Louisiana Behavioral Health Service Qualifications

To truly transform Louisiana’s health, we must work together to ensure our members — your patients — receive high quality, coordinated care for both their physical and behavioral health.

Accordingly, the Louisiana Department of Health has established qualification requirements for behavioral health providers. Ensuring providers are qualified to perform behavioral health services is a responsibility we all must take seriously.

Each individual provider and group must attest that they meet the Louisiana Department of Health’s qualification requirements for each behavioral health service type they perform. These enclosed attestations are due to Louisiana Healthcare Connections no later than April 14, 2017.

A provider (individual or group) that does not meet the Louisiana Department of Health’s qualification requirements for a behavioral health service is not permitted to provide that service. Failing to attest to or failing to meet the qualification requirements may result in claims denials, payment recoupments and/or termination from the network.

The qualification requirements are specific to each service, and include (but are not limited to):

- Criminal and professional background checks
- Completion of state-approved, standardized basic training
- Age requirements for certain services
- Degree, licensure and certification requirements

You can refer to the full requirements in the Behavioral Health Service Definitions Manual published by the Louisiana Department of Health, available online at http://www.lamedicaid.com/provweb1/Providermanuals/BHS_Main.htm.

Louisiana Healthcare Connections conducts periodic reviews of all behavioral health providers to ensure compliance with these requirements.

If you have questions, please contact your dedicated provider consultant or our provider services team at 1-866-595-8133.

Thank you for your commitment to quality behavioral health care.
Behavioral Health Service Qualifications

HOW TO COMPLETE THIS PACKET

Enclosed are several documents that collect information about the behavioral health services your practice offers and the qualifications of the individuals providing service. These help ensure compliance with Louisiana’s requirements for provider qualifications.

There are three components to completing this packet:

☐ 1. **Attest to Organizational Responsibilities**
   The chief executive of the practice should complete and sign this attestation concerning the organizational responsibilities for complying with state qualification requirements.

☐ 2. **Complete the Location Survey**
   Indicate which behavioral health services are provided at each of your organization’s locations.

☐ 3. **Practitioners Surveys and Attestations**
   Each individual who provides behavioral health services should complete the practitioner survey. If the individual provides addiction services, CPST, crisis intervention or PSR, they must also complete the qualifications attestation for each relevant service.

Please make copies of the attestations as needed, or download the electronic files from: [http://LaHealth.cc/bhqualifications](http://LaHealth.cc/bhqualifications).

Please return your completed packet by mail, fax or email no later than **April 14, 2017**.

**Mail:** Louisiana Healthcare Connections
ATTN: BH Qualifications
3854 American Way, Suite B
Baton Rouge, Louisiana 70816

**Fax:** 1-866-212-1125

**Email:** [LHC_provider_credent@centene.com](mailto:LHC_provider_credent@centene.com)
Organizational Responsibilities

BEHAVIORAL HEALTH SERVICE QUALIFICATIONS ATTESTATION

Organizations providing behavioral health services are required to ensure that all individuals providing services meet the qualification requirements established by the Louisiana Department of Health.

These requirements include, but are not limited to:
- Criminal and professional background checks
- Completion of state-approved, standardized basic training (see: http://lahealth.cc/bhnonlicensedtraining)
- Age requirements for certain services
- Degree and certification requirements
- Specific requirements for non-licensed individuals
- Certain qualifications for different types of services

The Louisiana Department of Health has established qualification requirements for these behavioral health services, including:
- Case Conference
- Psychosocial Rehabilitation
- Crisis Intervention
- Community Psychiatric Support and Treatment
- Therapeutic Group Home
- Addiction Services
- Outpatient & Inpatient Hospital
- Psychiatric Residential Treatment
- Other Licensed Practitioner Outpatient Therapy
- Medical, Physician / Psychiatrist Outpatient Medical Services
- Behavioral Health in an FQHC or RHC


By signing below, I attest that my organization ensures the individuals providing behavioral health services on our behalf meet the state-mandated qualification requirements.

___________________  ____________________
Signature of Chief Executive or Executive Director  Date

Group Name: ____________________________________________________________
Group NPI: _____________________________________________________________
Group Tax ID: ___________________________________________________________

Return your completed attestation via email to: LHC_provider_credent@centene.com or to your dedicated Provider Consultant.

A provider (individual or group) who does not meet the Louisiana Department of Health’s qualification requirements for a behavioral health service type is not permitted to provide that service type. Doing so may result in claims denials, payment recoupments and/or termination from the network. Providers will be subject to periodic audits to ensure compliance with these requirements. A copy of this attestation will remain in your provider record.

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Location Survey
BEHAVIORAL HEALTH SERVICES OFFERED

| Group Name: ____________________________ | TIN: ____________________________ |

Please complete this form to help ensure compliance with Louisiana Department of Health requirements for behavioral health providers. List each location in your practice and indicate the behavioral health service types offered at each.

<table>
<thead>
<tr>
<th>Location, NPI and Address</th>
<th>Case Conference</th>
<th>Psychosocial Rehabilitation</th>
<th>Crisis Intervention</th>
<th>Community Psychiatric Support and Treatment</th>
<th>Therapeutic Group Home</th>
<th>Addiction Services (include ASAM levels on back)</th>
<th>Outpatient &amp; Inpatient Hospital</th>
<th>Psychiatric Residential Treatment</th>
<th>Other Licensed Practitioner Outpatient Therapy</th>
<th>Medical, Physician Outpatient Medical Services</th>
<th>Behavioral Health in an FQHC or RHC</th>
<th>FFT</th>
<th>Homebuilders</th>
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</tbody>
</table>
For each location that provides Addiction Services, please indicate the ASAM levels of service provided at that location.

<table>
<thead>
<tr>
<th>Location, NPI and Address</th>
<th>Level I- Outpatient</th>
<th>Level II.1 Intensive Outpatient Treatment</th>
<th>Level II-D Ambulatory Detoxification with Extended On-site Monitoring</th>
<th>Level III.1 Clinically Managed Low Intensity Residential Treatment - Adolescent</th>
<th>Level III.1 Clinically Managed Low Intensity Residential Treatment - Adult</th>
<th>Level III.2D Clinically Managed Residential Social Detoxification - Adolescent</th>
<th>Level III.2D Clinically Managed Residential Social Detoxification - Adult</th>
<th>Level III.3 Clinically Managed Medium Intensity Residential Treatment</th>
<th>Level III.5 Clinically Managed High Intensity Residential Treatment - Adolescent</th>
<th>Level III.5 Clinically Managed High Intensity Residential Treatment - Adult</th>
<th>Level III.7 Medically Monitored Intensive Residential Treatment</th>
<th>Level III.7D Medically Monitored Residential Detoxification - Adult</th>
</tr>
</thead>
</table>
Practitioner Survey
FOR IN-NETWORK PROVIDERS OF BEHAVIORAL HEALTH SERVICES

The Louisiana Department of Health requires that providers of behavioral health services meet certain qualifications. Please review the behavioral health service types, indicate which you provide, and sign below. Some service types will require an additional attestation; those forms are attached.

First Name: _____________________________
Last Name: _____________________________
Individual NPI: ___________________________
Group NPI: _____________________________
Group Tax ID: ___________________________

Indicate if you provide the services listed below:

☐ Case Conference
☐ Psychosocial Rehabilitation Attestation Required
☐ Crisis Intervention Attestation Required
☐ Community Psychiatric Support and Treatment (CPST) Attestation Required
☐ Addiction Services Attestation Required
☐ Other Licensed Practitioner Outpatient Therapy
☐ Medical, Physician / Psychiatrist Outpatient Medical Services
☐ Behavioral Health in an FQHC or RHC

By signing below, I attest that I have truthfully and accurately indicated the behavioral health service types I provide.

_________________________________________  ________________________
Signature                                      Date

Return your completed attestation via email to: LHC_provider_credent@centene.com or to your dedicated Provider Consultant.

A provider who does not meet the Louisiana Department of Health’s qualification requirements for a behavioral health service type is not permitted to provide that service type. Doing so may result in claims denials, payment recoupments and/or termination from the network. A copy of this attestation will remain in your provider records.
Addiction Services

BEHAVIORAL HEALTH SERVICE QUALIFICATIONS ATTESTATION

The Louisiana Department of Health requires that providers of addiction services meet certain qualifications. Please review the qualification requirements below, indicate which qualifications you meet or do not meet, and then sign.

First Name: _____________________________________________
Last Name: _____________________________________________
Individual NPI: __________________________________________
Group NPI: _____________________________________________
Group Tax ID: ____________________________________________

Indicate whether you meet or do not meet the qualifications listed below:

<table>
<thead>
<tr>
<th>Meet</th>
<th>Do Not Meet</th>
<th>N/A</th>
<th>Qualification</th>
</tr>
</thead>
<tbody>
<tr>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>At least 18 years of age</td>
</tr>
<tr>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>High school or equivalent diploma according to their areas of competence as determined by degree, required levels of experience as defined by state law and regulations and departmentally approved guidelines. Can include certified peer support specialists who meet all other qualifications.</td>
</tr>
<tr>
<td>☐</td>
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<td>☐</td>
<td>At least three years older than any individual they serve under the age of 18</td>
</tr>
<tr>
<td>☐</td>
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<td>☐</td>
<td>A licensed mental health professional, licensed physician, licensed physician assistant, licensed advanced practice registered nurse OR Licensed as a behavioral health service (BHS) provider by the Louisiana Department of Health, Health Standards Section. BHS License Number: _________________________________ (required)</td>
</tr>
</tbody>
</table>

(Continued…)
Which ASAM Levels of care do you provide?

☐ Level I Outpatient
☐ Level II.1 Intensive Outpatient Treatment
☐ Level II-D Ambulatory Detoxification with Extended On-Site Monitoring
☐ Level III.1 Clinically Managed Low Intensity Residential Treatment - Adolescent
☐ Level III.1 Clinically Managed Low Intensity Residential Treatment - Adult
☐ Level III.2D Clinically Managed Residential Social Detoxification - Adolescent
☐ Level III.2D Clinically Managed Residential Social Detoxification - Adult
☐ Level III.3 Clinically Managed Medium Intensity Residential Treatment - Adult
☐ Level III.5 Clinically Managed High Intensity Residential Treatment - Adolescent
☐ Level III.5 Clinically Managed High Intensity Residential Treatment - Adult
☐ Level III.7 Medically Monitored Intensive Residential Treatment - Adult
☐ Level III.7D Medically Monitored Residential Detoxification - Adult

By signing below, I attest that I have truthfully and accurately indicated my qualifications for this behavioral health service.

_____________________________________________________ ____________________
Signature Date

Return your completed attestation via email to: LHC_provider_credent@centene.com or to your dedicated Provider Consultant.

A provider who does not meet the Louisiana Department of Health’s qualification requirements for a behavioral health service type is not permitted to provide that service type. Doing so may result in claims denials, payment recoupments and/or termination from the network. A copy of this attestation will remain in your provider records.
Community Psychiatric Support & Treatment

BEHAVIORAL HEALTH SERVICE QUALIFICATIONS ATTESTATION

The Louisiana Department of Health requires that providers of community psychiatric support and treatment meet certain qualifications. Please review the qualification requirements below, indicate which qualifications you meet or do not meet, and then sign.

First Name: ____________________________
Last Name: ____________________________
Individual NPI: ____________________________
Group NPI: ____________________________
Group Tax ID: ____________________________

Indicate whether you meet or do not meet the qualifications listed below:

<table>
<thead>
<tr>
<th>Meet</th>
<th>Do Not Meet</th>
<th>N/A</th>
<th>Qualification</th>
</tr>
</thead>
<tbody>
<tr>
<td>☐</td>
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<td>If performing CPST including counseling: Master’s degree in social work, counseling, psychology or a related human services field.</td>
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<tr>
<td>☐</td>
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<td>If performing other aspects of CPST, except for counseling: Bachelor’s degree in social work, counseling, psychology or a related human services field or four years of equivalent education and/or experience working in the human services field. Can include certified peer support specialists who meet the qualifications above.</td>
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<tr>
<td>☐</td>
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<td>Passed criminal and professional background check</td>
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<td>☐</td>
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<td>☐</td>
<td>Completed state-approved, standardized basic training program (see: <a href="http://lahealth.cc/bhnonlicensedtraining">http://lahealth.cc/bhnonlicensedtraining</a>)</td>
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<td>☐</td>
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<td>Employed by a licensed clinic</td>
</tr>
</tbody>
</table>

By signing below, I attest that I have truthfully and accurately indicated my qualifications for this behavioral health service.

____________________________  _______________________
Signature                          Date

Return your completed attestation via email to: LHC_provider_credent@centene.com or to your dedicated Provider Consultant.

A provider who does not meet the Louisiana Department of Health’s qualification requirements for a behavioral health service type is not permitted to provide that service type. Doing so may result in claims denials, payment recoupments and/or termination from the network. A copy of this attestation will remain in your provider records.
Crisis Intervention

BEHAVIORAL HEALTH SERVICE QUALIFICATIONS ATTESTATION

The Louisiana Department of Health requires that providers of crisis intervention services meet certain qualifications. Please review the qualification requirements below, indicate which qualifications you meet or do not meet, and then sign.

First Name: ____________________________
Last Name: ____________________________
Individual NPI: _________________________
Group NPI: _____________________________
Group Tax ID: ___________________________

Indicate whether you meet or do not meet the qualifications listed below:

<table>
<thead>
<tr>
<th>Meet</th>
<th>Do Not Meet</th>
<th>N/A</th>
<th>Qualification</th>
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<tbody>
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<td>At least 20 years old</td>
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<td>☐</td>
<td>An associate’s 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. Can include certified peer support specialists with the above qualifications.</td>
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<td>At least three years older than any individual they serve under age 18</td>
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<tr>
<td>☐</td>
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<td>☐</td>
<td>Passed a criminal and professional background check</td>
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<tr>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>Completed state-approved, standardized basic training program (see: <a href="http://lahealth.cc/bhnonlicensedtraining">http://lahealth.cc/bhnonlicensedtraining</a>)</td>
</tr>
<tr>
<td>☐</td>
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<td>☐</td>
<td>Employed by a licensed clinic</td>
</tr>
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<td>If providing assessment of risk, mental status and medical stability: Must be an LMHP or PIHP-designated LMHP with experience in this specialized mental health service, practicing within the scope of their professional license.</td>
</tr>
</tbody>
</table>

By signing below, I attest that I have truthfully and accurately indicated my qualifications for this behavioral health service.

_____________________________  ______________________
Signature  Date

Return your completed attestation via email to: LHC_provider_credent@centene.com or to your dedicated Provider Consultant.

A provider who does not meet the Louisiana Department of Health’s qualification requirements for a behavioral health service type is not permitted to provide that service type. Doing so may result in claims denials, payment recoupments and/or termination from the network. A copy of this attestation will remain in your provider records.
Psychosocial Rehabilitation

BEHAVIORAL HEALTH SERVICE QUALIFICATIONS ATTESTATION

The Louisiana Department of Health requires that providers of psychosocial rehabilitation meet certain qualifications. Please review the qualification requirements below, indicate which qualifications you meet or do not meet, and then sign.

First Name: ____________________________
Last Name: ____________________________
Individual NPI: ________________________
Group NPI: ____________________________
Group Tax ID: __________________________

Indicate whether you meet or do not meet the qualifications listed below:

<table>
<thead>
<tr>
<th>Meet</th>
<th>Do Not Meet</th>
<th>Qualification</th>
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<tbody>
<tr>
<td>☐</td>
<td>☐</td>
<td>At least 18 years of age</td>
</tr>
<tr>
<td>☐</td>
<td>☐</td>
<td>High school diploma or equivalent. This can include certified peer support specialists.</td>
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<td>At least three years older than any individual they serve under the age of 18</td>
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<td>Passed a criminal and professional background check</td>
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<td>☐</td>
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<td>Completed state-approved, standardized basic training program (see: <a href="http://lahealth.cc/bhnonlicensedtraining">http://lahealth.cc/bhnonlicensedtraining</a>)</td>
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<tr>
<td>☐</td>
<td>☐</td>
<td>Operate under an agency license</td>
</tr>
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By signing below, I attest that I have truthfully and accurately indicated my qualifications for this behavioral health service.

_____________________________________________________ ____________________
Signature Date

Return your completed attestation via email to: LHC_provider_credent@centene.com or to your dedicated Provider Consultant.

A provider who does not meet the Louisiana Department of Health’s qualification requirements for a behavioral health service type is not permitted to provide that service type. Doing so may result in claims denials, payment recoupments and/or termination from the network. A copy of this attestation will remain in your provider records.