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 practitioners providing these services. These help ensure compliance with Louisiana's requirements for provider qualifications.

Below are the components needed to complete the Behavioral Health (BH) Attestation Packets:
All new attestation submissions must be accompanied by a revised roster and a copy of a Bachelor's or Master's degree for all non-licensed staff providing PSR and CPST. Attestations (BH Qualifications Packet), roster template, and a roster example can be found at: https://www.louisianahealthconnect.com/providers/resources/forms-resources.html

ORGANIZATION / PROVIDER: (*1 Roster/List of Documentation Enclosed, 1 Organizational Responsibilities, and 1 Location Summary Form per Organization / Provider Tax ID# / Provider NPI)*

- ☐ **Complete the Organizational Responsibilities Attestation Form:**
  The Chief Executive Officer or owner of the practice should complete and sign this attestation concerning the organizational responsibilities for complying with state qualification requirements
- ☐ **Complete the Location Service Summary Form:**
  List all Organization locations (with Group NPI#) that provide services. Indicate all services provided at each of these locations. If Addiction Services are provided at any location, please also complete the 2nd page of the Location Summary Form listing ASAM Levels of Addiction Services being provided
- ☐ **Roster/Practitioner List:**
  Please include a list of all practitioners for whom documentation is being submitted. This will allow us to confirm that all documentation has been received

PRACTITIONER: (*1 Practitioner Service Summary Form and any applicable attestations per practitioner*)
Please answer all questions. All documents must be completed by and contain the original signature of practitioner on form

- ☐ **Practitioner Service Summary:**
  All Practitioners providing Behavioral Health services are required to complete a Practitioner Service Summary. If providing certain services, additional BH Attestations are also required (see below)
- ☐ **Practitioner BH Attestations:**
  If practitioner provides any of the below services for this specific Organization, BH Attestations will be required to accompany the Practitioner Service Summary:
  Please submit attestations for services being provided ONLY for this Organization.
  - Psychosocial Rehabilitation (PSR) – Copy of Degree Required for Non-licensed Staff
  - Crisis Intervention (CI)
  - Community Psychiatric Support and Treatment (CPST) – Copy of Degree Required for Non-licensed Staff
  - Addiction Services (2 Pages)

Please make copies of the attestations as needed, or download the electronic files from:
https://www.louisianahealthconnect.com/content/dam/centene/louisiana-health-connect/pdfs/medicaid-provider/Behavioral_Health_Provider_Qualifications_Packet.pdf

I attest that I have reviewed the included BH Attestation Packets for their completion and accuracy to the best of my knowledge:

Organization Name: _____ **Tax ID Number:** _____

Contact Name: _____ **Title:** _____

Contact Name Tel #: _____ **Email:** _____

Signature: _____

Please return your completed packet along with this form by mail, fax, or email:

Mail: Louisiana Healthcare Connections,
Attn: BH Qualifications
3854 American Way, Suite B, Baton Rouge, LA 70816
Fax: 1-866-212-1125 Email: 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 (LDH).

These requirements include, but are not limited to:

- Criminal and professional background checks
- Specific requirements for non-licensed individuals:
  - Completion of State-approved, standardized basic training: (See http://lahealth.cc/bhnonlicensedtraining) (For Non-Licensed Practitioners only)
- Age requirements for certain services
- Degree and certification requirements
- Certain qualifications for different types of services

LDH has established qualification requirements for these behavioral health services, including:

- **Psychosocial Rehabilitation***
- **Crisis Intervention***
- **Community Psychiatric Support and Treatment***
- **Addiction Services***
- Case Conference
- Therapeutic Group Home
- Outpatient & Inpatient Hospital
- Psychiatric Residential Treatment
- Other Licensed Practitioner Outpatient Therapy
- Medical, Physician / Psychiatrist Outpatient Medical Services
- Behavioral Health in an FQHC or RHC

Note – Attestations are required by all individual practitioners who provide these services

The specific requirements can be accessed in the *Medicaid Behavioral Health Services Provider Manual*, available to download from: http://www.lamedicaid.com/provweb1/Providermanuals/manuals/BHS/BHS.pdf

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

_____

Name of Chief Executive Officer or Executive Director (Print)

_____ _____

Signature of Chief Executive Officer or Executive Director | Date

Return your completed attestation via email to: contact_us_provider_la@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.

Location Service Summary

BEHAVIORAL HEALTH SERVICES PROVIDED

Provider Name:_____ Tax ID:_____ Date:_____

If document is amended, amendment date is required: Date:_____

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

*** If providing Addiction Services – Page 2 - ASAM Levels must be included**

Please list Group NPI, Group/Location Name and Address for each provider location. Add additional pages as needed.	Case Conference	Psychosocial Rehabilitation (Accreditation Required - CARF, COA, TJC)	Crisis Intervention (Accreditation Required - CARF, COA, TJC)	Community Psychiatric Support and Treatment (Accreditation Required - CARF, COA, TJC)	Therapeutic Group Home (Accreditation Required - CARF, COA, TJC)	Addiction Services * (2 pages) (Some Services Require Accreditation – CARF, COA, TJC)	Outpatient & Inpatient Hospital	Psychiatric Residential Treatment	Other Licensed Practitioner Outpatient Therapy	Medical, Physician / Psychiatrist Outpatient Medical Services	Behavioral Health in an FQHC or RHC	Evidence-Based Practice (Enter Service Type(s))	Homebuilders

If your practice begins providing any new service(s), notify us so we can help ensure you meet State requirements for the new service(s). This will help you avoid claims denials, payment recoupments and/or termination from the network. Contact us at 1-866-595-8133 if this applies.

BEHAVIORAL HEALTH SERVICES PROVIDED – PAGE 2
ADDICTION SERVICES ASAM LEVELS

Provider Name:_____ Tax ID:_____ Date:_____

If document is amended, amendment date is required: Date:_____

For each location that provides Addiction Services, please indicate the ASAM levels of service provided at that location. Use additional sheets if necessary. Do not complete if you do not provide Addiction Services.

Please list Group NPI, Group/Location Name and Address for each provider location. Add additional pages as needed.	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 (Accreditation Required - CARF, COA, TJC)	Level III.1 Clinically Managed Low-Intensity Residential Treatment – Adult (Accreditation Required - CARF, COA, TJC)	Level III.2D Clinically Managed Residential Social Detoxification – Adolescent (Accreditation Required- CARF, COA, TJC)	Level III.2D Clinically Managed Residential Social Detoxification – Adult (Accreditation Required - CARF, COA, TJC)	Level III.3 Clinically Managed Medium Intensity Residential Treatment – Adult (Accreditation Required - CARF, COA, TJC)	Level III.5 Clinically Managed High Intensity Residential Treatment – Adolescent (Accreditation Required - CARF, COA, TJC)	Level III.5 Clinically Managed High Intensity Residential Treatment – Adult (Accreditation Required- CARF, COA, TJC)	Level III.7 Medically Monitored Intensive Residential Treatment – Adult (Accreditation Required- CARF, COA, TJC)	Level III.7D Medically Monitored Residential Detoxification – Adult (Accreditation Required - CARF, COA, TJC)

Practitioner Service Summary

FOR IN-NETWORK PROVIDERS OF BEHAVIORAL HEALTH SERVICES

☐ Practitioner no longer employed as of:

_____
Effective date

The Louisiana Department of Health (LDH) and the Healthy Louisiana Medicaid Program require that providers of behavioral health services meet certain qualifications. Please indicate all services which you provide **for this provider,** and sign below.

PSR, CI, CPST and Addiction Services, please only submit required attestation if service is being provided.

First Name (Print): _____

Last Name (Print): _____

Individual NPI #: _____

Group Tax ID #: _____ Group NPI #: _____

Degree: ☐ High School Diploma ☐ Associate's ☐ Bachelor's ☐ Master's ☐ MD/PhD

Area of Study: ☐ Counseling ☐ Psychology ☐ Sociology ☐ Social Work ☐ Other: _____

License Type: _____ License #: _____ Exp. Date: _____ ☐ N/A

*****If Licensed, copy of License required*****

☐	***Psychosocial Rehabilitation***	*Attestation Required Only if Providing Service*
☐	***Crisis Intervention***	*Attestation Required Only if Providing Service*
☐	***Community Psychiatric Support & Treatment***	*Attestation Required Only if Providing Service*
☐	***Addiction Services***	*Attestation Required Only if Providing Service*
☐	Case Conference	
☐	Other Licensed Practitioner Outpatient Therapy	
☐	Medical, Physician / Psychiatrist Outpatient Medical Services	
☐	Behavioral Health in an FQHC or RHC	
☐	Evidence-Based Practice (enter service type(s) here):	
☐	Home Builders	

By signing below, I attest that I provide the above behavioral health service(s) and I have truthfully and accurately indicated my qualifications to provide the above behavioral health service(s).

_____ _____

Signature and Credentials Date

_____ _____

If attestation is amended, second signature and amendment date are required: Date

Return your completed attestation via email to: contact_us_provider_la@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 provide all information and answer all questions. **PLEASE COMPLETE ONLY IF PROVIDING THIS SERVICE.**

First Name (Print): _____

Last Name (Print): _____

Individual NPI: _____

Group Tax ID #: _____ Group NPI #: _____

License Type: _____ License #: _____ Exp. Date: _____ ☐ N/A

Please confirm you meet the below required qualifications to provide Psychosocial Rehabilitation Services.

Meet	Do Not Meet	Qualification
☐	☐	**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*** **Bachelor's degree** from an accredited university or college with a minor in counseling, social work, sociology, or psychology. (**Provide copy of Degree)**
☐	☐	At least 18 years of age
☐	☐	At least 3 years older than any individual they serve under the age of 18
☐	☐	Passed a criminal and professional background check
☐	☐	Employed by a licensed clinic
☐	☐	NON-LICENSED PRACTITIONERS ONLY (MANDATORY): Completed Required State-approved, standardized basic training program (see: http://lahealth.cc/bhnonlicensedtraining) **Please provide copy of training attestation.**

By signing below, I attest that I provide this Behavioral Health service and I have truthfully and accurately indicated my qualifications to provide this Behavioral Health service.

_____ _____

Signature and Credentials Date

_____ _____

If attestation is amended, second signature and amendment date are required: Date

Return your completed attestation via email to: contact_us_provider_la@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 (LDH) requires that providers of Crisis Intervention Services meet certain qualifications. Please review the qualification requirements below. Please provide all information and answer all questions. **PLEASE COMPLETE ONLY IF PROVIDING THIS SERVICE.**

First Name (Print): _____

Last Name (Print): _____

Individual NPI: _____

Group Tax ID #: _____ Group NPI #: _____

License Type: _____ License #: _____ Exp. Date: _____ ☐ N/A

Please confirm you meet the below required qualifications to provide Crisis Intervention Services.

Meet	Do Not Meet	Qualifications
		CRISIS INTERVENTION SERVICES: ***If you do not provide this type of Crisis Intervention Service, please check here:*** ☐ **N/A**
☐	☐	At minimum, 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 peer support specialists with the above qualifications.
		CRISIS INTERVENTION SERVICES INCLUDING Assessment of Risk, Mental Status and Medical Stability: ***If you do not provide this type of Crisis Intervention Service, please check here:*** ☐ **N/A**
☐	☐	Must be **an LMHP or PIHP-designated LMHP with experience** in this specialized mental health service, practicing within the scope of their **professional license**
		MANDATORY REQUIREMENTS TO PROVIDE ALL CRISIS INTERVENTION SERVICES:
☐	☐	At least 20 years old
☐	☐	At least 3 years older than any individual they serve under the age of 18
☐	☐	Passed a criminal and professional background check
☐	☐	Employed by a licensed clinic
☐	☐	NON-LICENSED PRACTITIONERS ONLY (MANDATORY): Completed Required State-approved, standardized basic training program (see: http://lahealth.cc/bhnonlicensedtraining) **Please provide copy of training attestation.**

By signing below, I attest that I provide the above behavioral health service(s) and I have truthfully and accurately indicated my qualifications to provide the above behavioral health service(s).

_____ _____

Signature and Credentials Date

_____ _____

If attestation is amended, second signature and amendment date are required: Date

Return your completed attestation via email to: contact_us_provider_la@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 (LDH) requires that providers of Community Psychiatric Support and Treatment (CPST) meet certain qualifications. Please review the qualification requirements below. Please provide all information requested and answer all questions. **PLEASE COMPLETE ONLY IF PROVIDING THIS SERVICE.**

First Name (Print): _____

Last Name (Print): _____

Individual NPI: _____

Group Tax ID #: _____ Group NPI #: _____

License Type: _____ License #: _____ Exp. Date: _____ ☐ N/A

Please confirm you meet the below required qualifications to provide CPST Services.

Meet	Do Not Meet	Qualifications
		CPST *INCLUDING COUNSELING*: ***(If you do not provide this type of CPST service, please check here:*** ☐ **N/A)**
☐	☐	**Master's degree** in counseling, social work, psychology, or sociology from an accredited college or university **(Please provide copy of degree.)**
		CPST *EXCEPT FOR COUNSELING*: ***(If you do not provide this type of CPST service please check here:*** ☐ **N/A)**
☐	☐	**Bachelor's degree** in counseling, social work, psychology, or sociology from an accredited college or university **(Please provide copy of degree.)**
		MANDATORY REQUIREMENTS FOR PROVIDING CPST SERVICES:
☐	☐	Passed criminal and professional background check
☐	☐	Employed by a licensed clinic
☐	☐	NON-LICENSED PRACTITIONER ONLY (MANDATORY): Completed required State-approved, standardized basic training program (See: http://lahealth.cc/bhnonlicensedtraining) **Please provide copy of training attestation.**

By signing below, I attest that I provide the above behavioral health service(s) and I have truthfully and accurately indicated my qualifications to provide the above behavioral health service(s).

_____ _____

Signature and Credentials Date

_____ _____

If attestation is amended, second signature and amendment date are required: Date

Return your completed attestation via email to: contact_us_provider_la@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 (LDH) requires that providers of addiction services meet certain qualifications. Please provide all information and answer all questions. **PLEASE COMPLETE ONLY IF PROVIDING THIS SERVICE.**

First Name (Print): _____

Last Name (Print): _____

Individual NPI: _____

Group Tax ID #: _____ Group NPI #: _____

License Type: _____ License #: _____ Exp. Date: _____ ☐ N/A

Please confirm you meet the below required qualifications to provide addiction services.

Meet	Do Not Meet	Qualification
ONE OF THE BELOW REQUIREMENTS MUST BE MET TO PROVIDE ANY OF THESE SERVICES.		
☐	☐	A licensed mental health professional, licensed physician, licensed physician assistant, licensed advanced practice registered nurse (license # listed above) ☐ N/A
☐	☐	Employed by a behavioral health service provider that is licensed to provide Addiction Services by the Louisiana Department of Health, Health Standards Section **AND** Registered with the **Addiction Disorder Regulatory Authority (ADRA)** Certification Type: _____ Certification #: _____ Exp. Date: _____
MANDATORY REQUIREMENTS TO PROVIDE ADDICTION SERVICES:		
☐	☐	At least 18 years of age
☐	☐	At least 3 years older than any individual they serve under the age of 18
☐	☐	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.**

*******PLEASE COMPLETE PAGE 2 – PROVIDE ASAM LEVELS OF SERVICE PROVIDED*********

Addiction Services

BEHAVIORAL HEALTH SERVICE QUALIFICATIONS ATTESTATION

(Continued…) **PAGE 2**

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

Facility Accreditation Required (CARF, COA, The Joint Commission (TJC)):

- ☐ 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 provide the above behavioral health service(s) and I have truthfully and accurately indicated my qualifications to provide the above behavioral health service(s).

Organization Name	Tax ID
Signature and Credentials	Date
If attestation is amended, second signature and amendment date are required:	Date

Return your completed attestation via email to: contact_us_provider_la@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.