactory completion of a specialized psychiatric residency training program accredited by the Accreditation Council for Graduate Medical Education (ACGME),
- ii. a psychologist/medical psychologist shall have the following:
 - (a). an unrestricted license to practice psychology in Louisiana issued by the Louisiana State Board of Examiners of Psychologists or an unrestricted license to practice medical psychology issued by the Louisiana State Board of Medical Examiners;
 - (b). unrestricted DEA and Louisiana controlled substance licenses, if the supervising practitioner is a medical psychologist;
 - (c). demonstrated competence and experience in the assessment, diagnosis, and treatment of children and adolescents who have mental and emotional disorders or disabilities, alcoholism and substance abuse.

The supervising practitioner must provide 24-hour on call coverage, seven days a week

The TGH clinical director shall be an LMHP practicing within the scope of their license

The TGH therapist shall be an LMHP or an individual with a master's degree in social work, counseling, psychology or a related human services field.

There shall be a licensed registered nurse operating within his/her scope of practice who shall supervise the nursing services of the TGH.

The TGH shall have a licensed registered nurse who shall have documented experience and training in the treatment of children or adolescents.

The house manager shall be at least 21 years of age.

The house manager shall be at least 3 years older than the oldest client.

The house manager shall possess one of the following:

- (a). a bachelor's degree in a human services field and one year of documented employment with a health care provider that treats clients with mental illness; or
- (b). two years of course work toward a bachelor's degree in a human services field and two years of documented employment with a health care provider that treats clients with mental illness.

All direct care staff shall be certified in crisis prevention/management (example: CPI, Mandt, etc.)

PRTF AGENCY REQUIREMENTS

Licensed by the Louisiana Department of Health (LDH), in accordance with LAC 48:1, Chapter 90, entitled Psychiatric Residential Treatment Facilities for the location reviewed.

Accredited by the Commission on Accreditation of Rehabilitation Facilities (CARF), the Council on Accreditation (COA), or The Joint Commission (TJC) for the location reviewed.

PRTF must arrange for prior to employment (or contracting, volunteering, or as required by law) individuals pass criminal background checks, including sexual offender registry checks, in accordance with any applicable federal or state laws.
PRTF must maintain documentation that prior to employment (or contracting, volunteering, or as required by law) individuals pass criminal background checks, including sexual offender registry checks, in accordance with any applicable federal or state laws.
Criminal background checks are performed no more than 90 days prior to the date of employment
PRTFs must review the Department of Health and Human Services' Office of Inspector General (OIG) List of Excluded Individuals and Entities (LEIE) prior to hiring or contracting any employee or contractor that performs services that are compensated with Medicaid/Medicare funds, including but not limited to licensed and unlicensed staff, interns and/or contractors.
PRTFs must review the LDH State Adverse Actions website prior to hiring or contracting any employee or contractor that performs services that are compensated with Medicaid/Medicare funds, including but not limited to licensed and unlicensed staff, interns and/or contractors.
Agency must, for current employees, check the Department of Health and Human Services' Office of Inspector General (OIG) List of Excluded Individuals and Entities (LEIE) list once a month thereafter to determine if they have been excluded from participation in the Medicaid or Medicare Program by Louisiana Medicaid or the Department of Health and Human Services' Office of Inspector General.
Agency must, for current employees, check the LDH State Adverse Actions list 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 the Medicaid or Medicare Program by Louisiana Medicaid or the Department of Health and Human Services' Office of Inspector General.
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.
TB testing was completed less than 31 days prior to date of employment
Establish and maintain written policies and procedures inclusive of drug testing staff to ensure an alcohol and/or drug-free workplace and/or a workforce free of substance use
Maintain documentation that all direct care staff, who are required to complete first aid training, complete the training within 90 days of hire; Psychiatrists, advanced practical registered nurses (APRNs)/physician assistants (PAs), registered nurses (RNs) and licensed practical nurses (LPNs) are exempt from this training.
Maintain documentation that all direct care staff, who are required to renew first aid training, complete the training within the time period recommended by the American Heart Association; Psychiatrists, advanced practical registered nurses (APRNs)/physician assistants (PAs), registered nurses (RNs) and licensed practical nurses (LPNs) are exempt from this training.

Maintain documentation that all direct care staff, who are required to complete cardiopulmonary resuscitation (CPR) training, complete the training within 90 days of hire; Psychiatrists, advanced practical registered nurses (APRNs)/physician assistants (PAs), registered nurses (RNs) and licensed practical nurses (LPNs) are exempt from this training.
Maintain documentation that all direct care staff, who are required to renew CPR training, complete the training within the time period recommended by the American Heart Association; Psychiatrists, advanced practical registered nurses (APRNs)/physician assistants (PAs), registered nurses (RNs) and licensed practical nurses (LPNs) are exempt from this training.
Unlicensed staff rendering services have completed the Standardized Basic Clinical Competency Training Module: MH 101 – Introduction to Serious Mental Illness (SMI) and Emotional Behavioral Disorders.
Unlicensed staff rendering services have completed the Standardized Basic Clinical Competency Training Module: Crisis intervention.
Unlicensed staff rendering services have completed the Standardized Basic Clinical Competency Training Module: Suicide and homicide precautions.
Unlicensed staff rendering services have completed the Standardized Basic Clinical Competency Training Module: System of care overview.
Unlicensed staff rendering services have completed the Standardized Basic Clinical Competency Training Module: Co-occurring disorders.
Unlicensed staff rendering services have completed the Standardized Basic Clinical Competency Training Module: Cultural and linguistic competency (basic).
Unlicensed staff rendering services have completed the Standardized Basic Clinical Competency Training Module: Treatment planning.
Maintain documentation of verification of staff meeting professional requirements including licensure (where applicable)
PRTFs must comply with federal emergency preparedness regulations associated with 42 CFR §441.184 in order to participate in the Medicare or Medicaid program. which includes safeguarding human resources.
PRTFs must comply with federal emergency preparedness regulations associated with 42 CFR §441.184 in order to participate in the Medicare or Medicaid program. which includes maintaining business continuity
PRTFs must comply with federal emergency preparedness regulations associated with 42 CFR §441.184 in order to participate in the Medicare or Medicaid program. which includes protecting physical resources
CMS requires facilities to perform a risk assessment that uses an “all-hazards” approach prior to establishing an emergency plan
CMS requires facilities to develop and maintain an emergency preparedness communication plan that complies with both federal and state laws.
As part of the communication plan, patient care must be well coordinated within the facility to protect patient health and safety in the event of a disaster.

As part of the communication plan, patient care must be well coordinated across healthcare providers to protect patient health and safety in the event of a disaster.
As part of the communication plan, patient care must be well coordinated with state and local public health departments to protect patient health and safety in the event of a disaster.
As part of the communication plan, patient care must be well coordinated with emergency management agencies and systems to protect patient health and safety in the event of a disaster.
CMS requires that facilities develop and implement policies that comply with federal and state law, and that support the successful execution of the emergency plan and risks identified during the risk assessment process
CMS requires that facilities develop and implement procedures that comply with federal and state law, and that support the successful execution of the emergency plan and risks identified during the risk assessment process
CMS requires that facilities develop and maintain an emergency preparedness training and testing program that complies with federal and state law, and that is updated at least annually.
PRTFs staff must complete all required training appropriate to the program model approved by OBH.
<p>PRTFs team must include:</p> <ul style="list-style-type: none"> •either a board-eligible or board-certified psychiatrist, •licensed clinical psychologist and a physician licensed to practice medicine or osteopathy; or •A physician licensed to practice medicine or osteopathy, with specialized training and experience in the diagnosis and treatment of mental diseases and a psychologist who has a master's degree in clinical psychology or who has been licensed by the State psychological association.
PRTFs team must include a licensed clinical social worker (LCSW), A RN with specialized training or one year's experience in treating individuals with mental illness, an occupational therapist who is licensed and who has specialized training or one year of experience in treating individuals with mental illness; or A licensed psychologist or medical psychologist.
<u>Level 3.7 Medically Monitored High Intensity Inpatient Treatment – Adolescent</u>
Licensed by the Louisiana Department of Health (LDH), in accordance with LAC 48:1, Chapter 90, entitled Psychiatric Residential Treatment Facilities for the location reviewed.
The agency must be Physician directed.
Accredited by the Commission on Accreditation of Rehabilitation Facilities (CARF), the Council on Accreditation (COA), or The Joint Commission (TJC) for the location reviewed.
PRTF must arrange for prior to employment (or contracting, volunteering, or as required by law) individuals pass criminal background checks, including sexual offender registry checks, in accordance with any applicable federal or state laws.
PRTF must maintain documentation that prior to employment (or contracting, volunteering, or as required by law) individuals pass criminal background checks, including sexual offender registry checks, in accordance with any applicable federal or state laws.
Criminal background checks are performed no more than 90 days prior to the date of employment

PRTFs must review the Department of Health and Human Services' Office of Inspector General (OIG) List of Excluded Individuals and Entities (LEIE) prior to hiring or contracting any employee or contractor that performs services that are compensated with Medicaid/Medicare funds, including but not limited to licensed and unlicensed staff, interns and/or contractors.

PRTFs must review the LDH State Adverse Actions website prior to hiring or contracting any employee or contractor that performs services that are compensated with Medicaid/Medicare funds, including but not limited to licensed and unlicensed staff, interns and/or contractors.

Agency must, for current employees, check the Department of Health and Human Services' Office of Inspector General (OIG) List of Excluded Individuals and Entities (LEIE) list once a month thereafter to determine if they have been excluded from participation in the Medicaid or Medicare Program by Louisiana Medicaid or the Department of Health and Human Services' Office of Inspector General.

Agency must, for current employees, check the LDH State Adverse Actions list 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 the Medicaid or Medicare Program by Louisiana Medicaid or the Department of Health and Human Services' Office of Inspector General.

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.

TB testing was completed less than 30 days prior to date of employment

Establish and maintain written policies and procedures inclusive of drug testing staff to ensure an alcohol and/or drug-free workplace and/or a workforce free of substance use

Maintain documentation that all direct care staff, who are required to complete first aid training, complete the training within 90 days of hire; Psychiatrists, advanced practical registered nurses (APRNs)/physician assistants (PAs), registered nurses (RNs) and licensed practical nurses (LPNs) are exempt from this training.

Maintain documentation that all direct care staff, who are required to renew first aid training, complete the training within the time period recommended by the American Heart Association; Psychiatrists, advanced practical registered nurses (APRNs)/physician assistants (PAs), registered nurses (RNs) and licensed practical nurses (LPNs) are exempt from this training.

Maintain documentation that all direct care staff, who are required to complete cardiopulmonary resuscitation (CPR) training, complete the training within 90 days of hire; Psychiatrists, advanced practical registered nurses (APRNs)/physician assistants (PAs), registered nurses (RNs) and licensed practical nurses (LPNs) are exempt from this training.

Maintain documentation that all direct care staff, who are required to renew CPR training, complete the training within the time period recommended by the American Heart Association; Psychiatrists, advanced practical registered nurses (APRNs)/physician assistants (PAs), registered nurses (RNs) and licensed practical nurses (LPNs) are exempt from this training.

Unlicensed staff rendering services have completed the Standardized Basic Clinical Competency Training Module: MH 101 – Introduction to Serious Mental Illness (SMI) and Emotional Behavioral Disorders.
Unlicensed staff rendering services have completed the Standardized Basic Clinical Competency Training Module: Crisis intervention.
Unlicensed staff rendering services have completed the Standardized Basic Clinical Competency Training Module: Suicide and homicide precautions.
Unlicensed staff rendering services have completed the Standardized Basic Clinical Competency Training Module: System of care overview.
Unlicensed staff rendering services have completed the Standardized Basic Clinical Competency Training Module: Co-occurring disorders.
Unlicensed staff rendering services have completed the Standardized Basic Clinical Competency Training Module: Cultural and linguistic competency (basic).
Unlicensed staff rendering services have completed the Standardized Basic Clinical Competency Training Module: Treatment planning.
Maintain documentation of verification of staff meeting professional requirements including licensure (where applicable)
PRTFs must comply with federal emergency preparedness regulations associated with 42 CFR §441.184 in order to participate in the Medicare or Medicaid program. which includes safeguarding human resources.
PRTFs must comply with federal emergency preparedness regulations associated with 42 CFR §441.184 in order to participate in the Medicare or Medicaid program. which includes maintaining business continuity
PRTFs must comply with federal emergency preparedness regulations associated with 42 CFR §441.184 in order to participate in the Medicare or Medicaid program. which includes protecting physical resources
CMS requires facilities to perform a risk assessment that uses an “all-hazards” approach prior to establishing an emergency plan
CMS requires facilities to develop and maintain an emergency preparedness communication plan that complies with both federal and state laws.
As part of the communication plan, patient care must be well coordinated within the facility to protect patient health and safety in the event of a disaster.
As part of the communication plan, patient care must be well coordinated across healthcare providers to protect patient health and safety in the event of a disaster.
As part of the communication plan, patient care must be well coordinated with state and local public health departments to protect patient health and safety in the event of a disaster.
As part of the communication plan, patient care must be well coordinated with emergency management agencies and systems to protect patient health and safety in the event of a disaster.

CMS requires that facilities develop and implement policies that comply with federal and state law, and that support the successful execution of the emergency plan and risks identified during the risk assessment process
CMS requires that facilities develop and implement procedures that comply with federal and state law, and that support the successful execution of the emergency plan and risks identified during the risk assessment process
CMS requires that facilities develop and maintain an emergency preparedness training and testing program that complies with federal and state law, and that is updated at least annually.
PRTFs staff must complete all required training appropriate to the program model approved by OBH.
PRTFs team must include: <ul style="list-style-type: none"> •either a board-eligible or board-certified psychiatrist, •licensed clinical psychologist and a physician licensed to practice medicine or osteopathy; or •A physician licensed to practice medicine or osteopathy, with specialized training and experience in the diagnosis and treatment of mental diseases and a psychologist who has a master's degree in clinical psychology or who has been licensed by the State psychological association.
PRTFs team must include a licensed clinical social worker (LCSW), A RN with specialized training or one year's experience in treating individuals with mental illness, an occupational therapist who is licensed and who has specialized training or one year of experience in treating individuals with mental illness; or A licensed psychologist or medical psychologist.
PRTFs must ensure that there is a licensed physician, medical director – licensed physician(s) on site as needed for management of psychiatric/medical needs. 24 hour on-call availability;
PRTFs must ensure that there is a licensed psychologist available as needed
PRTFs must ensure that there is licensed nursing staff present – One FTE Supervisor (APRN/NP/RN), 24 hour on-call availability;
PRTFs must ensure that there is one FTE RN/LPN available on duty on site at all times;
PRTFs must ensure that there is a licensed or certified clinician or counselor with direct supervision by an LMHP, or unlicensed professional (UP) under supervision of a clinical supervisor;
Caseloads do not exceed eight members:
PRTFs must ensure that the clinical supervisor is available for clinical supervision when needed and by telephone for consultation;
PRTFs must ensure that An LMHP is available on site 40 hours per week;
The facility shall maintain, in accordance with LAC 48:1 Chapter 90: a minimum ratio of one staff person for four residents (1:4) between the hours of 6 a.m. and 10 p.m. The staff for purposes of this ratio shall consist of direct care staff (i.e., licensed practical nurse (LPN), MHS, MHP, LMHP, etc.);
The facility shall maintain, in accordance with LAC 48:1 Chapter 90: A minimum ratio of one staff person for six residents (1:6) between 10 p.m. and 6 a.m. Staff shall always be awake while on duty. The staff for purposes of this ratio shall consist of direct care staff (i.e., LPN, MHS, MHP, LMHP, etc.).
PRTFs must ensure that there is clerical support staff available – 1 to 2 FTE per day shift;
PRTFs must ensure that there is an activity/occupational therapist – one FTE;

PRTFs must ensure that there is a care coordinator – one FTE per day shift, and/or duties may be assumed by clinical staff;

PRTFs must ensure that Physicians, who are available 24 hours a day by telephone. (A PA may perform duties within the scope of his/her practice as designated by physician). An APRN may perform duties within the scope of his/her practice;

PRTFs must ensure that Licensed, certified or registered clinicians provide a planned regimen of 24-hour, professionally directed evaluation, care and treatment services for members and their families;

PRTFs must ensure that an interdisciplinary team of appropriately trained clinicians, such as physicians, nurses, counselors, social workers and psychologists, is available to assess and treat the individual and to obtain and interpret information regarding the member's needs. The number and disciplines of team members are appropriate to the range and severity of the individual's problems.

FQHC and RHC Agency Requirements

Federally Qualified Health Centers (FQHCs) must be certified by the federal government.

Rural health centers (RHCs) must be licensed by the Louisiana Department of Health (LDH) Health Standards Section (HSS) pursuant to R.S. 40:2197.

Documentation licensed mental health professionals (LMHPs) and/or staff offering behavioral health services in the FQHC/RHC meet qualifications specified for other licensed practitioners and direct care staff in accordance with the current LDH Behavioral Health services manual.

FQHCs and RHCs must comply with federal emergency preparedness regulations associated with 42 CFR §441.184 in order to participate in the Medicare or Medicaid program. which includes safeguarding human resources.

FQHCs and RHCs must comply with federal emergency preparedness regulations associated with 42 CFR §441.184 in order to participate in the Medicare or Medicaid program. which includes maintaining business continuity

FQHCs and RHCs must comply with federal emergency preparedness regulations associated with 42 CFR §441.184 in order to participate in the Medicare or Medicaid program. which includes protecting physical resources

CMS requires facilities to perform a risk assessment that uses an "all-hazards" approach prior to establishing an emergency plan

CMS requires facilities to develop and maintain an emergency preparedness communication plan that complies with both federal and state laws.

As part of the communication plan, patient care must be well coordinated across healthcare providers to protect patient health and safety in the event of a disaster.

As part of the communication plan, patient care must be well coordinated with state and local public health departments to protect patient health and safety in the event of a disaster.

As part of the communication plan, patient care must be well coordinated with emergency management agencies and systems to protect patient health and safety in the event of a disaster.

CMS requires that facilities develop and implement policies that comply with federal and state law, and that support the successful execution of the emergency plan and risks identified during the risk assessment process

CMS requires that facilities develop and implement procedures that comply with federal and state law, and that support the successful execution of the emergency plan and risks identified during the risk assessment process

CMS requires that facilities develop and maintain an emergency preparedness training and testing program that complies with federal and state law, and that is updated at least annually.

Adult Crisis Provider Agency Requirements

Licensure pursuant to La. R.S. 40:2151, et. seq. or La. R.S. 40:2180.12, et. seq. for the location being reviewed.

Accredited by the Commission on Accreditation of Rehabilitation Facilities (CARF), the Council on Accreditation (COA), or The Joint Commission (TJC) for the location reviewed.

Agencies must attain full accreditation within 18 months of the initial accreditation application date.

The agency shall pay all associated accreditation fees prior to being contracted and reimbursed by a Medicaid managed care entity.

Agency must arrange for prior to employment (or contracting, volunteering, or as required by law) individuals pass criminal background checks, including sexual offender registry checks, in accordance with any applicable federal or state laws.

Agency must maintain documentation that prior to employment (or contracting, volunteering, or as required by law) individuals pass criminal background checks, including sexual offender registry checks, in accordance with any applicable federal or state laws.

Criminal background checks are performed no more than 90 days prior to the date of employment

Agency must review the Department of Health and Human Services' Office of Inspector General (OIG) List of Excluded Individuals and Entities (LEIE) prior to hiring or contracting any employee or contractor that performs services that are compensated with Medicaid/Medicare funds, including but not limited to licensed and unlicensed staff, interns and/or contractors.

Agency must review the LDH State Adverse Actions website prior to hiring or contracting any employee or contractor that performs services that are compensated with Medicaid/Medicare funds, including but not limited to licensed and unlicensed staff, interns and/or contractors.

Agency must, for current employees, check the Department of Health and Human Services' Office of Inspector General (OIG) List of Excluded Individuals and Entities (LEIE) list once a month thereafter to determine if they have been excluded from participation in the Medicaid or Medicare Program by Louisiana Medicaid or the Department of Health and Human Services' Office of Inspector General.

Agency must, for current employees, check the LDH State Adverse Actions list 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 the Medicaid or Medicare Program by Louisiana Medicaid or the Department of Health and Human Services' Office of Inspector General.

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.
TB testing was completed less than 31 days prior to date of employment
Establish and maintain written policies and procedures inclusive of drug testing staff to ensure an alcohol and/or drug-free workplace and/or a workforce free of substance use
Maintain documentation that all direct care staff, who are required to complete first aid training, complete the training within 90 days of hire; Psychiatrists, advanced practical registered nurses (APRNs)/physician assistants (PAs), registered nurses (RNs) and licensed practical nurses (LPNs) are exempt from this training.
Maintain documentation that all direct care staff, who are required to renew first aid training, complete the training within the time period recommended by the American Heart Association; Psychiatrists, advanced practical registered nurses (APRNs)/physician assistants (PAs), registered nurses (RNs) and licensed practical nurses (LPNs) are exempt from this training.
Maintain documentation that all direct care staff, who are required to complete cardiopulmonary resuscitation (CPR) training, complete the training within 90 days of hire; Psychiatrists, advanced practical registered nurses (APRNs)/physician assistants (PAs), registered nurses (RNs) and licensed practical nurses (LPNs) are exempt from this training.
Maintain documentation that all direct care staff, who are required to renew CPR training, complete the training within the time period recommended by the American Heart Association; Psychiatrists, advanced practical registered nurses (APRNs)/physician assistants (PAs), registered nurses (RNs) and licensed practical nurses (LPNs) are exempt from this training.
Staff must be at least twenty-four (24) years old;
Unlicensed staff must have a minimum of bachelor's degree (preferred) OR an associate degree and two (2) years of work experience in the human services field OR meet Recognized Peer Support Specialist (RPSS) qualifications.
Unlicensed staff rendering services have completed the Standardized Basic Clinical Competency Training Module: MH 101 – Introduction to Serious Mental Illness (SMI) and Emotional Behavioral Disorders.
Unlicensed staff rendering services have completed the Standardized Basic Clinical Competency Training Module: Crisis intervention.
Unlicensed staff rendering services have completed the Standardized Basic Clinical Competency Training Module: Suicide and homicide precautions.
Unlicensed staff rendering services have completed the Standardized Basic Clinical Competency Training Module: System of care overview.
Unlicensed staff rendering services have completed the Standardized Basic Clinical Competency Training Module: Co-occurring disorders.
Unlicensed staff rendering services have completed the Standardized Basic Clinical Competency Training Module: Cultural and linguistic competency (basic).

Unlicensed staff rendering services have completed the Standardized Basic Clinical Competency Training Module: Treatment planning.
Complete training curriculum provided by The LSU Center for Evidence to Practice prior to providing the service.
The agency has a medical director.
The agency has an administrator.
The agency has a clinical supervisor
The agency has nursing staff.
Agency has current Crisis mitigation plan to address natural/manmade disasters and emergencies.
<u>Adult Crisis Provider - Mobile Crisis</u>
Medical Director or designated prescriber (physician/psychiatrist, APRN, Medical Psychologist) must be available twenty-four (24) hours a day /seven (7) days a week for consultation and/or medication management;
LMHPs on duty to adequately meet the member's needs.
RPSS on duty to adequately meet the member's needs.
<u>Adult Crisis Provider - Behavioral Health Crisis Care</u>
Medical Director or designated prescriber (physician/psychiatrist, APRN, Medical Psychologist) must be available twenty-four (24) hours a day /seven (7) days a week for consultation and/or medication management;
LMHPs on duty to adequately meet the member's needs.
Registered nurse or licensed practical nurse on duty to adequately meet the member's needs.
RPSS on duty to adequately meet the member's needs.
At least two (2) staff must be present at all times. Clerical staff do not qualify for this requirement
A minimum staff to member ratio of 1:4 must be maintained at all times.
<u>Adult Crisis Provider - Community Brief Crisis Support</u>
Medical Director or designated prescriber (physician/psychiatrist, APRN, Medical Psychologist) must be available twenty-four (24) hours a day /seven (7) days a week for consultation and/or medication management;
LMHPs on duty to adequately meet the member's needs.
RPSS on duty to adequately meet the member's needs.
<u>Outpatient Agency Requirements</u>
Provider must be an LMHP which includes the following individuals who are licensed to practice independently: Medical psychologists; Licensed psychologists; Licensed clinical social workers (LCSWs); Licensed professional counselors (LPCs); Licensed marriage and family therapists (LMFTs); Licensed addiction counselors (LACs); and Advanced practice registered nurses (APRNs).
Agency must be Licensed per La. R.S. 40:2151 et seq. (Louisiana Behavioral Health Service Providers Licensing Standards).

Agency must arrange for prior to employment (or contracting, volunteering, or as required by law) individuals pass criminal background checks, including sexual offender registry checks, in accordance with any applicable federal or state laws.
Agency must maintain documentation that prior to employment (or contracting, volunteering, or as required by law) individuals pass criminal background checks, including sexual offender registry checks, in accordance with any applicable federal or state laws.
Criminal background checks are performed no more than 30 days prior to the date of employment
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.
TB testing was completed less than 31 days prior to date of employment
Establish and maintain written policies and procedures inclusive of drug testing staff to ensure an alcohol and/or drug-free workplace and/or a workforce free of substance use
Agency must review the Department of Health and Human Services' Office of Inspector General (OIG) List of Excluded Individuals and Entities (LEIE) prior to hiring or contracting any employee or contractor that performs services that are compensated with Medicaid/Medicare funds, including but not limited to licensed and unlicensed staff, interns and/or contractors.
Agency must review the LDH State Adverse Actions website prior to hiring or contracting any employee or contractor that performs services that are compensated with Medicaid/Medicare funds, including but not limited to licensed and unlicensed staff, interns and/or contractors.
Agency must, for current employees, check the Department of Health and Human Services' Office of Inspector General (OIG) List of Excluded Individuals and Entities (LEIE) list once a month thereafter to determine if they have been excluded from participation in the Medicaid or Medicare Program by Louisiana Medicaid or the Department of Health and Human Services' Office of Inspector General.
Agency must, for current employees, check the LDH State Adverse Actions list 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 the Medicaid or Medicare Program by Louisiana Medicaid or the Department of Health and Human Services' Office of Inspector General.
Maintain documentation that all direct care staff, who are required to complete first aid training, complete the training within 90 days of hire; Psychiatrists, advanced practical registered nurses (APRNs)/physician assistants (PAs), registered nurses (RNs) and licensed practical nurses (LPNs) are exempt from this training.
Maintain documentation that all direct care staff, who are required to renew first aid training, complete the training within the time period recommended by the American Heart Association; Psychiatrists, advanced practical registered nurses (APRNs)/physician assistants (PAs), registered nurses (RNs) and licensed practical nurses (LPNs) are exempt from this training.

Maintain documentation that all direct care staff, who are required to complete cardiopulmonary resuscitation (CPR) training, complete the training within 90 days of hire; Psychiatrists, advanced practical registered nurses (APRNs)/physician assistants (PAs), registered nurses (RNs) and licensed practical nurses (LPNs) are exempt from this training.

Maintain documentation that all direct care staff, who are required to renew CPR training, complete the training within the time period recommended by the American Heart Association; Psychiatrists, advanced practical registered nurses (APRNs)/physician assistants (PAs), registered nurses (RNs) and licensed practical nurses (LPNs) are exempt from this training.

Unlicensed staff rendering services have completed the Standardized Basic Clinical Competency Training Module: MH 101 – Introduction to Serious Mental Illness (SMI) and Emotional Behavioral Disorders.

Unlicensed staff rendering services have completed the Standardized Basic Clinical Competency Training Module: Crisis intervention.

Unlicensed staff rendering services have completed the Standardized Basic Clinical Competency Training Module: Suicide and homicide precautions.

Unlicensed staff rendering services have completed the Standardized Basic Clinical Competency Training Module: System of care overview.

Unlicensed staff rendering services have completed the Standardized Basic Clinical Competency Training Module: Co-occurring disorders.

Unlicensed staff rendering services have completed the Standardized Basic Clinical Competency Training Module: Cultural and linguistic competency (basic).

Unlicensed staff rendering services have completed the Standardized Basic Clinical Competency Training Module: Treatment planning.

Peer Support Services AGENCY REQUIREMENTS

One (1) RPSS to twenty-five active members.

PSS must be provided under the administrative oversight of licensed and accredited local governing entities (LGEs).

Licensed by the Louisiana Department of Health (LDH) per La. R.S. 40:2151 et seq.; of the location reviewed.

Agency must arrange for prior to employment (or contracting, volunteering, or as required by law) individuals pass criminal background checks, including sexual offender registry checks, in accordance with any applicable federal or state laws.

Agency must maintain documentation that prior to employment (or contracting, volunteering, or as required by law) individuals pass criminal background checks, including sexual offender registry checks, in accordance with any applicable federal or state laws.

Criminal background checks are performed no more than 90 days prior to the date of employment

Agency must review the Department of Health and Human Services' Office of Inspector General (OIG) List of Excluded Individuals and Entities (LEIE) prior to hiring or contracting any employee or contractor that performs services that are compensated with Medicaid/Medicare funds, including but not limited to licensed and unlicensed staff, interns and/or contractors.

Agency must review the LDH State Adverse Actions website prior to hiring or contracting any employee or contractor that performs services that are compensated with Medicaid /Medicare funds, including but not limited to licensed and unlicensed staff, interns and/or contractors.
Agency must, for current employees, check the Department of Health and Human Services' Office of Inspector General (OIG) List of Excluded Individuals and Entities (LEIE) list once a month thereafter to determine if they have been excluded from participation in the Medicaid or Medicare Program by Louisiana Medicaid or the Department of Health and Human Services' Office of Inspector General.
Agency must, for current employees, check the LDH State Adverse Actions list 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 the Medicaid or Medicare Program by Louisiana Medicaid or the Department of Health and Human Services' Office of Inspector General.
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.
TB testing was completed less than 31 days prior to date of employment
Establish and maintain written policies and procedures inclusive of drug testing staff to ensure an alcohol and/or drug-free workplace and/or a workforce free of substance use
Maintain documentation that all direct care staff, who are required to complete first aid training, complete the training within 90 days of hire; Psychiatrists, advanced practical registered nurses (APRNs)/physician assistants (PAs), registered nurses (RNs) and licensed practical nurses (LPNs) are exempt from this training.
Maintain documentation that all direct care staff, who are required to renew first aid training, complete the training within the time period recommended by the American Heart Association; Psychiatrists, advanced practical registered nurses (APRNs)/physician assistants (PAs), registered nurses (RNs) and licensed practical nurses (LPNs) are exempt from this training.
Maintain documentation that all direct care staff, who are required to complete cardiopulmonary resuscitation (CPR) training, complete the training within 90 days of hire; Psychiatrists, advanced practical registered nurses (APRNs)/physician assistants (PAs), registered nurses (RNs) and licensed practical nurses (LPNs) are exempt from this training.
Maintain documentation that all direct care staff, who are required to renew CPR training, complete the training within the time period recommended by the American Heart Association; Psychiatrists, advanced practical registered nurses (APRNs)/physician assistants (PAs), registered nurses (RNs) and licensed practical nurses (LPNs) are exempt from this training.
Ensure and/or maintain documentation that all unlicensed persons employed by the organization complete annual training in a recognized crisis intervention curriculum prior to handling or managing crisis calls.
Staff has a National Provider Identification (NPI) number
Must have lived experience with a mental illness and/or substance use challenge or condition.
Must be at least 21 years of age

Must have a high school diploma or GED
Must successfully complete the LDH/OBH approved training for RPSS
Received 25 hours of documented clinical Supervision in Core Competencies unless employed by their current Agency prior to February 1, 2021.
Must have at least twelve (12) months of continuous recovery, which is demonstrated by a lifestyle and decisions supporting an individual's overall wellness and recovery.
Must complete continuing education in confidentiality requirements
Must complete continuing education in Health Insurance Portability and Accountability Act (HIPAA) requirements
Must complete continuing education in mandated reporting;
Must sign acknowledgement and receipt of Peer Support Specialist Code of Ethics
Three (3) of the ten (10) CEUs must be in the area of ethics.
Seven (7) of the ten (10) will be in the principles and competencies related to tenets of peer support.
Documentation of completion of the ten approved CEUs shall be submitted to OBH by December 31 each year
Submission to OBH by December 31 each year of annual attestation statement as approved by LDH/OBH indicating compliance with the Code of Ethics and Scope of Practice.
<u>Mental Health Rehabilitation (MHR) AGENCY REQUIREMENTS</u>
Accredited by the Commission on Accreditation of Rehabilitation Facilities (CARF), the Council on Accreditation (COA), or The Joint Commission (TJC) for the location reviewed.
Agencies must attain full accreditation within 18 months of the initial accreditation application date.
The agency shall pay all associated accreditation fees prior to being contracted and reimbursed by a Medicaid managed care entity.
The agency has a medical director.
The agency has an administrator.
The agency has a clinical supervisor
The agency has nursing staff.
Agency has current Crisis mitigation plan to address natural/manmade disasters and emergencies.
Agency must arrange for and/or maintain documentation that prior to employment (or contracting, volunteering, or as required by law) individuals pass criminal background checks, including sexual offender registry checks, in accordance with any applicable federal or state laws.
Criminal background checks were performed within ninety (90) days prior to the date of employment.
Agency must review the Department of Health and Human Services' Office of Inspector General (OIG) List of Excluded Individuals and Entities (LEIE) prior to hiring or contracting any employee or contractor that performs services that are compensated with Medicaid/Medicare funds, including but not limited to licensed and unlicensed staff, interns and/or contractors.

Agency must review the LDH State Adverse Actions website prior to hiring or contracting any employee or contractor that performs services that are compensated with Medicaid/Medicare funds, including but not limited to licensed and unlicensed staff, interns and/or contractors
Agency must, for current employees, check the Department of Health and Human Services' Office of Inspector General (OIG) List of Excluded Individuals and Entities (LEIE) list once a month thereafter to determine if they have been excluded from participation in the Medicaid or Medicare Program by Louisiana Medicaid or the Department of Health and Human Services' Office of Inspector General.
Agency must, for current employees, check the LDH State Adverse Actions list 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 the Medicaid or Medicare Program by Louisiana Medicaid or the Department of Health and Human Services' Office of Inspector General.
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.
TB testing was completed less than 31 days prior to date of employment
Establish and maintain written policies and procedures inclusive of drug testing staff to ensure an alcohol and/or drug-free workplace and/or a workforce free of substance use
Maintain documentation that all direct care staff, who are required to complete first aid training, complete the training within 90 days of hire; Psychiatrists, advanced practical registered nurses (APRNs)/physician assistants (PAs), registered nurses (RNs) and licensed practical nurses (LPNs) are exempt from this training.
Maintain documentation that all direct care staff, who are required to renew first aid training, complete the training within the time period recommended by the American Heart Association; Psychiatrists, advanced practical registered nurses (APRNs)/physician assistants (PAs), registered nurses (RNs) and licensed practical nurses (LPNs) are exempt from this training.
Maintain documentation that all direct care staff, who are required to complete cardiopulmonary resuscitation (CPR) training, complete the training within 90 days of hire; Psychiatrists, advanced practical registered nurses (APRNs)/physician assistants (PAs), registered nurses (RNs) and licensed practical nurses (LPNs) are exempt from this training.
Maintain documentation that all direct care staff, who are required to renew CPR training, complete the training within the time period recommended by the American Heart Association; Psychiatrists, advanced practical registered nurses (APRNs)/physician assistants (PAs), registered nurses (RNs) and licensed practical nurses (LPNs) are exempt from this training.
Unlicensed staff rendering services have completed the Standardized Basic Clinical Competency Training Module: MH 101 – Introduction to Serious Mental Illness (SMI) and Emotional Behavioral Disorders.
Unlicensed staff rendering services have completed the Standardized Basic Clinical Competency Training Module: Crisis intervention.

Unlicensed staff rendering services have completed the Standardized Basic Clinical Competency Training Module: Suicide and homicide precautions.
Unlicensed staff rendering services have completed the Standardized Basic Clinical Competency Training Module: System of care overview.
Unlicensed staff rendering services have completed the Standardized Basic Clinical Competency Training Module: Co-occurring disorders.
Unlicensed staff rendering services have completed the Standardized Basic Clinical Competency Training Module: Cultural and linguistic competency (basic).
Unlicensed staff rendering services have completed the Standardized Basic Clinical Competency Training Module: Treatment planning.
Ensure and/or maintain documentation that all unlicensed persons employed by the organization complete annual training in a recognized crisis intervention curriculum prior to handling or managing crisis calls.
Staff has a National Provider Identification (NPI) number
LMHP has completed LOCUS Training.
LMHP has completed CALOCUS Training
MHR providers are required to have crisis mitigation plans that provides 24-hour on-call telephone assistance to prevent relapse or harm to self or others, to provide referral to other services, and/or to provide support during related crises.
The BHSP's crisis mitigation plan shall include the following: -Identify steps to take when a client suffers from a medical, psychiatric, medication or relapse crisis
The BHSP's crisis mitigation plan shall include the following: -Specify names and telephone numbers of staff or contracted entities to assist clients in crisis.
If the provider contracts with another entity to provide crisis mitigation services, the provider shall have a written contract with the entity providing the crisis mitigation services.
<u>MHR - CPST Agency</u>
Licensed by the Louisiana Department of Health (LDH) per La. R.S. 40:2151 et seq. as a Behavioral Health Service Provider as a Community Psychiatric Support and Treatment Program for the location reviewed.
Evidence staff has required educational degree(s) and/or credentials as required to provide the associated level of service related to their current job position.

Agencies providing CPST services must employ at least one full-time physician or full-time LMHP to specifically serve as a full-time mental health supervisor to assist in the design and evaluation of treatment plans for CPST services. LMHPs serving in the role of mental health supervisor for CPST services are restricted to medical psychologist, licensed psychologist, licensed clinical social worker (LCSW), licensed professional counselor (LPC), licensed marriage and family therapist (LMFT), or licensed Advanced Practice Registered Nurse (APRN) with a psychiatric specialization. The term “full-time” means employment by the provider agency for at least 35 hours per week.

The agency is credentialed and participating (contracted) in the provider network of the Medicaid managed care entity to be eligible to receive Medicaid reimbursement unless the provider agency is licensed and accredited and has an executed single case agreement with the Medicaid managed care entity.

The provider adheres to staff ratio requirements One Full Time Employee (FTE) to 15 youth members. (Claims Analysis)

The provider adheres to staff ratio requirements One FTE to 25 adult members. (Claims Analysis)

MHR - PSR Agency

Licensed by the Louisiana Department of Health (LDH) per La. R.S. 40:2151 et seq. as a Behavioral Health Service Provider as a Psychosocial Rehabilitation Services Program for the location reviewed.

The agency is credentialed and participating (contracted) in the provider network of the Medicaid managed care entity to be eligible to receive Medicaid reimbursement unless the provider agency is licensed and accredited and has an executed single case agreement with the Medicaid managed care entity.

Agencies providing PSR services must employ at least one full-time physician or full-time LMHP to specifically serve as a full-time mental health supervisor to assist in the design and evaluation of treatment plans for PSR services. LMHPs serving in the role of mental health supervisor for PSR services are restricted to medical psychologist, licensed psychologist, licensed clinical social worker (LCSW), licensed professional counselor (LPC), licensed marriage and family therapist (LMFT), or licensed Advanced Practice Registered Nurse (APRN) with a psychiatric specialization. The term “full-time” means employment by the provider agency for at least 35 hours per week.

Staff rendering PSR services shall be at least three (3) years older than any individual they serve under the age of eighteen (18).

The provider adheres to staff ratio requirements One Full Time Employee (FTE) to 15 consumers is maximum group size for adults. (Claims Analysis)

The provider adheres to staff ratio requirements One FTE to 8 consumers is maximum group size for youth. (Claims Analysis)

Any individual rendering PSR services for a licensed and accredited provider agency must have 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, or human growth and development; or have a bachelor's degree from an accredited university or college with a minor in counseling, social work, sociology, or psychology; or be twenty-one (21) years of age or older as of January 1, 2022, have a high school diploma or equivalency, and have been continuously employed by a licensed and accredited agency providing PSR services since prior to January 1, 2019.

Staff providing direct services to adult members must complete an approved PSR training curricula prior to providing services, which includes training that focuses on Daily and community living skills

Staff providing direct services to adult members must complete an approved PSR training curricula prior to providing services, which includes training that focuses on Socialization skills.

Staff providing direct services to adult members must complete an approved PSR training curricula prior to providing services, which includes training that focuses on Adaptation skills

Staff providing direct services to adult members must complete an approved PSR training curricula prior to providing services, which includes training that focuses on Development of leisure time interests and skills

Staff providing direct services to adult members must complete an approved PSR training curricula prior to providing services, which includes training that focuses on Symptom management skills

Staff providing direct services to adult members must complete an approved PSR training curricula prior to providing services, which includes training that focuses on Identification and management of symptoms of mental illness

Staff providing direct services to adult members must complete an approved PSR training curricula prior to providing services, which includes training that focuses on Compliance with physician's medication orders

Staff providing direct services to adult members must complete an approved PSR training curricula prior to providing services, which includes training that focuses on Education in mental health/mental illness

Staff providing direct services to adult members must complete an approved PSR training curricula prior to providing services, which includes training that focuses on Work readiness activities

Staff providing direct services to youth must have documented training related to the psychosocial rehabilitation model(s) utilized in the program.

Pass a motor vehicle screen (if duties may involve driving or transporting members);

MHR - Crisis Intervention (CI)

Licensed by the Louisiana Department of Health (LDH) per La. R.S. 40:2151 et seq. as a Behavioral Health Service Provider as a Crisis Intervention Program for the location reviewed.

Staff must be at least twenty (20) years old

Staff must be at least three (3) years older than an individual under the age of eighteen (18).

Staff must have an associate degree in social work, counseling, psychology or a related human services field or two years of equivalent education and/or experience working in the human services field.

Pass a motor vehicle screen (if duties may involve driving or transporting members);

Complete a nationally recognized crisis intervention training;

Adolescent/Child Crisis Stabilization (CS)

The agency has a medical director.

The agency has an administrator.

The agency has a clinical supervisor

The agency has nursing staff.

Agency has current Crisis mitigation plan to address natural/manmade disasters and emergencies.

Agency must arrange for and/or maintain documentation that prior to employment (or contracting, volunteering, or as required by law) individuals pass criminal background checks, including sexual offender registry checks, in accordance with any applicable federal or state laws.

Criminal background checks were performed within ninety (90) days prior to the date of employment.

Agency must review the Department of Health and Human Services' Office of Inspector General (OIG) List of Excluded Individuals and Entities (LEIE) prior to hiring or contracting any employee or contractor that performs services that are compensated with Medicaid/Medicare funds, including but not limited to licensed and unlicensed staff, interns and/or contractors.

Agency must review the LDH State Adverse Actions website prior to hiring or contracting any employee or contractor that performs services that are compensated with Medicaid/Medicare funds, including but not limited to licensed and unlicensed staff, interns and/or contractors

Agency must, for current employees, check the Department of Health and Human Services' Office of Inspector General (OIG) List of Excluded Individuals and Entities (LEIE) list once a month thereafter to determine if they have been excluded from participation in the Medicaid or Medicare Program by Louisiana Medicaid or the Department of Health and Human Services' Office of Inspector General.

Agency must, for current employees, check the LDH State Adverse Actions list 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 the Medicaid or Medicare Program by Louisiana Medicaid or the Department of Health and Human Services' Office of Inspector General.

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.

TB testing was completed less than 31 days prior to date of employment

Establish and maintain written policies and procedures inclusive of drug testing staff to ensure an alcohol and/or drug-free workplace and/or a workforce free of substance use

Maintain documentation that all direct care staff, who are required to complete first aid training, complete the training within 90 days of hire; Psychiatrists, advanced practical registered nurses (APRNs)/physician assistants (PAs), registered nurses (RNs) and licensed practical nurses (LPNs) are exempt from this training.
Maintain documentation that all direct care staff, who are required to renew first aid training, complete the training within the time period recommended by the American Heart Association; Psychiatrists, advanced practical registered nurses (APRNs)/physician assistants (PAs), registered nurses (RNs) and licensed practical nurses (LPNs) are exempt from this training.
Maintain documentation that all direct care staff, who are required to complete cardiopulmonary resuscitation (CPR) training, complete the training within 90 days of hire; Psychiatrists, advanced practical registered nurses (APRNs)/physician assistants (PAs), registered nurses (RNs) and licensed practical nurses (LPNs) are exempt from this training.
Maintain documentation that all direct care staff, who are required to renew CPR training, complete the training within the time period recommended by the American Heart Association; Psychiatrists, advanced practical registered nurses (APRNs)/physician assistants (PAs), registered nurses (RNs) and licensed practical nurses (LPNs) are exempt from this training.
Unlicensed staff rendering services have completed the Standardized Basic Clinical Competency Training Module: MH 101 – Introduction to Serious Mental Illness (SMI) and Emotional Behavioral Disorders.
Unlicensed staff rendering services have completed the Standardized Basic Clinical Competency Training Module: Crisis intervention.
Unlicensed staff rendering services have completed the Standardized Basic Clinical Competency Training Module: Suicide and homicide precautions.
Unlicensed staff rendering services have completed the Standardized Basic Clinical Competency Training Module: System of care overview.
Unlicensed staff rendering services have completed the Standardized Basic Clinical Competency Training Module: Co-occurring disorders.
Unlicensed staff rendering services have completed the Standardized Basic Clinical Competency Training Module: Cultural and linguistic competency (basic).
Unlicensed staff rendering services have completed the Standardized Basic Clinical Competency Training Module: Treatment planning.
Ensure and/or maintain documentation that all unlicensed persons employed by the organization complete annual training in a recognized crisis intervention curriculum prior to handling or managing crisis calls.
Be at least eighteen (18) years of age, and at least three (3) years older than an individual under the age of eighteen (18) that they provide services
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
Possess and provide documentation of a valid social security number

Pass a motor vehicle screen (if duties may involve driving or transporting members);
Completion of crisis training curriculum including Solution focused crisis assessments prior to providing crisis stabilization services.
Completion of crisis training curriculum including Crisis communications prior to providing crisis stabilization services.
Completion of crisis training curriculum including Intensive, solution focused interventions prior to providing crisis stabilization services.
Completion of crisis training curriculum including Assisting the youth and family members in developing coping and behavior management skills prior to providing crisis stabilization services.
Completion of crisis training curriculum including Assisting the youth and family members in working collaboratively with any existing service providers to prepare for the youth's return to their home environment prior to providing crisis stabilization services.
Completion of crisis training curriculum including Development of risk management / safety plans prior to providing crisis stabilization services.
MHR providers are required to have crisis mitigation plans that provides 24-hour on-call telephone assistance to prevent relapse or harm to self or others, to provide referral to other services, and/or to provide support during related crises.
The BHSP's crisis mitigation plan shall include the following: -Identify steps to take when a client suffers from a medical, psychiatric, medication or relapse crisis
The BHSP's crisis mitigation plan shall include the following: -Specify names and telephone numbers of staff or contracted entities to assist clients in crisis.
If the provider contracts with another entity to provide crisis mitigation services, the provider shall have a written contract with the entity providing the crisis mitigation services.
There is documentation noting the supervisor made an onsite visit to the member's home to evaluate the DSW's ability to perform their assigned duties in order to determine whether member is receiving the services that are written in the plan of care
There is documentation noting the supervisor made an onsite visit to the member's home to evaluate the DSW's ability to perform their assigned duties in order to verify that the DSW is actually reporting to the home according to the frequency ordered in the plan of care
There is documentation noting the supervisor made an onsite visit to the member's home to evaluate the DSW's ability to perform their assigned duties in order to determine member's satisfaction with the services member is receiving
<u>Adolescent/Child CS - Center Based Respite Care</u>

Licensed as a home and community-based services (HCBS) provider/
Center-Based Respite per La. R.S. 40:2120.1 et seq. and Louisiana
Administrative Code (LAC) 48: I. Chapter 50 found at the following website:
<http://www.doa.la.gov/Pages/osr/lac/Code.aspx>

Adolescent/Child CS - Crisis Receiving Center

Licensed per La. R.S. 40:2180.12 and LAC 48: I. Chapters fifty-three (53) and fifty-four (54) found at the following website:
<http://www.doa.la.gov/Pages/osr/lac/Code.aspx>

Adolescent/Child CS - Child Placing Agency

Licensed as a Child Placing Agency by Department of Children and Family Services under the Specialized Provider Licensing Act (La. R.S. 46:1401-46:1430) and LAC 67: V. Chapter 73, found at the following website:
http://www.dcf.louisiana.gov/assets/docs/searchable/Licensing/Residential/201603_ChildPlacing.pdf;

SUD Core Requirements

Residential substance use treatment facilities must be accredited by the Commission on Accreditation of Rehabilitation Facilities (CARF), the Council on Accreditation (COA), or The Joint Commission (TJC) for location reviewed.

Residential substance use treatment facilities must attain full accreditation within 18 months of the initial accreditation application date.

The agency shall pay all associated accreditation fees prior to being contracted and reimbursed by a Medicaid managed care entity.

Services must be provided under the supervision of a licensed mental health professional (LMHP) or a physician who is acting within the scope of his/her professional license and applicable state law. The term "supervision" refers to clinical support, guidance and consultation afforded to non-licensed staff, and should not be confused with clinical supervision of bachelor's or master's level individuals or provisionally licensed individuals pursuing licensure.

Agency must arrange for prior to employment (or contracting, volunteering, or as required by law) individuals pass criminal background checks, including sexual offender registry checks, in accordance with any applicable federal or state laws.

Agency must maintain documentation that prior to employment (or contracting, volunteering, or as required by law) individuals pass criminal background checks, including sexual offender registry checks, in accordance with any applicable federal or state laws.

Criminal background checks are performed no more than 90 days prior to the date of employment

Agency must review the Department of Health and Human Services' Office of Inspector General (OIG) List of Excluded Individuals and Entities (LEIE) prior to hiring or contracting any employee or contractor that performs services that are compensated with Medicaid/Medicare funds, including but not limited to licensed and unlicensed staff, interns and/or contractors.

Agency must review the LDH State Adverse Actions website prior to hiring or contracting any employee or contractor that performs services that are compensated with Medicaid/Medicare funds, including but not limited to licensed and unlicensed staff, interns and/or contractors
Agency must, for current employees, check the Department of Health and Human Services' Office of Inspector General (OIG) List of Excluded Individuals and Entities (LEIE) list once a month thereafter to determine if they have been excluded from participation in the Medicaid or Medicare Program by Louisiana Medicaid or the Department of Health and Human Services' Office of Inspector General.
Agency must, for current employees, check the LDH State Adverse Actions list 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 the Medicaid or Medicare Program by Louisiana Medicaid or the Department of Health and Human Services' Office of Inspector General.
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.
TB testing was completed less than 31 days prior to date of employment
Establish and maintain written policies and procedures inclusive of drug testing staff to ensure an alcohol and/or drug-free workplace and/or a workforce free of substance use
Maintain documentation that all direct care staff, who are required to complete first aid training, complete the training within 90 days of hire; Psychiatrists, advanced practical registered nurses (APRNs)/physician assistants (PAs), registered nurses (RNs) and licensed practical nurses (LPNs) are exempt from this training.
Maintain documentation that all direct care staff, who are required to renew first aid training, complete the training within the time period recommended by the American Heart Association; Psychiatrists, advanced practical registered nurses (APRNs)/physician assistants (PAs), registered nurses (RNs) and licensed practical nurses (LPNs) are exempt from this training.
Maintain documentation that all direct care staff, who are required to complete cardiopulmonary resuscitation (CPR) training, complete the training within 90 days of hire; Psychiatrists, advanced practical registered nurses (APRNs)/physician assistants (PAs), registered nurses (RNs) and licensed practical nurses (LPNs) are exempt from this training.
Maintain documentation that all direct care staff, who are required to renew CPR training, complete the training within the time period recommended by the American Heart Association; Psychiatrists, advanced practical registered nurses (APRNs)/physician assistants (PAs), registered nurses (RNs) and licensed practical nurses (LPNs) are exempt from this training.
Maintain documentation of verification of staff meeting professional requirements including licensure (where applicable)
Ensure and/or maintain documentation that all unlicensed persons employed by the organization complete annual training in a recognized crisis intervention curriculum prior to handling or managing crisis calls.

Licensed professional staff must be at least 18 years of age, with a high school diploma or equivalent according to their areas of competence as determined by degree.
Licensed professional staff must be at least 18 years of age, with a high school diploma or equivalent according to their areas of competence as determined by required levels of experience as defined by State law and regulations and departmentally approved guidelines and certifications.
Unlicensed professional staff must be at least 18 years of age, with a high school diploma or equivalent according to their areas of competence as determined by degree.
Staff must be at least three years older than any client served under 18 years of age.
Unlicensed professional staff must be at least 18 years of age, with a high school diploma or equivalent according to their areas of competence as determined by required levels of experience as defined by State law and regulations and departmentally approved guidelines and certifications.
Pass a motor vehicle screen (if duties may involve driving or transporting members);
Unlicensed staff rendering services have completed the Standardized Basic Clinical Competency Training Module: MH 101 – Introduction to Serious Mental Illness (SMI) and Emotional Behavioral Disorders.
Unlicensed staff rendering services have completed the Standardized Basic Clinical Competency Training Module: Crisis intervention.
Unlicensed staff rendering services have completed the Standardized Basic Clinical Competency Training Module: Suicide and homicide precautions.
Unlicensed staff rendering services have completed the Standardized Basic Clinical Competency Training Module: System of care overview.
Unlicensed staff rendering services have completed the Standardized Basic Clinical Competency Training Module: Co-occurring disorders.
Unlicensed staff rendering services have completed the Standardized Basic Clinical Competency Training Module: Cultural and linguistic competency (basic).
Unlicensed staff rendering services have completed the Standardized Basic Clinical Competency Training Module: Treatment planning.
The provider shall ensure that its medical director is a licensed physician, who is an addictionologist; or meets all of the following: Is board-eligible or board-certified; Has two years of qualifying experience in treating addictive disorders; and maintains a consulting relationship with an addictionologist.
The provider shall ensure that its clinical supervisor who, with the exception of opioid treatment programs, is an LMHP that maintains a current and unrestricted license with its respective professional board or licensing authority in the state of Louisiana.
The provider shall ensure that its clinical supervisor who, with the exception of opioid treatment programs, shall be on duty as needed.
The provider shall ensure that its clinical supervisor who, with the exception of opioid treatment programs, shall be on call as needed.

The provider shall ensure that its clinical supervisor who, with the exception of opioid treatment programs, has two years of qualifying clinical experience as an LMHP in the provision of services provided by the provider.

The LMHP providing addiction treatment services shall have documented credentials, experience and/or training in working with clients who have addictive disorders, which shall be maintained in the individual's personnel record.

Unlicensed addiction providers must meet at least one of the following qualifications as evidenced by documentation maintained in the individual's personnel record:

- Be a master's-prepared behavioral health professional that has not obtained full licensure privileges and is participating in ongoing professional supervision. When working in addiction treatment settings, the master's-prepared UP must be supervised by an LMHP, who meets the requirements of this Section;
- Be a registered addiction counselor; • Be a certified addiction counselor; or
- Be a counselor-in-training (CIT) that is registered with ADRA and is currently participating in a supervision required by the Addictive Disorders practice act.

A residential substance use provider shall have a house manager.

The house manager shall be at least 21 years old.

The house manager shall have at least two years qualifying experience working for a provider that treats clients with mental illness and/or addictive disorders.

A house manager is required to supervise activities of the facility when the professional staff is on call, but not on duty.

The house manager shall perform clinical duties only if licensed to do so.

The house manager shall report allegations of abuse, neglect and/or misappropriation to the medical director.

The house manager shall identify, respond to and/or report any crisis situation to the clinical supervisor when it occurs.

The house manager shall coordinate with the clinical staff as needed.

The house manager shall consult with the clinical staff as needed.

SUD - ASAM Level 1 Requirements

Licensed by the Louisiana Department of Health (LDH) per La. R.S. 40:2151 et seq. as a Behavioral Health Service Provider as an Outpatient Addiction Outpatient Treatment Program (ASAM Level I) for the location reviewed.

Program offers fewer than nine clinical service hours per week for adults.

Program offers fewer than six hours a week for adolescents.

Each LMHP or UP caseload does not exceed a ratio of 1:50 active members. (Claims Analysis)

Provider must ensure physician services are available as needed to manage psychiatric needs either provided in house or with outside contractor (must have documentation of agreement).

Provider must ensure physician services are available as needed to manage medical needs either provided in house or with outside provider (must have documentation of agreement).

The provider must ensure that A clinical supervisor is available on-site for supervision as needed.

The provider must ensure that A clinical supervisor is available on call at all times.

The provider must ensure that There is at least one LMHP or UP under the supervision of an LMHP on-site when clinical services are being provided.

The provider must ensure that nursing services are available as needed to meet the nursing needs of the members. Services may be provided directly by the provider or may be provided or arranged via written contract, agreement, policy, or another document. The provider must maintain documentation of such arrangement.

An LMHP must be available (defined as on-site or available by phone) at all times for crisis intervention.

SUD - ASAM Level 2.1 Requirements

Licensed by the Louisiana Department of Health (LDH) per La. R.S. 40:2151 et seq. as a Behavioral Health Service Provider as an Intensive Outpatient Treatment Program (ASAM Level II.1) for the location reviewed.

Minimum 9 clinical contact hours per week for adults at a minimum of three days per week with a maximum of 19 hours per week.

Minimum of 6 clinical contact hours per week for adolescents at a minimum of three days per week with a maximum of 19 hours per week.

A physician is on-site as needed for the management of psychiatric needs

A physician is on-site as needed for the management of medical needs

A physician is on call 24 hours per day, seven days per week.

The provider must ensure that there is a clinical supervisor on-site 10 hours a week.

The provider must ensure that there is a clinical supervisor on call 24 hours per day, seven days per week.

The provider must ensure that there is at least one LMHP or UP under the supervision of an LMHP on-site when clinical services are being provided.

Each LMHP/UP caseload does not exceed a ratio of 1:25 active members.

The provider must ensure that there are nursing services available as needed to meet the nursing needs of the members.

The provider must ensure that nursing services may be provided directly by the provider or may be provided or arranged via written contract, agreement, policy, or another document. The provider must maintain documentation of such arrangement.

An LMHP must be available (defined as on-site or available by phone) at all times for crisis intervention.

An LMHP, who is a qualified clinical supervisor must be available for clinical supervision as needed and by telephone for consultation

SUD - ASAM Level 2-WM Requirements

Licensed by the Louisiana Department of Health (LDH) per La. R.S. 40:2151 et seq. as a Behavioral Health Service Provider as an Ambulatory Detoxification with Extended on-site monitoring Program (ASAM Level II-D) for the location reviewed.

Evidence service is provided in conjunction with ASAM level 2.1 intensive outpatient treatment services.

The provider must ensure a physician is on-site at least 10 hours per week during operational hours.

The provider must ensure that a physician is on call 24 hours per day, seven days per week.

The provider must ensure a physician must be available to assess the individual within 24 hours of admission (or earlier, if medically necessary).

The provider must ensure a physician is available to provide on-site monitoring of care on a daily basis

The provider must ensure a physician is available to provide further evaluation on a daily basis.

The provider must ensure that a clinical supervisor is available on-site for supervision as needed.

The provider must ensure that a clinical supervisor is available on call at all times.

The provider must ensure There is an LMHP or UP under the supervision of an LMHP on-site 40 hours per week.

Each LMHP/UP caseload does not exceed a ratio of 1:25 active members.

The provider must ensure There is a licensed nurse on call 24 hours per day, seven days per week.

The provider must ensure There is a licensed nurse on-site no less than 40 hours a week.

The provider must ensure a nurse must be responsible for overseeing the monitoring of the individual's progress.

The provider must ensure a nurse must be responsible for overseeing the monitoring of the individual's medication.

The provider must ensure appropriately licensed and credentialed staff is available to administer medications in accordance with physician orders.

The provider must ensure There is a RN on-site as needed to perform nursing assessments.

An LMHP, who is a qualified clinical supervisor must be available for clinical supervision as needed

An LMHP, who is a qualified clinical supervisor must be available by telephone for consultation

SUD - ASAM Level 2-WM Requirements

Licensed by the Louisiana Department of Health (LDH) per La. R.S. 40:2151 et seq. as a Behavioral Health Service Provider as an Ambulatory Detoxification with Extended on-site monitoring Program (ASAM Level II-D) for the location reviewed.

Evidence service is provided in conjunction with ASAM level 2.1 intensive outpatient treatment services.

The provider must ensure a physician is on-site at least 10 hours per week during operational hours.

The provider must ensure that a physician is on call 24 hours per day, seven days per week.

The provider must ensure a physician must be available to assess the individual within 24 hours of admission (or earlier, if medically necessary).
The provider must ensure a physician is available to provide on-site monitoring of care on a daily basis
The provider must ensure a physician is available to provide further evaluation on a daily basis.
The provider must ensure that a clinical supervisor is available on-site for supervision as needed.
The provider must ensure that a clinical supervisor is available on call at all times.
The provider must ensure There is an LMHP or UP under the supervision of an LMHP on-site 40 hours per week.
Each LMHP/UP caseload does not exceed a ratio of 1:25 active members.
The provider must ensure There is a licensed nurse on call 24 hours per day, seven days per week.
The provider must ensure There is a licensed nurse on-site no less than 40 hours a week.
The provider must ensure a nurse must be responsible for overseeing the monitoring of the individual's progress.
The provider must ensure a nurse must be responsible for overseeing the monitoring of the individual's medication.
The provider must ensure appropriately licensed and credentialed staff is available to administer medications in accordance with physician orders.
The provider must ensure There is a RN on-site as needed to perform nursing assessments.
An LMHP, who is a qualified clinical supervisor must be available for clinical supervision as needed
An LMHP, who is a qualified clinical supervisor must be available by telephone for consultation
<u>SUD - ASAM Level 3.1 Requirements</u>
Licensed by the Louisiana Department of Health (LDH) per La. R.S. 40:2151 et seq. as a Behavioral Health Service Provider as a Clinically Managed Low-Intensity Residential Treatment Program (Halfway House) (ASAM Level III.1) for the location reviewed.
<u>SUD - ASAM Level 3.1 Requirements (Adolescents)</u>
Minimum of 5 hours per week of a combination of low-intensity clinical and recovery-focused services.
The provider shall have a clinical supervisor available for clinical supervision
The provider shall have a clinical supervisor available by telephone for consultation
For adolescents, LMHP or UP under supervision of an LMHP caseload shall not exceed 1:8 active clients.
At least one LMHP or UP is on duty at least 40 hours a week when majority of individuals are awake and/or on-site.
The provider shall have a house manager
The provider shall have at least two direct care aides (two FTE) on duty during each shift.
There shall be a ratio of 1:8 direct care aides during all shifts.

There shall be a ratio of 1:5 direct care aides on therapy outings.

There shall be a care coordinator and/or duties may be assumed by clinical staff.

An LMHP, who is a qualified clinical supervisor must be available for clinical supervision as needed

An LMHP, who is a qualified clinical supervisor must be available by telephone for consultation

**SUD - Level 3.1 Clinically Managed Low-Intensity Residential Treatment –
Adult**

Minimum of 5 hours per week of a combination of low-intensity clinical and recovery-focused services.

The provider shall have a clinical supervisor available for clinical supervision

The provider shall have a clinical supervisor available by telephone for consultation

Each LMHP/UP caseload does not exceed a ratio of 1:25 active members.

At least one LMHP or UP is on duty at least 40 hours a week when majority of individuals are awake and/or on-site.

The provider shall have a house manager

The provider shall have at least one direct care aides (one FTE on all shifts; additional staff as needed) on duty during each shift

There shall be a care coordinator and/or duties may be assumed by clinical staff.

An LMHP, who is a qualified clinical supervisor must be available for clinical supervision as needed

An LMHP, who is a qualified clinical supervisor must be available by telephone for consultation

A house manager is required to supervise activities of the facility when the professional staff is on call, but not on duty.

SUD - ASAM Level 3.2-WM Requirements

Licensed by the Louisiana Department of Health (LDH) per La. R.S. 40:2151 et seq. as a Behavioral Health Service Provider as a Clinically Managed Residential Detoxification Program (Social Detoxification ASAM Level III.2D) for the location reviewed.

SUD - ASAM Level 3.2-WM Adolescent

The provider must ensure that a physician is on call 24 hours per day, seven days per week.

There is a physician on duty as needed for management of psychiatric needs of the client

There is a physician on duty as needed for management of medical needs of the client

There is a physician on duty as needed to Triage medical needs at admission.

There is a physician on duty as needed to Triage medical needs through course of stay for all members

An LMHP, who is a qualified clinical supervisor, must be available for clinical supervision as needed

An LMHP, who is a qualified clinical supervisor, must be available by telephone for consultation.

A minimum of one LMHP or UP under supervision of an LMHP available on-site at least 40 hours per week.

Each LMHP/UP's caseload must not exceed a ratio of 1:16.

There shall be two direct care aides (two full time employees) per shift with additional as needed, not to exceed a ratio of 1:10.

There shall be at least one clerical support staff per day shift.

There shall be a care coordinator (One full time employee per day shift), and/or duties may be assumed by clinical staff).

SUD - ASAM Level 3.2-WM Adult ASAM Requirements

The provider must ensure that a physician is on call 24 hours per day, seven days per week.

There is a physician on duty as needed for management of psychiatric needs of the client

There is a physician on duty as needed for management of medical needs of the client

There is a physician on duty as needed to Triage medical needs at admission.

There is a physician on duty as needed to Triage medical needs through course of stay for all members

An LMHP, who is a qualified clinical supervisor, must be available for clinical supervision as needed

An LMHP, who is a qualified clinical supervisor, must be available by telephone for consultation.

A minimum of one LMHP or UP under supervision of an LMHP available on-site at least 40 hours per week.

Each LMHP/UP's caseload must not exceed a ratio of 1:25.

The provider must ensure that there shall be one direct care aide (one full-time employee) per shift with additional as needed.

There shall be at least one clerical support staff per day shift.

There shall be a care coordinator (One full time employee per day shift), and/or duties may be assumed by clinical staff).

The provider must ensure that an LMHP, who is a qualified clinical supervisor must be available for clinical supervision as needed.

The provider must ensure that an LMHP, who is a qualified clinical supervisor must be available by telephone for consultation.

SUD - ASAM Level 3.3 Requirements

Licensed by the Louisiana Department of Health (LDH) per La. R.S. 40:2151 et seq. as a Behavioral Health Service Provider as a Clinically Managed Medium-Intensity Residential Treatment Program (adult only ASAM Level III.3) for the location reviewed.

The provider must ensure that a physician is on call 24 hours per day, seven days per week.

There is a physician on duty as needed for management of psychiatric needs of the client

There is a physician on duty as needed for management of medical needs of the client

The provider must ensure that Clinical supervisor is available for clinical supervision when needed

The provider must ensure that Clinical supervisor is available by telephone for consultation

The provider must ensure there is an LMHP or UP under supervision of an LMHP on-site 40 hours a week to provide direct client care.

The provider must ensure each LMHP/UP caseload shall not exceed 1:12.

The provider must ensure there is 24 hour on-call availability by an RN to meet the professional nursing requirements.

A licensed nurse on duty whenever needed to meet the professional nursing requirements.
The provider must ensure there is at least one direct care aide on duty.
The provider must ensure additional aides as needed.
The provider must ensure there shall be a care coordinator (one FTE per 50 members per day shift, and/or duties may be assumed by clinical staff).
The provider must ensure there shall be a clerical support staff (One FTE per day shift).
The provider must ensure that an LMHP, who is a qualified clinical supervisor must be available for clinical supervision as needed.
The provider must ensure that an LMHP, who is a qualified clinical supervisor must be available by telephone for consultation.
<u>SUD - Additional Provider Requirements for ASAM Level 3.3 - Women with Dependent Children Program</u>
Licensed by the Louisiana Department of Health (LDH) per La. R.S. 40:2151 et seq. as a Behavioral Health Service Provider as a Mothers with Dependent Children Program (Dependent Care Program) for the location reviewed.
Staff members are at least 18 years of age
Staff members have infant CPR certification
Staff members have at least eight hours of training in the following areas prior to supervising children: i. Chemical dependency and its impact on the family; ii. Child development and age-appropriate activities; iii. Child health and safety; iv. Universal precautions; v. Appropriate child supervision techniques; vi. Signs of child abuse; or vii. A licensed day
The provider shall maintain a staff-to-child ratio that does not exceed 1:3 for infants (18 months and younger).
The provider shall maintain a staff-to-child ratio that does not exceed 1:6 for toddlers and children.
The provider shall employ a Child Specialist, who is available to provide staff training.
The provider shall employ a Child Specialist, who evaluates effectiveness of direct care staff.
The provider shall employ a Child Specialist, who plans activities for at least one hour per week per child.
The provider shall maintain a personnel file of the Child Specialist that has documentation verifying the required minimum 90 clock hours of education and/or training in child development and/or early childhood education.
The provider shall maintain verification that the Child Specialist has a minimum of one-year documented experience providing services to children.

If child supervision is provided by a licensed daycare provider, verification of a written agreement is needed between the program and the licensed daycare provider.

SUD - ASAM Level 3.5 Requirements

Licensed by the Louisiana Department of Health (LDH) per La. R.S. 40:2151 et seq. as a Behavioral Health Service Provider as a Clinically Managed High-Intensity Residential Treatment Program (ASAM Level III.5) for the location reviewed.

SUD - ASAM Level 3.5 Adolescent Requirements

There is a physician on call 24 hours per day, seven days per week

There is a physician on duty as needed for management of psychiatric needs of the clients

There is a physician on duty as needed for management of medical needs of the clients

The provider must ensure there is a psychologist available when needed.

The provider must ensure that Clinical supervisor is available for clinical supervision when needed

The provider must ensure that Clinical supervisor is available by telephone for consultation

The provider must ensure there shall be at least one LMHP or UP under the supervision of an LMHP on duty at least 40 hours per week.

The provider must ensure each LMHP/UP's caseload shall not exceed 1:8.

The provider must ensure there is one licensed RN on call 24/7 to perform nursing duties for the facility.

The provider must ensure nursing availability on-site whenever needed to meet the nursing needs of the members.

Provider must ensure nursing services are available as needed to manage nursing needs either provided in house or with outside contractor (must have documentation of agreement).

The provider must ensure there shall be at least two direct care aides on duty (two FTE) during all shifts with additional as needed.

The provider must ensure the ratio of aides to clients shall not exceed 1:8.

The provider must ensure on therapy outings, the ratio of aides to clients shall be at least 1:5.

The provider must ensure there shall be a care coordinator (one FTE per day shift, and/or duties may be assumed by clinical staff).

The provider must ensure there shall be a clerical support staff (One FTE per day shift).

The provider must ensure that an LMHP, who is a qualified clinical supervisor must be available for clinical supervision as needed.

The provider must ensure that an LMHP, who is a qualified clinical supervisor must be available by telephone for consultation.

SUD - ASAM Level 3.5 Adult Requirements

There is a physician on call 24 hours per day, seven days per week

There is a physician on duty as needed for management of psychiatric needs of the clients

There is a physician on duty as needed for management of medical needs of the clients

The provider must ensure there shall be at least one LMHP or UP under the supervision of an LMHP on duty at least 40 hours per week.

For adults, LMHP/UP's caseload shall not exceed 1:12.
The provider must ensure the provider shall have one licensed RN on call 24/7 to perform nursing duties for the provider.
The provider must ensure There shall be at least one licensed nurse on duty during the day and evening shifts to meet the nursing needs of the members.
Provider must ensure nursing services are available as needed to manage nursing needs either provided in house or with outside contractor (must have documentation of agreement).
The provider must ensure there shall be at least one direct care aide on duty on all shifts with additional as needed.
The provider must ensure there shall be a care coordinator (one FTE per day shift, and/or duties may be assumed by clinical staff).
The provider must ensure there shall be a clerical support staff (One FTE per day shift).
The provider must ensure that an LMHP, who is a qualified clinical supervisor must be available for clinical supervision as needed.
The provider must ensure that an LMHP, who is a qualified clinical supervisor must be available by telephone for consultation.
<i>SUD - ASAM Level 3.7 Requirements</i>
Licensed by the Louisiana Department of Health (LDH) per La. R.S. 40:2151 et seq. as a Behavioral Health Service Provider as a Medically Monitored Intensive Residential Treatment Program (adult only ASAM Level III.7) for the location reviewed.
There is a physician on call 24 hours per day, seven days per week
There is a physician on duty as needed for management of psychiatric needs of the clients
There is a physician n duty as needed for management of medical needs of the clients
The provider must ensure that Clinical supervisor is available for clinical supervision when needed
The provider must ensure that Clinical supervisor is available by telephone for consultation
The provider must ensure there shall be at least one LMHP or UP under the supervision of an LMHP on duty at least 40 hours per week.
The provider must ensure each LMHP/UP caseload shall not exceed 1:10;
The provider must ensure there is one licensed RN on call 24/7 to perform nursing duties for the facility.
The provider must ensure the provider shall have at least one licensed nurse is on duty during all shifts with additional licensed nursing staff to meet the nursing needs of the clients.
The provider must ensure on-site nursing staff is solely responsible for the 3.7 program and does not provide services for other levels of care at the same time.
The provider must ensure there is at least one direct care aide on duty on all shifts with additional as needed.
The provider must ensure there is an activity or recreational therapist on duty at least 15 hours per week.

The provider must ensure there shall be a care coordinator (one FTE per day shift, and/or duties may be assumed by clinical staff).
The provider must ensure there shall be a clerical support staff (One FTE per day shift).
The provider must ensure an interdisciplinary team of appropriately trained clinicians, such as physicians, nurses, counselors, social workers and psychologists is available to assess the individual.
The provider must ensure an interdisciplinary team of appropriately trained clinicians, such as physicians, nurses, counselors, social workers and psychologists is available to treat the individual.
The provider must ensure an interdisciplinary team of appropriately trained clinicians, such as physicians, nurses, counselors, social workers and psychologists is available to obtain information regarding the patient's needs.
The provider must ensure an interdisciplinary team of appropriately trained clinicians, such as physicians, nurses, counselors, social workers and psychologists is available to interpret information regarding the patient's needs.
The provider must ensure the number and/or disciplines of team members are appropriate to the range and severity of the individual's problems.
<u>SUD - ASAM Level 3.7-WM Requirements</u>
Licensed by the Louisiana Department of Health (LDH) per La. R.S. 40:2151 et seq. as a Behavioral Health Service Provider as a Medically Managed Residential Detoxification (Medically Supported Detoxification- adult only-ASAM Level III.7D) for the location reviewed.
There is a physician on call 24 hours per day, seven days per week
There is a physician on duty as needed for management of psychiatric needs of the clients
There is a physician on duty as needed for management of medical needs of the clients
The provider must ensure there is one licensed RN on call 24/7 to perform nursing duties for the facility.
The provider must ensure at least one licensed nurse is on duty during all shifts.
Additional licensed nursing staff to meet the nursing needs based upon the provider's census and the clients' acuity levels.
The provider must ensure there shall be a RN on-site no less than 40 hours per week who is responsible for conducting nursing assessments upon admission.
The provider must ensure there shall be a RN on-site no less than 40 hours per week who is responsible for delegating staffing assignments to the nursing staff based on the assessments and the acuity levels of the clients.
The provider must ensure that its on-site nursing staff is solely responsible for 3.7- WM program and does not provide services for other levels of care at the same time.
The provider must ensure the nursing staff is responsible for monitoring member's progress.
The provider must ensure the nursing staff is responsible for administering medications in accordance with physician orders.
The provider must ensure that Clinical supervisor is available for clinical supervision when needed

The provider must ensure that Clinical supervisor is available by telephone for consultation
The provider must ensure the LMHP or UP under the supervision of an LMHP caseload shall not exceed 1:10.
The provider must ensure at a minimum of one LMHP or UP under supervision of an LMHP is available onsite at least 40 hours per week.
The provider must ensure there shall be at least one direct care aide on all shifts with additional as needed based upon the provider's census and the clients' acuity levels.
The provider must ensure there shall be a care coordinator (one FTE per day shift, and/or duties may be assumed by clinical staff).
The provider must ensure there shall be a clerical support staff (One FTE per day shift).
The provider must ensure that an LMHP, who is a qualified clinical supervisor must be available for clinical supervision as needed.
The provider must ensure that an LMHP, who is a qualified clinical supervisor must be available by telephone for consultation.
The provider must ensure appropriately licensed and credentialed staff are available to administer medications in accordance with physician orders.
<i>Opioid Treatment Program (OTP)</i>
Licensed by the Louisiana Department of Health (LDH) per La. R.S. 40:2151 et seq. as a Behavioral Health Service Provider as an Opioid Treatment Program for the location reviewed.
OTPs must maintain an up-to-date disaster and emergency plan, which has been approved by the SOTA.
OTPs must coordinate access to the Methadone Central Registry for employees who provide direct member care.
Licensed by the Louisiana Department of Health (LDH) per La. R.S. 40:2151 et seq. (Behavioral Health Services Provider Licensing Law); of location being reviewed.
Accredited by the Commission on Accreditation of Rehabilitation Facilities (CARF), the Council on Accreditation (COA), or The Joint Commission (TJC) for the location being reviewed.
Agency must arrange for prior to employment (or contracting, volunteering, or as required by law) individuals pass criminal background checks, including sexual offender registry checks, in accordance with any applicable federal or state laws.
Agency must maintain documentation that prior to employment (or contracting, volunteering, or as required by law) individuals pass criminal background checks, including sexual offender registry checks, in accordance with any applicable federal or state laws.
Criminal background checks are performed no more than 90 days prior to the date of employment
Agencies must review the Department of Health and Human Services' Office of Inspector General (OIG) List of Excluded Individuals and Entities (LEIE) prior to hiring or contracting any employee or contractor that performs services that are compensated with Medicaid/Medicare funds, including but not limited to licensed and unlicensed staff, interns and/or contractors.

Agencies must review the LDH State Adverse Actions website prior to hiring or contracting any employee or contractor that performs services that are compensated with Medicaid/Medicare funds, including but not limited to licensed and unlicensed staff, interns and/or contractors.

Agency must, for current employees, check the Department of Health and Human Services' Office of Inspector General (OIG) List of Excluded Individuals and Entities (LEIE) list once a month thereafter to determine if they have been excluded from participation in the Medicaid or Medicare Program by Louisiana Medicaid or the Department of Health and Human Services' Office of Inspector General.

Agency must, for current employees, check the LDH State Adverse Actions list 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 the Medicaid or Medicare Program by Louisiana Medicaid or the Department of Health and Human Services' Office of Inspector General.

TB testing was completed less than 31 days prior to date of employment

Establish and maintain written policies and procedures inclusive of drug testing staff to ensure an alcohol and/or drug-free workplace and/or a workforce free of substance use

Maintain documentation that all direct care staff, who are required to complete first aid training, complete the training within 90 days of hire; Psychiatrists, advanced practical registered nurses (APRNs)/physician assistants (PAs), registered nurses (RNs) and licensed practical nurses (LPNs) are exempt from this training.

Maintain documentation that all direct care staff, who are required to renew first aid training, complete the training within the time period recommended by the American Heart Association; Psychiatrists, advanced practical registered nurses (APRNs)/physician assistants (PAs), registered nurses (RNs) and licensed practical nurses (LPNs) are exempt from this training.

Maintain documentation that all direct care staff, who are required to complete cardiopulmonary resuscitation (CPR) training, complete the training within 90 days of hire; Psychiatrists, advanced practical registered nurses (APRNs)/physician assistants (PAs), registered nurses (RNs) and licensed practical nurses (LPNs) are exempt from this training.

Maintain documentation that all direct care staff, who are required to renew CPR training, complete the training within the time period recommended by the American Heart Association; Psychiatrists, advanced practical registered nurses (APRNs)/physician assistants (PAs), registered nurses (RNs) and licensed practical nurses (LPNs) are exempt from this training.

Unlicensed staff rendering services have completed the Standardized Basic Clinical Competency Training Module: MH 101 – Introduction to Serious Mental Illness (SMI) and Emotional Behavioral Disorders.

Unlicensed staff rendering services have completed the Standardized Basic Clinical Competency Training Module: Crisis intervention.

Unlicensed staff rendering services have completed the Standardized Basic Clinical Competency Training Module: Suicide and homicide precautions.

Unlicensed staff rendering services have completed the Standardized Basic Clinical Competency Training Module: System of care overview.

Unlicensed staff rendering services have completed the Standardized Basic Clinical Competency Training Module: Co-occurring disorders.
Unlicensed staff rendering services have completed the Standardized Basic Clinical Competency Training Module: Cultural and linguistic competency (basic).
Unlicensed staff rendering services have completed the Standardized Basic Clinical Competency Training Module: Treatment planning.
Ensure and/or maintain documentation that all unlicensed persons employed by the organization complete annual training in a recognized crisis intervention curriculum prior to handling or managing crisis calls.
Quarterly trainings must be documented on a quarterly basis
Quarterly trainings must be submitted to the SOTA on a quarterly basis
Licensed professional staff must be at least 18 years of age.
Licensed professional staff must have a high school diploma or equivalent according to their areas of competence as determined by required levels of experience as defined by State law and regulations and departmentally approved guidelines and certifications.
Unlicensed professional staff must be at least 18 years of age
Unlicensed professional staff has a high school diploma or equivalent according to their areas of competence as determined by required levels of experience as defined by State law and regulations and departmentally approved guidelines and certifications.
Staff must be at least three years older than any member served under 18 years of age.
All direct care staff shall receive orientation and training for and demonstrate knowledge of the following, including, but not limited to: a. Symptoms of opiate withdrawal; b. Drug screen testing and collections; c. Current standards of practice regarding opiate addiction treatment; d. Poly-drug addiction; and e. Information necessary to ensure care is provided within accepted standards of practice.
The caseload of each LMHP or UP shall not exceed 75 active members.
An opioid treatment program that dispenses prescription medication on-site shall employ or contract with a pharmacist or dispensing physician to assure that any prescription medication dispensed on-site meets the requirements of applicable state statutes and regulations.
The provider shall maintain a nursing staff to meet the needs of the clients.
The provider shall maintain a sufficient number of LMHPs to meet the needs of its clients
There is at least one LMHP or UP on site when clinical services are being provided.
The provider shall have UPs sufficient to meet the needs of the clients.
There shall be a physician or APRN who is on-site as needed, or on-call as needed during hours of operation.

The provider shall ensure that its medical director is a licensed physician with a current, valid unrestricted license to practice in the state of Louisiana with two years of qualifying experience in treating psychiatric disorders.

Clinical supervisor is an LMHP that maintains a current and unrestricted license with its respective professional board or licensing authority in the state of Louisiana

Clinical supervisor is an LMHP that has two years of qualifying clinical experience as an LMHP in the provision of services provided by the provider

Assertive Community Treatment (ACT)

ACT agencies must be licensed pursuant to La. R.S. 40:2151, et. seq. (Behavioral Health Services Provider Licensing Law) for behavioral health service providers for the location reviewed.

Accredited by the Commission on Accreditation of Rehabilitation Facilities (CARF), the Council on Accreditation (COA), or The Joint Commission (TJC) for the location reviewed.

Agencies must attain full accreditation within 18 months of the initial accreditation application date.

The agency shall pay all associated accreditation fees prior to being contracted and reimbursed by a Medicaid managed care entity.

ACT teams must meet national fidelity standards as evidenced by the SAMHSA Assertive Community Treatment (ACT) Evidence-Based Practices (EBP) Toolkit.

Agency must arrange for prior to employment (or contracting, volunteering, or as required by law) individuals pass criminal background checks, including sexual offender registry checks, in accordance with any applicable federal or state laws.

Agency must maintain documentation that prior to employment (or contracting, volunteering, or as required by law) individuals pass criminal background checks, including sexual offender registry checks, in accordance with any applicable federal or state laws.

Criminal background checks are performed no more than 30 days prior to the date of employment

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.

TB testing was completed less than 31 days prior to date of employment

Establish and maintain written policies and procedures inclusive of drug testing staff to ensure an alcohol and/or drug-free workplace and/or a workforce free of substance use

Agency must review the Department of Health and Human Services' Office of Inspector General (OIG) List of Excluded Individuals and Entities (LEIE) prior to hiring or contracting any employee or contractor that performs services that are compensated with Medicaid/Medicare funds, including but not limited to licensed and unlicensed staff, interns and/or contractors.

Agency must review the LDH State Adverse Actions website prior to hiring or contracting any employee or contractor that performs services that are compensated with Medicaid/Medicare funds, including but not limited to licensed and unlicensed staff, interns and/or contractors.

Agency must, for current employees, check the Department of Health and Human Services' Office of Inspector General (OIG) List of Excluded Individuals and Entities (LEIE) list once a month thereafter to determine if they have been excluded from participation in the Medicaid or Medicare Program by Louisiana Medicaid or the Department of Health and Human Services' Office of Inspector General.

Agency must, for current employees, check the LDH State Adverse Actions list 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 the Medicaid or Medicare Program by Louisiana Medicaid or the Department of Health and Human Services' Office of Inspector General.

Maintain documentation that all direct care staff, who are required to complete first aid training, complete the training within 90 days of hire; Psychiatrists, advanced practical registered nurses (APRNs)/physician assistants (PAs), registered nurses (RNs) and licensed practical nurses (LPNs) are exempt from this training.

Maintain documentation that all direct care staff, who are required to renew first aid training, complete the training within the time period recommended by the American Heart Association; Psychiatrists, advanced practical registered nurses (APRNs)/physician assistants (PAs), registered nurses (RNs) and licensed practical nurses (LPNs) are exempt from this training.

Maintain documentation that all direct care staff, who are required to complete cardiopulmonary resuscitation (CPR) training, complete the training within 90 days of hire; Psychiatrists, advanced practical registered nurses (APRNs)/physician assistants (PAs), registered nurses (RNs) and licensed practical nurses (LPNs) are exempt from this training.

Maintain documentation that all direct care staff, who are required to renew CPR training, complete the training within the time period recommended by the American Heart Association; Psychiatrists, advanced practical registered nurses (APRNs)/physician assistants (PAs), registered nurses (RNs) and licensed practical nurses (LPNs) are exempt from this training.

Ensure and/or maintain documentation that all unlicensed persons employed by the organization complete annual training in a recognized crisis intervention curriculum prior to handling or managing crisis calls.

The provider agency must maintain documentation of completion of required training for staff employed or contracted with the agency.

Each ACT team shall have a staff-to-member ratio that does not exceed 1:10.

All professional staff must be currently and appropriately licensed by the applicable professional board.

Each ACT team shall include at least: One (1) ACT team leader, who is a full time LMHP who must have both administrative and clinical skills;

Each ACT team shall include at least: One (1) prescriber, who can be either a board-certified or board-eligible psychiatrist, a medical psychologist, or an advanced practice registered nurse (APRN) with specialty in adult mental health and meeting the medical director requirements of licensure for Behavioral Health Service (BHS) providers; In the event a medical psychologist or APRN are utilized, the team must be able to consult with psychiatrists.

Each ACT team shall include at least: Two (2) nurses, at least one (1) of whom shall be a RN with experience in carrying out medical functioning activities such as basic health and medical assessment, education and coordination of health care, psychiatric medical assessment and treatment, and administration of psychotropic medication
Each ACT team shall include at least: One other LMHP
Each ACT team shall include at least: One substance use specialist, who has a minimum of one (1) year specialized substance use training or supervised experience;
Each ACT team shall include at least: One employment specialist, who has at least one (1) year of specialized training or supervised experience;
Each ACT team shall include at least: One housing specialist, who has at least one (1) year of specialized training or supervised experience
Each ACT team shall include at least: One peer specialist, who is self-identified as being in recovery from mental illness and/or substance use disorders who has successfully completed OBH required training and credentialing requirements as a peer specialist
Providers are required to have crisis mitigation plans that provides 24-hour on-call telephone assistance to prevent relapse or harm to self or others, to provide referral to other services, and/or to provide support during related crises.
The crisis mitigation plan shall include the following: -Identify steps to take when a client suffers from a medical, psychiatric, medication or relapse crisis
The crisis mitigation plan shall include the following: -Specify names and telephone numbers of staff or contracted entities to assist clients in crisis.
If the provider contracts with another entity to provide crisis mitigation services, the provider shall have a written contract with the entity providing the crisis mitigation services.
<u>Multi-systemic Therapy (MST)</u>
MST agencies must be licensed pursuant to La. R.S. 40:2151, et. seq. (Behavioral Health Services Provider Licensing Law) for behavioral health service providers for the location reviewed.
Agencies must be licensed to provide MST services by MST Services, Inc. or any of its approved subsidiaries.
An MST agency must be a BH/substance use provider organization, which is a legally recognized entity in the United States.
An MST agency must be a BH/substance use provider organization qualified to do business in Louisiana.
MST agencies must be licensed pursuant to La. R.S. 40:2151, et. seq. (Behavioral Health Services Provider Licensing Law) for behavioral health service providers for the location reviewed.
Agency must arrange for prior to employment (or contracting, volunteering, or as required by law) individuals pass criminal background checks, including sexual offender registry checks, in accordance with any applicable federal or state laws.

Agency must maintain documentation that prior to employment (or contracting, volunteering, or as required by law) individuals pass criminal background checks, including sexual offender registry checks, in accordance with any applicable federal or state laws.
Criminal background checks are performed no more than 90 days prior to the date of employment
Agency must review the Department of Health and Human Services' Office of Inspector General (OIG) List of Excluded Individuals and Entities (LEIE) prior to hiring or contracting any employee or contractor that performs services that are compensated with Medicaid/Medicare funds, including but not limited to licensed and unlicensed staff, interns and/or contractors.
Agency must review the LDH State Adverse Actions website prior to hiring or contracting any employee or contractor that performs services that are compensated with Medicaid/Medicare funds, including but not limited to licensed and unlicensed staff, interns and/or contractors.
Agency must, for current employees, check the Department of Health and Human Services' Office of Inspector General (OIG) List of Excluded Individuals and Entities (LEIE) list once a month thereafter to determine if they have been excluded from participation in the Medicaid or Medicare Program by Louisiana Medicaid or the Department of Health and Human Services' Office of Inspector General.
Agency must, for current employees, check the LDH State Adverse Actions list 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 the Medicaid or Medicare Program by Louisiana Medicaid or the Department of Health and Human Services' Office of Inspector General.
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.
TB testing was completed less than 31 days prior to date of employment
Establish and maintain written policies and procedures inclusive of drug testing staff to ensure an alcohol and/or drug-free workplace and/or a workforce free of substance use
The provider agency must maintain drug testing for staff employed or contracted with the agency.
The provider agency must maintain documentation of completion of required training for staff employed or contracted with the agency. All therapists and supervisors attend a 30-hour (five-day) MST orientation training within two months of hire. Booster trainings are conducted for one and a half days each quarter. The entire MST team attends a full day of booster training (minimum seven hours), while the half-day (minimum three and a half hours) may be attended by the entire team or only the supervisors.
The supervisor for an MST team is an independently licensed master's-level mental health professional with a graduate degree in a clinical mental health field and experience providing mental health treatment.
MST Therapists are master's-level mental health professionals with graduate degrees in a clinical field and a background in family, youth and community service.

Bachelor’s level staff must have a degree in social work, counseling, psychology or a related human services field and must have at least three years of experience working with the target population (children/adolescents and their families).
The system supervisor is a master’s-level, mental health professional with a graduate degree in a clinical field.
The system supervisor is a master’s-level, mental health professional with experience as an MST clinical supervisor.
Staff has a National Provider Identification (NPI) number
Providers are required to have crisis mitigation plans that provides 24-hour on-call telephone assistance to prevent relapse or harm to self or others, to provide referral to other services, and/or to provide support during related crises.
The crisis mitigation plan shall include the following: -Identify steps to take when a client suffers from a medical, psychiatric, medication or relapse crisis
The crisis mitigation plan shall include the following: -Specify names and telephone numbers of staff or contracted entities to assist clients in crisis.
If the provider contracts with another entity to provide crisis mitigation services, the provider shall have a written contract with the entity providing the crisis mitigation services.
<u>Functional Family Therapy (FFT/FFT-CW)</u>
Licensed – pursuant to La. R.S. 40:2151, et seq.; for location reviewed.
Agency is certified by the Institute for FFT, LLC for location being reviewed.
The agency has a clinical director
The agency has an administrator.
The agency has a clinical supervisor
The agency has nursing staff.
Providers are required to have crisis mitigation plans that provides 24-hour on-call telephone assistance to prevent relapse or harm to self or others, to provide referral to other services, and/or to provide support during related crises.
The crisis mitigation plan shall include the following: -Identify steps to take when a client suffers from a medical, psychiatric, medication or relapse crisis
The crisis mitigation plan shall include the following: -Specify names and telephone numbers of staff or contracted entities to assist clients in crisis.
If the provider contracts with another entity to provide crisis mitigation services, the provider shall have a written contract with the entity providing the crisis mitigation services.

Agency must arrange for and/or maintain documentation that prior to employment (or contracting, volunteering, or as required by law) individuals pass criminal background checks, including sexual offender registry checks, in accordance with any applicable federal or state laws.
Criminal background checks were performed within ninety (90) days prior to the date of employment.
Agency must review the Department of Health and Human Services' Office of Inspector General (OIG) List of Excluded Individuals and Entities (LEIE) prior to hiring or contracting any employee or contractor that performs services that are compensated with Medicaid/Medicare funds, including but not limited to licensed and unlicensed staff, interns and/or contractors.
Agency must review the LDH State Adverse Actions website prior to hiring or contracting any employee or contractor that performs services that are compensated with Medicaid/Medicare funds, including but not limited to licensed and unlicensed staff, interns and/or contractors
Agency must, for current employees, check the Department of Health and Human Services' Office of Inspector General (OIG) List of Excluded Individuals and Entities (LEIE) list once a month thereafter to determine if they have been excluded from participation in the Medicaid or Medicare Program by Louisiana Medicaid or the Department of Health and Human Services' Office of Inspector General.
Agency must, for current employees, check the LDH State Adverse Actions list 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 the Medicaid or Medicare Program by Louisiana Medicaid or the Department of Health and Human Services' Office of Inspector General.
TB testing was completed less than 31 days prior to date of employment
Establish and maintain written policies and procedures inclusive of drug testing staff to ensure an alcohol and/or drug-free workplace and/or a workforce free of substance use
Maintain documentation that all direct care staff, who are required to complete first aid training, complete the training within 90 days of hire; Psychiatrists, advanced practical registered nurses (APRNs)/physician assistants (PAs), registered nurses (RNs) and licensed practical nurses (LPNs) are exempt from this training.
Maintain documentation that all direct care staff, who are required to renew first aid training, complete the training within the time period recommended by the American Heart Association; Psychiatrists, advanced practical registered nurses (APRNs)/physician assistants (PAs), registered nurses (RNs) and licensed practical nurses (LPNs) are exempt from this training.
Maintain documentation that all direct care staff, who are required to complete cardiopulmonary resuscitation (CPR) training, complete the training within 90 days of hire; Psychiatrists, advanced practical registered nurses (APRNs)/physician assistants (PAs), registered nurses (RNs) and licensed practical nurses (LPNs) are exempt from this training.
Maintain documentation that all direct care staff, who are required to renew CPR training, complete the training within the time period recommended by the American Heart Association; Psychiatrists, advanced practical registered nurses (APRNs)/physician assistants (PAs), registered nurses (RNs) and licensed practical nurses (LPNs) are exempt from this training.

Unlicensed staff rendering services have submitted attestation documentation to the MCO attesting they have completed the training module: MH 101 – Introduction to Serious Mental Illness (SMI) and Emotional Behavioral Disorders.
Unlicensed staff rendering services have submitted attestation documentation to the MCO attesting they have completed the training module: Crisis intervention.
Unlicensed staff rendering services have submitted attestation documentation to the MCO attesting they have completed the training module: Suicide and homicide precautions.
Unlicensed staff rendering services have submitted attestation documentation to the MCO attesting they have completed the training module: System of care overview.
Unlicensed staff rendering services have submitted attestation documentation to the MCO attesting they have completed the training module: Co-occurring disorders.
Unlicensed staff rendering services have submitted attestation documentation to the MCO attesting they have completed the training module: Cultural and linguistic competency (basic).
Unlicensed staff rendering services have submitted attestation documentation to the MCO attesting they have completed the training module: Treatment planning.
Ensure and/or maintain documentation that all unlicensed persons employed by the organization complete annual training in a recognized crisis intervention curriculum prior to handling or managing crisis calls.
Agency has policies and procedures to ensure screening of clients for medication management needs
Agency has policies and procedures to ensure referral to appropriate community providers for medication management including assistance to the client/family to secure services
Agency has policies and procedures to ensure collaboration with the client’s medication management provider as needed for coordination of the client’s care
All FFT/FFT-CW therapists must have a background in family, youth and community service
All FFT/FFT-CW therapists must have a minimum of two years’ experience working with children, adolescents and families.
Therapists are master’s-level staff with graduate degrees in a clinical field or other human service field.
The bachelor’s degree must be in a human services field.
Site supervisors are master’s-level mental health professionals with graduate degrees in a clinical discipline.
Site supervisors must have a background in family, youth and community service
Site supervisors must have a minimum of two years’ experience working in these areas.
FFT National Consultant must have been involved in the delivery of FFT services for five years.
FFT National Consultant must have been a site supervisor
FFT National Consultant must be employed by FFT, LLC.
FFT/FFT-CW provider agencies are required to employ or contract with an LMHP.
<u>Homebuilders (HB)</u>
Licensed – pursuant to La. R.S. 40:2151, et seq.; for location reviewed.

The provider contracts with Institute for Family Development (IFD) for training, supervision and monitoring of services.
The agency has a clinical director
The agency has an administrator.
The agency has a clinical supervisor
The agency has nursing staff.
Providers are required to have crisis mitigation plans that provides 24-hour on-call telephone assistance to prevent relapse or harm to self or others, to provide referral to other services, and/or to provide support during related crises.
The crisis mitigation plan shall include the following: -Identify steps to take when a client suffers from a medical, psychiatric, medication or relapse crisis
The crisis mitigation plan shall include the following: -Specify names and telephone numbers of staff or contracted entities to assist clients in crisis.
If the provider contracts with another entity to provide crisis mitigation services, the provider shall have a written contract with the entity providing the crisis mitigation services.
Agency must arrange for and/or maintain documentation that prior to employment (or contracting, volunteering, or as required by law) individuals pass criminal background checks, including sexual offender registry checks, in accordance with any applicable federal or state laws.
Criminal background checks were performed within ninety (90) days prior to the date of employment.
Agency must review the Department of Health and Human Services' Office of Inspector General (OIG) List of Excluded Individuals and Entities (LEIE) prior to hiring or contracting any employee or contractor that performs services that are compensated with Medicaid/Medicare funds, including but not limited to licensed and unlicensed staff, interns and/or contractors.
Agency must review the LDH State Adverse Actions website prior to hiring or contracting any employee or contractor that performs services that are compensated with Medicaid/Medicare funds, including but not limited to licensed and unlicensed staff, interns and/or contractors
Agency must, for current employees, check the Department of Health and Human Services' Office of Inspector General (OIG) List of Excluded Individuals and Entities (LEIE) list once a month thereafter to determine if they have been excluded from participation in the Medicaid or Medicare Program by Louisiana Medicaid or the Department of Health and Human Services' Office of Inspector General.
Agency must, for current employees, check the LDH State Adverse Actions list 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 the Medicaid or Medicare Program by Louisiana Medicaid or the Department of Health and Human Services' Office of Inspector General.
TB testing was completed less than 31 days prior to date of employment

Establish and maintain written policies and procedures inclusive of drug testing staff to ensure an alcohol and/or drug-free workplace and/or a workforce free of substance use
Maintain documentation that all direct care staff, who are required to complete first aid training, complete the training within 90 days of hire; Psychiatrists, advanced practical registered nurses (APRNs)/physician assistants (PAs), registered nurses (RNs) and licensed practical nurses (LPNs) are exempt from this training.
Maintain documentation that all direct care staff, who are required to renew first aid training, complete the training within the time period recommended by the American Heart Association; Psychiatrists, advanced practical registered nurses (APRNs)/physician assistants (PAs), registered nurses (RNs) and licensed practical nurses (LPNs) are exempt from this training.
Maintain documentation that all direct care staff, who are required to complete cardiopulmonary resuscitation (CPR) training, complete the training within 90 days of hire; Psychiatrists, advanced practical registered nurses (APRNs)/physician assistants (PAs), registered nurses (RNs) and licensed practical nurses (LPNs) are exempt from this training.
Maintain documentation that all direct care staff, who are required to renew CPR training, complete the training within the time period recommended by the American Heart Association; Psychiatrists, advanced practical registered nurses (APRNs)/physician assistants (PAs), registered nurses (RNs) and licensed practical nurses (LPNs) are exempt from this training.
Unlicensed staff rendering services have submitted attestation documentation to the MCO attesting they have completed the training module: MH 101 – Introduction to Serious Mental Illness (SMI) and Emotional Behavioral Disorders.
Unlicensed staff rendering services have submitted attestation documentation to the MCO attesting they have completed the training module: Crisis intervention.
Unlicensed staff rendering services have submitted attestation documentation to the MCO attesting they have completed the training module: Suicide and homicide precautions.
Unlicensed staff rendering services have submitted attestation documentation to the MCO attesting they have completed the training module: System of care overview.
Unlicensed staff rendering services have submitted attestation documentation to the MCO attesting they have completed the training module: Co-occurring disorders.
Unlicensed staff rendering services have submitted attestation documentation to the MCO attesting they have completed the training module: Cultural and linguistic competency (basic).
Unlicensed staff rendering services have submitted attestation documentation to the MCO attesting they have completed the training module: Treatment planning.
Ensure and/or maintain documentation that all unlicensed persons employed by the organization complete annual training in a recognized crisis intervention curriculum prior to handling or managing crisis calls.
Agency has policies and procedures to ensure screening of clients for medication management needs
Agency has policies and procedures to ensure referral to appropriate community providers for medication management including assistance to the client/family to secure services

Agency has policies and procedures to ensure collaboration with the client's medication management provider as needed for coordination of the client's care

HB therapist must have a master's degree in psychology, social work, counseling, or a related field, or bachelor's degree in same fields plus two years of experience working with families.

HB supervisor must have a master's degree in psychology, social work, counseling or a related field, or bachelor's degree in same fields plus two years of experience providing the program, plus one year supervisory/management experience.

Attachment B –Staff Roster Request

<Date>

<Provider Name>

<Contact Person, Credentials>

<Address>

<City, State, Zip>

Re: Provider Network Monitoring Staff Roster Request

Dear <Dr./Ms./Mr. Last Name>:

At <Organization Name>, we are committed to helping ensure that our members receive specialized behavioral health services (SBHS) from qualified providers who meet established requirements per the Behavioral Health Services Manual for providing these services. As part of our Provider Network Monitoring Program, and in compliance with state contractual requirements, <Organization Name> routinely evaluates our providers' adherence to provider qualifications and requirements at the organizational and individual staff level to ensure providers are meeting the standards set forth by the Louisiana Department of Health.

Please read this letter in its entirety. <Organization Name> will utilize the Behavioral Health Provider Network Monitoring Tool Elements which includes SBHS program requirements established by rules, regulations and the Medicaid Behavioral Health Service Provider Manual to complete this review and can be accessed via LDH website at <https://ldh.la.gov/page/1890>.

This review will include policy, procedure, and staff record reviews. For the review of staff records, we ask that you submit a complete roster of all staff (Name, NPI #, Credentials, Education Level, and Position) utilizing the attached form to us by <<date>>. If you have questions, please contact

We appreciate your participation and cooperation with our network monitoring activities. As always, our goal is to partner with you to obtain the highest quality of care for, and ensure the safety of, your patients –our members.

Sincerely,

<Reviewer NAME & Credentials>, <Employee Title>

Provider Network Monitoring Qualified Provider Review

[Agency Name Here]

Service Location Address: _____ Telephone Number(s) _____
Language(s) spoken: _____ Accepting New Medicaid Referrals (Y/N) _____

2.1 Staff Roster

LAST NAME	FIRST NAME	NPI #	Credentials	EDUCATION LEVEL (Highest level of education achieved)	Position

(Duplicate this form for additional staff)

Attachment C – Desktop Review Initial Request

<Date>

<Provider Name>

<Contact Person, Credentials>

<Address>

<City, State, Zip>

RE: Administrative Desk Review

Dear <Dr./Ms./Mr. Last Name>:

<Organization Name> has responsibility in assuring that providers of Specialized Behavioral Health Services (SBHS) in the State of Louisiana meet certain standards, qualifications, and requirements. The <Organization Name> Provider Network Monitoring program monitors to review that behavioral health independent practitioners as well as provider agencies and facilities meet these requirements through on-site visits and administrative desk reviews.

This is your notification of the upcoming desk review with <Provider Name>. A Submission Guide is attached to help you provide us with the requested information, additional forms to be completed and information on how to submit the information. Please complete all applicable forms.

Your agency/practice is being reviewed for the follow levels of care:

<INSERT LEVELS OF CARE BEING REVIEWED>

Please provide the requested information within 14 calendar days of the date of this letter.

In preparation of this review, please provide the name and telephone number of the designated person, whose role in this effort will be to function as the **lead staff person representing your agency and serve as the agency liaison**. Your designee should be able to answer questions, assist in coordinating staff interviews and providing requested documents. Please ensure appropriate staff members are available for discussion, if necessary.

Results from this review will be provided to you via letter once the review is complete and results have been tabulated. The letter will include an explanation of the results and consultative feedback.

If you have questions regarding the sending of records, please contact <EMAIL ADDRESS>.

We appreciate your participation and cooperation with our network monitoring activities. As always, our goal is to partner with you to obtain the highest quality of care for, and ensure the safety of, your patients –our members.

Sincerely,

<Reviewer NAME & Credentials>, <Employee Title>

SUBMISSION GUIDE

For all areas noted below, please send all relevant documentation **within 14 calendar days of the date of this letter**. A checklist has also been provided to assist in the collection of documents for verification to ensure the necessary information is received. <Organization Name> requests that documents be submitted via either fax or email using the following processes:

1. Ensure appropriate documents are sent following HIPAA protocols.
2. Complete the Workbook Set-up Information page of the Qualified Provider Audit Tool
3. Organize the electronic documents by area (see below)
4. All documents should only be submitted once; if a document, e.g., verification of licensure, is requested for more than one area, the document should be submitted in one area and referenced in the other areas as to where it can be found.
5. Documentation Submission Options:
 - a. FAX
Fax Number:
Place the Provider Name in the subject line of the coversheet.
 - b. EMAIL
Email <EMAIL ADDRESS> and request that a secure email be sent to the designated contact person for the exchange of information.
6. Notify <Reviewer NAME & Credentials> at <EMAIL ADDRESS> when the information has been submitted.

NOTE: The following are examples of documentation used to substantiate review items listed in the Provider Monitoring Tool. The information is provided as a guide and is not intended to be exhaustive.

2.2 ADMINISTRATION

- LDH Health Standards Section issued provider license
- Accreditation verification, if applicable.

2.3 POLICIES AND PROCEDURES

- Personnel policies that are inclusive of drug testing staff to ensure an alcohol and drugfree workplace and a workforce free of substance use.
- Personnel policies that identify compliance with applicable federal and state laws that govern the creation and retention of administrative and personnel records.
- Agency Policies and Procedures inclusive of age requirements of direct care staff
- Job descriptions of each position within the agency
- Time sheets or evidence of hours/days worked of selected personnel for the <DATE RANGE>
- Verification of unlicensed staff participation in a supervisory relationship with a LMHP for unlicensed staff

2.4 OPERATIONAL REQUIREMENTS

- Written contract, agreement, policy, or other document to validate consulting relationship with an addictionologist, if applicable.

2.5 PERSONNEL

Personnel file to include:

- Organizational Chart
- Staff Roster** inclusive of all identified staff (licensed and unlicensed) providing services to Medicaid member(s) listed below. **Please submit the full personnel file for the staff listed below.**
- Date of Hire
- Date of Birth
- Staff resumes or application
- Verification of License, Certification, etc.
- Academic Degree, via diploma or transcript
- Verification of Board status by an American Board of Medical Specialties or the American Osteopathic Association member boards of the Medical Director if not verifiable online.
- Certificate or letter documenting individual passed the Alcohol and Drug Counselor (ADC) exam, the Advanced Alcohol and Drug Counselor (AADC) exam, or the Examination for Master Addictions Counselor (EMAC)
- Passing of a motor vehicle screen, if duties involve driving or transporting clients
- Agency letter and/or Policy stating that staff's duties does not include driving or transporting clients
- Verification of passing of a TB test
- Verification of completed a criminal background including sex offender registry check
- Verification of drug screening if required by agency policy
- First aid and CPR certifications obtained prior to date of hire
- Current First aid and CPR certifications
- Initial Crisis Intervention Training Certificate for all unlicensed staff
- Current Crisis Intervention Training Certificate for all staff
- Verification of completion of The Standardized Basic Clinical Competency Training Program, see Appendix D of the [LA Medicaid Behavioral Health Service Manual](#).

Personnel Records for the following staff, where applicable

- Medical Director
- Medical Director to complete and return Medical Director Attestation form.**
- Clinical Supervisor
- Licensed Mental Health Professionals
- Unlicensed Professionals
- House Manager
- RN
- LPN
- APRN
- Medical Psychologist
- Psychologist
- Direct Care Aide (2)
- Care Coordinator
- Activity/Occupational Therapist

2.6 AVAILABILITY

Available documentation or processes to verify:

- Appointment tracking process
- Process for scheduling appointments
- How members reminded of their appointments
- Appointments available within forty-eight (48) hours of urgent care request.
- Provisions for available urgent care, 24 hours a day, 7 days a week.
- An appointment is available within 1 hours for emergent care
- Routine, non-urgent appointments are available within fourteen (14) days of referral.
- In office waiting time for scheduled appointments do not routinely exceed 45 minutes.
- Patient is offered a new appointment if the wait is anticipated to be more than 90 minutes.
- Scheduling of new appointment and walk-in.
- Notification of excessive wait times or provider delays.

**Provider Network Monitoring Qualified Provider Review
Attestation of Medical Director**

I Medical Director Name Here attest and affirm that, I am the active Medical Director for agency indicated below:

Agency Name

Service Location

I further certify that I meet the responsibilities of the Medical Director according to [LA Medicaid Behavioral Health Service Manual](#):

- Ensures that necessary medical services are provided that meet the needs of the clients.
- Provides oversight for provider policy/procedure, client treatment plans, and staff regarding the medical needs of the clients according to the current standards of medical practice.
- Directs the specific course of medical treatment for all clients.
- Reviews reports of all medically related accidents/incidents occurring on the premises and identifies hazards to the administrator.
- Participates in the development and implementation of policies and procedures for the delivery of services.
- Periodically reviews delivery of services to ensure care meets the current standards of practice; and
- Participates in the development of new programs and modifications.

In addition, the medical director has the following assigned responsibilities or designates the duties to a qualified practitioner:

- Writes the admission and discharge orders.
- Writes and approves all prescription medication orders.
- Develops, implements and provides education regarding the protocols for administering prescription and non-prescription medications on-site.
- Provides consultative and on-call coverage to ensure the health and safety of clients; and
- Collaborates with the client’s primary care physician as needed for continuity of the client’s care.

Print Name of Medical Director

Phone number

Signature of Medical Director

Date

Signature and date stamps, or the signature of anyone other than the provider or a person legally authorized to sign on behalf of a legal entity, are not acceptable.

Medical Director’s License Number

Attachment D – On-site Review Initial Request

<Date>

<Provider Name>

<Contact Person, Credentials>

<Address>

<City, State, Zip>

RE: Administrative On-site Review

Dear <Dr./Ms./Mr. Last Name>:

<Organization Name> has responsibility in assuring that providers of Specialized Behavioral Health Services (SBHS) in the State of Louisiana meet certain standards, qualifications, and requirements. The <Organization Name> Provider Network Monitoring program monitors to review that behavioral health independent practitioners as well as provider agencies and facilities meet these requirements through on-site visits and administrative desk reviews.

This is your notification of the upcoming on-site review with <Provider Name>. A Submission Guide is attached to help you provide us with the requested information, and additional forms to be completed. Please complete all applicable forms.

Your agency/practice is being reviewed for the follow levels of care:

<INSERT LEVELS OF CARE BEING REVIEWED>

In preparation of and to schedule this review, please provide the name and telephone number of the designated person, whose role in this effort will be to function as the **lead staff person representing your agency and serve as the agency liaison**. Your designee should be able to answer questions, assist in coordinating staff interviews and providing requested documents. Please ensure appropriate staff members are available for discussion, if necessary.

Results from this review will be provided to you via letter once the review is complete and results have been tabulated. The letter will include an explanation of the results and consultative feedback.

If you have questions regarding the sending of records, please contact <EMAIL ADDRESS>.

We appreciate your participation and cooperation with our network monitoring activities. As always, our goal is to partner with you to obtain the highest quality of care for, and ensure the safety of, your patients –our members.

Sincerely,

<Reviewer NAME & Credentials>, <Employee Title>

SUBMISSION GUIDE

For all areas noted below, please have all relevant documentation available at time of review. A checklist has also been provided to assist in the collection of documents for verification to ensure the necessary information is available.

NOTE: The following are examples of documentation used to substantiate review items listed in the Provider Monitoring Tool. The information is provided as a guide and is not intended to be exhaustive.

2.2 ADMINISTRATION

- LDH Health Standards Section issued provider license
- Accreditation verification, if applicable.

2.3 POLICIES AND PROCEDURES

- Personnel policies that are inclusive of drug testing staff to ensure an alcohol and drugfree workplace and a workforce free of substance use.
- Personnel policies that identify compliance with applicable federal and state laws that govern the creation and retention of administrative and personnel records.

2.4 OPERATIONAL REQUIREMENTS

- Written contract, agreement, policy, or other document to validate consulting relationship with an addictionologist, if applicable.

2.5 OUTPATIENT/RESIDENTIAL

- Agency Policies and Procedures inclusive of age requirements of direct care staff
- Job descriptions of each position within the agency
- Time sheets or evidence of hours/days worked of selected personnel for the <DATE RANGE>
- Verification of unlicensed staff participation in a supervisory relationship with a LMHP for unlicensed staff

2.6 TRAINING, WHERE APPLICABLE

Personnel file to include:

- Initial Crisis Intervention Training Certificate for all unlicensed staff
- Current Crisis Intervention Training Certificate for all staff
- Verification of completion of The Standardized Basic Clinical Competency Training Program, see Appendix D of the [LA Medicaid Behavioral Health Service Manual](#).

2.7 PERSONNEL

Personnel file to include:

- Organizational Chart
- Staff Roster** inclusive of all identified staff (licensed and unlicensed) providing services to Medicaid member(s) listed below. **Please submit the full personnel file for the staff listed below.**
- Date of Hire
- Date of Birth

- Staff resumes or application
- Verification of License, Certification, etc.
- Academic Degree, via diploma or transcript
- Verification of Board status by an American Board of Medical Specialties or the American Osteopathic Association member boards of the Medical Director if not verifiable online.
- Certificate or letter documenting individual passed the Alcohol and Drug Counselor (ADC) exam, the Advanced Alcohol and Drug Counselor (AADC) exam, or the Examination for Master Addictions Counselor (EMAC)
- Passing of a motor vehicle screen, if duties involve driving or transporting clients Agency letter and/or Policy stating that staff's duties does not include driving or transporting clients
- Verification of passing of a TB test
- Verification of completed a criminal background including sex offender registry check
- Verification of drug screening if required by agency policy
- First aid and CPR certifications obtained prior to date of hire
- Current First aid and CPR certifications

Personnel Records for the following staff, where applicable

- Medical Director
- Medical Director to complete and return Medical Director Attestation form.**
- Clinical Supervisor
- Licensed Mental Health Professionals (2)
- Unlicensed Professionals (4)
- House Manager
- RN
- LPN
- APRN
- Medical Psychologist
- Psychologist
- Direct Care Aide (2)
- Care Coordinator
- Activity/Occupational Therapist

2.8 AVAILABILITY

Available documentation or processes to verify:

- Appointment tracking process
- Process for scheduling appointments
- How members reminded of their appointments
- Appointments available within forty-eight (48) hours of urgent care request.
- Provisions for available urgent care, 24 hours a day, 7 days a week.
- An appointment is available within 1 hours for emergent care

- Routine, non-urgent appointments are available within fourteen (14) days of referral.
- In office waiting time for scheduled appointments do not routinely exceed 45 minutes.
- Patient is offered a new appointment if the wait is anticipated to be more than 90 minutes.
- Scheduling of new appointment and walk-in.
- Notification of excessive wait times or provider delays.

**Provider Network Monitoring Qualified Provider Review
Attestation of Medical Director**

I Medical Director Name Here attest and affirm that, I am the active Medical Director for agency indicated below:

Agency Name

Service Location

I further certify that I meet the responsibilities of the Medical Director according to [LA Medicaid Behavioral Health Service Manual](#):

- Ensures that necessary medical services are provided that meet the needs of the clients.
- Provides oversight for provider policy/procedure, client treatment plans, and staff regarding the medical needs of the clients according to the current standards of medical practice.
- Directs the specific course of medical treatment for all clients.
- Reviews reports of all medically related accidents/incidents occurring on the premises and identifies hazards to the administrator.
- Participates in the development and implementation of policies and procedures for the delivery of services.
- Periodically reviews delivery of services to ensure care meets the current standards of practice; and
- Participates in the development of new programs and modifications.

In addition, the medical director has the following assigned responsibilities or designates the duties to a qualified practitioner:

- Writes the admission and discharge orders.
- Writes and approves all prescription medication orders.
- Develops, implements and provides education regarding the protocols for administering prescription and non-prescription medications on-site.
- Provides consultative and on-call coverage to ensure the health and safety of clients; and
- Collaborates with the client’s primary care physician as needed for continuity of the client’s care.

Print Name of Medical Director

Phone number

Signature of Medical Director

Date

Signature and date stamps, or the signature of anyone other than the provider or a person legally authorized to sign on behalf of a legal entity, are not acceptable.

Medical Director’s License Number

Attachment E – Provider Scorecard

Provider Network Monitoring Program Review Summary				Do Not Print - for internal use only
Date of Review		<i>example</i>		
Provider Name		<i>Acadiana Therapy</i>		ONSITE OR DESK REVIEW: Select Review Type
Provider Primary Contact Name		<i>Amanda T. Contact, Office Manager</i>		PROVIDER TYPE: Select Provider Type
Provider Primary Contact Number		<i>337-226-8888</i>		# OF LICENSED STAFF
Reviewer's Name		Select Reviewer		# OF UNLICENSED STAFF
		<i>Select from Drop Down List</i>		# OF LICENSED STAFF
				# OF UNLICENSED STAFF
	% SCORE	POINTS	POSSIBLE POINTS	
TGH Overall	N/A	0	0	
PRIT Overall	N/A	0	0	
FGHC & RHC	N/A	0	0	
Adult Crisis Response Services	N/A	0	0	
Outpatient Providers	N/A	0	0	
Peer Support Services	N/A	0	0	
MHR Overall	N/A	0	0	
Adolescent Crisis Response Services	N/A	0	0	
ASAM Level 1 Overall	N/A	0	0	
ASAM Level 2.1 Overall	N/A	0	0	
ASAM Level 2-WM Overall	N/A	0	0	
ASAM Level 3.1 Overall	N/A	0	0	
ASAM Level 3.2 WM Overall	N/A	0	0	
ASAM Level 3.3 Overall	N/A	0	0	
ASAM Level 3.5 Overall	N/A	0	0	
ASAM Level 3.1-Adolescent Overall	N/A	0	0	
ASAM Level 3.1-Adult Overall	N/A	0	0	
ASAM Level 3.1 WM Overall	N/A	0	0	
OTP Overall	N/A	0	0	
ACT Overall	N/A	0	0	
MST Overall	N/A	0	0	
FFT/FFTCW Overall	N/A	0	0	
Homebuilders Overall	N/A	0	0	
Total	0%	0	0	

Attachment F – Provider Notification Letter Satisfactory Score

[Date]

[Provider name]
[Provider address]
[Provider address 2]
[City, State ZIP code]

Subject: Provider Network Monitoring Review results

Dear [Addressee]:

Thank you for your cooperation with <Organization Name> recent provider network monitoring review on [Date]. **We reviewed records for your agency/practice and determined that you have met the compliancy requirements.** An acceptable Provider Network Monitoring review rating requires a cumulative average score of 100%.

Your scores are as follows:

Agency Type	% Scored
Overall compliance score	

We hope you find the results of the review valuable. If you have questions or would like to discuss your score, please call [Name of Provider Network Monitoring analyst] at **[phone number]**.

Sincerely,

[Staff Name]
[Provider Network Monitoring Reviewer]
<Organization Name>

Attachment G – Provider Notification Letter Unsatisfactory Score

[Date]

[Provider name]
[Provider address]
[Provider address 2]
[City, State ZIP code]

Subject: Provider Network Monitoring Review results: *Corrective Action Plan* notification

Dear [Addressee]:

Thank you for your cooperation with <Organization Name> recent provider network monitoring review on [Date]. **We reviewed records, policies, and procedures for your practice and, as a result of our findings, require that you complete the attached *Corrective Action Plan*, which outlines the deficiencies noted in the table below.**

An acceptable Provider Network Monitoring review rating requires a cumulative average score of 100%.

Your scores are as follows:

Agency Type	% Scored
Overall compliance score	

A second review will be conducted with your organization within three months up until six months of initial review. A provider network monitoring reviewer will contact your practice to schedule the follow-up review, which may require an on-site visit. Should your second review indicate a failing score below 100%, the results will be referred to the appropriate internal department for review and recommendations.

We hope you find the results of the review valuable. If you have questions or would like to discuss your score, please call [name of reviewer] at [**phone number**].

Sincerely,

[Staff name]
[Provider Network Monitoring Reviewer]
<Organization Name>
Enclosure: *Corrective Action Plan*