

Mental Health Rehabilitation Authorization Resource Kit

CONTENTS

Introduction	2
Provider Notice 2018-27: Revised and Streamlined MHR Authorization Process.....	3
Process Overview & Submission Checklist.....	5
Frequently Asked Questions.....	6
Annotated, Streamlined Authorization Forms.....	8
Questions and Feedback.....	16

Last Updated: May 15, 2018

Introduction

Louisiana Healthcare Connections is dedicated to improving member health outcomes while streamlining the healthcare delivery system and protecting state resources against fraud, waste and abuse. In light of these responsibilities, we have engaged in a months-long process, involving the Louisiana Department of Health and behavioral health providers across the state, to explore options for revising the authorization process for mental health rehabilitation (MHR) services.

Provider Input and Recommendations

Over the last few months, we have consulted with several dozen MHR providers across the state, via face-to-face conversations, phone calls, emailed feedback, an open conference call and an in-depth focus group. Thank you to all those who participated and offered their perspective:

Four key themes emerged from these conversations:

1. MHR providers recognize the problem of fraud, waste and abuse of MHR by unscrupulous providers, and recognize the need to combat it, both for the state and for the credibility of providers legitimately performing MHR. We value their partnership in addressing these concerns.
2. The administrative burden on Licensed Mental Health Providers (LMHPs) is a chief concern. A longer timeframe and separate, shorter forms were the most common suggestions. We share this concern and have adopted these suggestions.
3. A previously proposed thirty-day timeframe for renewals would be too short. Sixty and ninety days were the most common suggestions. We have doubled the previously proposed time period, from 30 to 60 days.
4. The process should be flexible to accommodate longer authorization periods for patient with chronic needs who are being well-served by MHR. We appreciate the insight that providers have shared about their clients and results, and have built more flexibility into both the forms and process.

“I again want to thank you for inviting us (and our staff who do the real work!) to provide feedback and share insights concerning the forms to be used going forward. We truly feel like we work in partnership with your organization in helping children and adults needing assistance to enjoy a quality of life they deserve. Thank you for all you do.”

– MHR Provider, Shreveport

“Thanks for offering this opportunity to us. Feedback from our end has been very positive and appreciative. Just to reconfirm, we would like to partner with you moving forward as this is finalized – and with any other policy initiatives.”

– MHR Provider, New Orleans

Thank You to Providers

We sincerely appreciate the time and thoughtful feedback from the dozens of providers who helped develop the revised and streamlined MHR authorization process described in the following pages. This process will provide a greater ability to ensure members have access to appropriate and effective care, while streamlining the healthcare delivery system for providers and protecting state resources against fraud, waste and abuse.

Provider Notice 2018-27: Revised and Streamlined MHR Authorization Process

Louisiana Healthcare Connections is dedicated to **improving member health outcomes** while **streamlining the healthcare delivery system** and **protecting state resources against fraud, waste and abuse**. In light of these responsibilities, we are revising our process for authorizing and renewing mental health rehabilitation (MHR) services.

Effective June 4, 2018, the standard authorization period for MHR services will be 60 days. To minimize the administrative burden to providers, only an abbreviated treatment renewal request will be required to renew services every 60 days thereafter, for up to six months. At six months, a full reauthorization will be required and the cycle will begin again.

Responsive to Provider Input and Feedback

We appreciate the several dozen providers who have contributed thoughtful input on this process or served as beta-testers for the process and forms. This revised process reflects their input in significant ways:

- The standard renewal period is doubled, from 30 to 60 days
- The process allows flexibility to account for special circumstances
- The OTR form is simplified and shortened to less than half of the previous length

Continuity of Authorizations for a Smooth Transition

Continuity of services is important to both our members and providers, and the transition to this process will not disrupt services. All existing authorizations will continue until their established end date. At that time, subsequent MHR requests will begin using this process.

- If the patient **is** due for a LOCUS/CALOCUS assessment, the request should use the **initial** MHR outpatient treatment request form.
- If the patient **is not** yet due for a LOCUS/CALOCUS assessment (completed every 6 months), then the request should use the **renewal** MHR outpatient treatment request form.

Minimizing Administrative Burden

We recognize that administrative burden is a constant concern to all healthcare providers, and have redesigned the process and the MHR outpatient treatment request form to:

- Increase the standard renewal period from 30 to 60 days
- Reduce the length of the form to less than half of the previous length
- Use principles of user-experience design to make it simple and intuitive to complete
- Integrated “just-in-time” tips to proactively answer questions and help avoid issues

Download the New MHR OTR Forms at LaHealth.CC/mhr-auths

- MHR Outpatient Treatment Request Initial – (Initial and Six-Monthly)
- MHR Outpatient Treatment Request – Renewal (at 60 and 120 days)

Resources for Providers at LaHealth.CC/mhr-auths

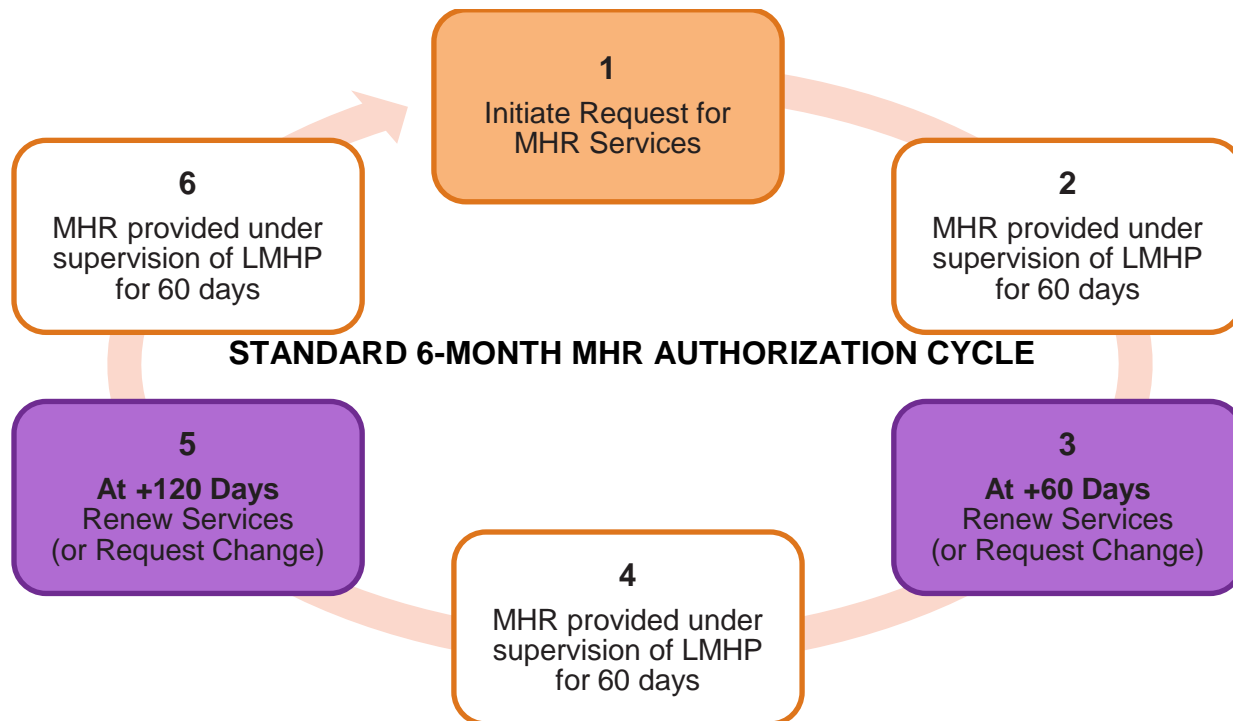
Based on early feedback, we have published a Resource Kit to support providers and make this process as simple and quick as possible. The Resource Kit include a process overview, checklists, and annotated forms for frequently asked questions. On-demand web-based training is being developed as well, and will also be posted here. Access these resources at LaHealth.CC/mhr-auths.

Partners in Improving Health – and Health Care

We are committed to open communication and active partnership with our network providers to improve health and healthcare in Louisiana. If you have feedback or questions about this process, these resources, or other matters, please let us know: feedback@LouisianaHealthConnect.com.

Thank you for your partnership in providing high quality care to our members — your patients.

Process Overview & Submission Checklist



AT INITIATION & EVERY 6 MONTHS

- **Required:**
 - Outpatient Treatment Request form
 - LOCUS/CALOCUS Assessment (completed within last 180 days)
 - Treatment Plan
 - Healthy Louisiana Behavioral Health Assessment (adults only, annually)
- **Only if applicable:**
 - Homebuilders approval
 - Additional supporting documentation

AT +60 AND +120 DAYS

- **Required:**
 - Outpatient Treatment Request for Renewal form
- **Only if applicable:**
 - Treatment Plan (only if modified)
 - Homebuilders approval
 - Additional supporting documentation

Download Resources and Forms at LaHealth.CC/mhr-auths

Frequently Asked Questions

What is the new MHR re-authorization process?

Starting June 4, 2018, mental health rehabilitation (MHR) services will need to be re-authorized every 60 days. Providers may use the Renewal MHR Outpatient Treatment Request (OTR) form to communicate member progress updates and request re-authorization. This process aligns with best practices in level-of-care decision-making for Community Psychiatric Support and Treatment (CPST) and Psychosocial Rehabilitation (PSR) services.

To what services will the 60-day re-authorization process apply?

Only CPST and PSR are covered by this process. The authorization timeframes remain unchanged for all other behavioral health services.

Will all Louisiana Healthcare Connections members currently receiving MHR services require a new OTR on June 4?

No. All existing MHR authorizations will continue until their expiration date. There is no need to submit an OTR form unless the patient's authorization is about to expire.

Is the LOCUS/CALOCUS required every 60 days?

No. The LOCUS/CALOCUS timelines are not changing. The LOCUS/CALOCUS must accompany only the initial OTR request, and then be submitted every 180 days thereafter.

Is a new treatment plan required every 60 days?

No. Only an OTR is necessary for re-authorization every 60 days.

Is a face-to-face assessment by an LMHP required every 60 days?

No. A Licensed Mental Health Professional (LMHP) familiar with a patient's case can complete the OTR form in a matter of minutes using the progress documentation by the practitioner who is providing services. The MHR re-authorization process is designed to ensure that the patient's care is being appropriately supervised by an LMHP.

Why is the oversight of a LMHP required for the OTR?

Per the Louisiana Department of Health (LDH) Behavioral Health Provider Manual (Ch. 2, Sec. 2.2):

"The medical necessity for these rehabilitative services must be determined by and services recommended by a licensed mental health professional or physician, or under the direction of a licensed practitioner, to promote the maximum reduction of symptoms and restoration to his/her best age appropriate functional level."

It is important to the health outcomes of our members that licensed providers remain proactive in developing, monitoring and measuring their treatment plans and goals of care.

How many LOCUS/CALOCUS assessments are covered each year?

Louisiana Healthcare Connections covers two LOCUS/CALOCUS assessments per year. The MHR re-authorization process requires only two LOCUS/CALOCUS assessments per year – one every 180 days.

How does the OTR re-authorization process affect members?

The process itself does not directly affect the member, as no additional face-to-face visits with an LMHP are required. The OTR re-authorization process supports providers in improving outcomes for their patients – our members. **Members who need and benefit from MHR services will have continued access to those services.**

Are Louisiana Healthcare Connections' OTR reviewers licensed clinicians?

Yes. Our behavioral health care managers and utilization management reviewers are all licensed clinicians who receive additional specialized training for case management and utilization review. This team and the OTR review process was developed specifically to improve member outcomes, and includes a provision that any authorization request that does not meet medical necessity criteria must be reviewed by a physician before being denied.

Will you still accept the old OTR for any authorization requests?

No old OTRs will be accepted beginning June 4, 2018. The new MHR OTR form will be required for all MHR authorization requests.

What resources are available if I have other questions?

Based on early feedback, we have published a Resource Kit to support providers and make this process as simple and quick as possible. The Resource Kit include a process overview, checklists, and annotated forms for frequently asked questions. On-demand web-based training is being developed as well, and will also be posted here. Access these resources at LaHealth.CC/mhr-auths.

If you have any questions, please contact your dedicated Provider Relations Consultant, call Provider Services at 1-866-595-8133 or email feedback@LouisianaHealthConnect.com.

Where can I find more FAQs?

As we receive questions from providers, we'll be posting additional FAQs on our website at LaHealth.CC/mhr-auths.

Outpatient Treatment Request

MENTAL HEALTH REHABILITATION (CPST & PSR)

Please print clearly—incomplete or illegible forms may delay processing.



Instructions

Submit these documents: <ul style="list-style-type: none"><input type="checkbox"/> This Outpatient Treatment Request form<input type="checkbox"/> LOCUS/CALOCUS Assessment (completed within last 180 days)<input type="checkbox"/> Treatment Plan<input type="checkbox"/> Healthy Louisiana Behavioral Health Assessment (adults only, annually)<input type="checkbox"/> Homebuilders approval (if applicable)<input type="checkbox"/> Additional supporting documentation (if applicable)	By fax to: 1-844-466-1277
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This form is for the initial request for CPST or PSR, and each six-monthly request thereafter. Renewal every 60 days may be requested using the Renewal OTR.

Provider Information

Clinician: PLEASE PRINT _____ Credentials: _____
Phone: _____ Secure Fax: _____
Agency NPI: _____ Agency TIN: _____
Address: _____
City: _____ State: _____ Zip: _____

Member Information

First Name: PLEASE PRINT _____ Last Name: PLEASE PRINT _____
Medicaid ID: _____ Birth Date: MM/DD/YYYY _____
Primary Diagnosis ICD-10 Code: _____
Co-morbid Medical Diagnosis ICD-10 Code: _____

Discharge & Treatment Planning

Have you discussed the discharge plan from the requested services with the member? Yes No
Target discharge date from the requested services (MM/DD/YYYY): N/A
If "No" or "N/A" above, please explain: _____
Has the member (or guardian) signed the Treatment Plan and agreed to participate? Yes No

Annotations

◀ This checklist is designed to clarify what documentation is required to streamline the approval process.

◀ The Provider Information section is standard data, and you may be able to pre-population portions of it to streamline the administrative process.

◀ The Member Information section data can be gathered from the face sheet of your records for the member.

◀ Engagement of the member in Discharge and Treatment Planning is an important component of care. This section seeks to confirm that engagement or identify if additional/different resources or services are appropriate, or if a care management referral is needed.

Assessment and Evaluation

Date of the most recent Developmental/Comprehensive Evaluation/Functional Behavioral Assessment: _____

Tip: The assessment's findings should be reflected in the treatment plan.

LOCUS/CALOCUS and Treatment Plan

LOCUS/CALOCUS DOMAIN	RATING	TREATMENT PLAN GOAL ASSOCIATED WITH ASSESSMENT FINDINGS
Risk of Harm SI/HI/Command AH, risky behaviors, impulsivity		
Impairment in Functional Status Self-care, fulfilling daily life roles, socialization and interpersonal deficits which is a change from baseline		
Presence of Co-Morbidity Co-occurring physical health or substance abuse conditions		
Environmental Factors Degree of life stressors with ability to cope effectively and degree of support or lack thereof		
Engagement and Recovery Status Member's level of change and acceptance / responsibility of condition(s)		

◀ The Assessment and Evaluation section summarizes the assessment findings and treatment plan goals, and only needs to be completed for the initial request and each six months thereafter. Completion of the LOCUS/CALOCUS is required by the Louisiana Department of Health.

Member Risk

	None	Mild Ideations only	Moderate Ideations with EITHER plan or history of attempts	Severe Ideations AND plan, with either intent or means	Not Assessed
To Self:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
To Others:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

◀ Documentation of Member Risk helps identify if additional/different resources or services are appropriate, or if a care management referral is needed.

Crisis Management / Safety Plan

Does the member have a behavioral health crisis management or safety plan in place? Yes No Unknown

If yes, what is the date of the most recent plan? (MM/DD/YYYY):

Requested Authorization

CODES / MODIFIERS REQUESTED	SERVICE DATES MM/DD/YYYY	Frequency: HOW OFTEN SEEN	Intensity: # OF UNITS PER VISIT	TOTAL UNITS REQUESTED
Community Psychiatric Support Treatment <input type="checkbox"/> H0036 HO/HN/HM <input type="checkbox"/> H0036 TG/U8 (PSR) – Permanent Supportive Housing	Request Start:			
	Request End: <i>(Standard: 60 days)</i>			
Psychosocial Rehabilitative Services H2017 Individual Office or Community <input type="checkbox"/> H2017 HA/HQ child/adolescent program <input type="checkbox"/> H2017 HB/HQ adult program, non-geriatric <input type="checkbox"/> H2017 TG (PSR) <input type="checkbox"/> H2017 TG/U8 (PSR) – Permanent Supportive Housing	Request Start:			
	Request End: <i>(Standard: 60 days)</i>			

Tip: Be sure to indicate the appropriate place of service code when you submit your claim.

Service Coordination

Have traditional behavioral health services been attempted (e.g., individual/family/group psychotherapy, medication management, etc.)? If so, how are these services alone inadequate in treating the diagnosis? Yes No

If additional services are being requested for Homebuilders, has the Homebuilder's consultant approved the requested services? If yes, attach approval. Yes No N/A

Member receives mental health services in the following locations *(check all that apply)*:

- Outpatient clinic
 School site (attach IEP, if applicable, once per school year)
 Community clubhouse
 General community
 Member's home

Additional Information (Optional)

This space is for any additional information you believe to be relevant. Additional pages may be attached if needed.

◀ The Request Authorization section captures what services are being recommended by the LMHP, based on the Assessment, Treatment Plan, Member Risk, and other considerations.

◀ The Requested End Date should be no more than 60 days after the Requested Start.

◀ Be sure to check the checkbox to indicate which codes/modifiers are being requested.

◀ Asking about Homebuilders is intended to help prevent request denials by reminding you that approval by the Homebuilder's consultant is required.

◀ In order to minimize administrative burden, we have intentionally not created unique form fields for every possible scenario. We understand that there may be additional specific details that are relevant. This Additional Information section gives you the opportunity to add supporting or clarifying information that does not have a dedicated spot on the form.

Attestation of Licensed Clinician

It is important to the health outcomes of our members that licensed providers are actively engaged in the mental health rehabilitation services delivered under their supervision. The Louisiana Department of Health Behavioral Health Provider Manual also emphasizes the importance of active supervision by a licensed provider:

“The medical necessity for these rehabilitative services must be determined by and services recommended by a licensed mental health professional or physician, or under the direction of a licensed practitioner, to promote the maximum reduction of symptoms and restoration to his/her best age appropriate functional level.”

By signing below, I, a licensed mental health clinician, attest that:

The LOCUS/CALOCUS assessment was completed by myself (or another licensed mental health clinician at my agency) face-to-face directly with the member, or in the case of a pre-verbal minor, face-to-face directly with the member’s legal guardian.

The Treatment Plan was developed by myself (or another licensed mental health clinician at my agency), and the member has been determined to have the ability to participate in and benefit from this Treatment Plan.

I have determined the requested services are medically necessary and the contents of this Outpatient Treatment Request are true and accurate.

Clinician: PLEASE PRINT _____ Signature: _____

License #: _____ Date: _____

NPI: _____

◀ As part of our contract with the state, Louisiana Healthcare Connections is responsible for upholding service standards and requirements. This section and the clinician attestation reflect the importance placed on Licensed Mental Health Provider oversight in the Behavioral Health Provider Manual.



Outpatient Treatment Request for Renewal

MENTAL HEALTH REHABILITATION (CPST & PSR)

Please print clearly—incomplete or illegible forms may delay processing.

Instructions

Submit these documents: <input type="checkbox"/> This Outpatient Treatment Request for Renewal form <u>Optional, if applicable:</u> <input type="checkbox"/> Treatment Plan (only if modified) <input type="checkbox"/> Homebuilders approval (only if applicable) <input type="checkbox"/> Additional supporting documentation (only if applicable)	By fax to: 1-844-466-1277
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Provider Information

Clinician: PLEASE PRINT _____ Credentials: _____

Phone: _____ Secure Fax: _____

Agency NPI: _____ Agency TIN: _____

Address: _____

City: _____ State: _____ Zip: _____

Member Information

First Name: PLEASE PRINT _____ Last Name: PLEASE PRINT _____

Medicaid ID: _____ Birth Date: MM/DD/YYYY _____

Primary Diagnosis ICD-10 Code: _____

Co-morbid Medical Diagnosis ICD-10 Code: _____

Discharge Planning

Have you discussed the discharge plan from the requested services with the member? Yes No

Target discharge date from the current level of services (MM/DD/YYYY): N/A

If **"No"** or **"N/A"** above, please explain: _____

Annotations

◀ This checklist is designed to clarify what documentation is required to streamline the approval process.

◀ The Provider Information section is standard data, and you may be able to pre-population portions of it to streamline the administrative process.

◀ The Member Information section data can be gathered from the face sheet of your records for the member.

◀ Engagement of the member in Discharge and Treatment Planning is an important component of care. This section seeks to confirm that engagement or identify if additional/different resources or services are appropriate, or if a case management referral is needed.

Member Attendance and Engagement

Since the last outpatient treatment request, did the member attend and engage in the requested services?

- Fully (100%)
 Partially (70% - 99%)
 Poorly (50% - 69%)
 Did not (0% - 50%)

If member did not fully participate, why not?

- Member had inpatient hospitalization
 Member was incarcerated
 Member non-compliant with treatment plan
 Other (explain below):

Progress toward Measurable Treatment Goals

Use the "Additional Information" section on the last page to describe any barriers to reaching goals and the treatment response to address those barriers.

Treatment Goal 1:							
Progress since last review:	<input type="checkbox"/> 0 – 5% Goal Attainment	<input type="checkbox"/> 5 - 19% Goal Attainment	<input type="checkbox"/> 20 – 39% Goal Attainment	<input type="checkbox"/> 40 – 59% Goal Attainment	<input type="checkbox"/> 60 – 79% Goal Attainment	<input type="checkbox"/> 80 – 99% Goal Attainment	<input type="checkbox"/> 100% Goal Attainment
Treatment Goal 2:							
Progress since last review:	<input type="checkbox"/> 0 – 5% Goal Attainment	<input type="checkbox"/> 5 - 19% Goal Attainment	<input type="checkbox"/> 20 – 39% Goal Attainment	<input type="checkbox"/> 40 – 59% Goal Attainment	<input type="checkbox"/> 60 – 79% Goal Attainment	<input type="checkbox"/> 80 – 99% Goal Attainment	<input type="checkbox"/> 100% Goal Attainment
Treatment Goal 3:							
Progress since last review:	<input type="checkbox"/> 0 – 5% Goal Attainment	<input type="checkbox"/> 5 - 19% Goal Attainment	<input type="checkbox"/> 20 – 39% Goal Attainment	<input type="checkbox"/> 40 – 59% Goal Attainment	<input type="checkbox"/> 60 – 79% Goal Attainment	<input type="checkbox"/> 80 – 99% Goal Attainment	<input type="checkbox"/> 100% Goal Attainment

Member Risk

	None	Mild Ideations only	Moderate Ideations with EITHER plan or history of attempts	Severe Ideations AND plan, with either intent or means	Not Assessed
To Self:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
To Others:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

◀ The Member Attendance and Engagement section helps evaluate member participation, in order to identify if there are barriers to care or if additional/different resources or services are appropriate, or if a care management referral is needed.

The form options (Fully, Partially, Poorly, Did Not) should be chosen based on the provider's subjective judgment of the member's attendance and engagement. There is no need to calculate highly specific percentages.

◀ The Progress toward Measurable Treatment Goals section helps evaluate if the treatment plan is effective in caring for the member's needs, in order to identify if there are barriers to care or if additional/different resources or services are appropriate, or if a case management referral is needed.

◀ The goal attainment form options should be chosen based on the provider's subjective judgment of the member's progress toward goals indicated in the treatment plan. There is no need to calculate highly specific percentages.

◀ Documentation of Member Risk helps identify if additional/different resources or services are appropriate, or if a care management referral is needed.

Requested Authorization

CODES / MODIFIERS REQUESTED	SERVICE DATES MM/DD/YYYY	Frequency: HOW OFTEN SEEN	Intensity: # OF UNITS PER VISIT	TOTAL UNITS REQUESTED
Community Psychiatric Support Treatment <input type="checkbox"/> H0036 HO/HN/HM <input type="checkbox"/> H0036 TG/U8 (PSR) – Permanent Supportive Housing	Request Start:			
	Request End: <i>(Standard: 60 days)</i>			
Psychosocial Rehabilitative Services H2017 Individual Office or Community <input type="checkbox"/> H2017 HA/HQ child/adolescent program <input type="checkbox"/> H2017 HB/HQ adult program, non-geriatric <input type="checkbox"/> H2017 TG (PSR) <input type="checkbox"/> H2017 TG/U8 (PSR) – Permanent Supportive Housing	Request Start:			
	Request End: <i>(Standard: 60 days)</i>			

Tip: Be sure to indicate the appropriate place of service code when you submit your claim.

Service Coordination

Have traditional behavioral health services been attempted (e.g., individual/family/group psychotherapy, medication management, etc.)? Yes No

If additional services are being requested for Homebuilders, has the Homebuilder's consultant approved the requested services? If yes, attach approval. Yes No N/A

Member receives mental health services in the following locations (check all that apply):

Outpatient clinic
 School site (attach IEP, if applicable, once per school year)
 Community clubhouse
 General community
 Member's home

What is the current frequency of psychiatric visits? Weekly Every other week Monthly Other:

Have there been any changes to psychotropic medications since the last request? Yes No Unknown

Has the member participated in medication management since the last request? Yes No Unknown

Additional Information (Optional)

This space is for any additional information you believe to be relevant. Additional pages may be attached if needed.

◀ The Request Authorization section captures what services are being recommended by the LMHP. If something has changed in the 60 days since the previous request, the services, frequency and intensity may change based on the member's need for more, less or different services.

◀ The Requested End Date should be no more than 60 days after the Requested Start.

◀ Be sure to check the checkbox to indicate with codes/modifiers are being requested.

◀ Asking about Homebuilders is intended to help prevent request denials by reminding you that approval by the Homebuilder's consultant is required.

◀ Documentation of Medication Management helps identify if additional resources, care management, or services are appropriate.

◀ In order to minimize administrative burden, we have intentionally not created unique form fields for every possible scenario. We understand that there may be additional specific details that are relevant. This Additional Information section gives you the opportunity to add supporting or clarifying information that does not have a dedicated spot on the form.

Attestation of Licensed Clinician

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“The medical necessity for these rehabilitative services must be determined by and services recommended by a licensed mental health professional or physician, or under the direction of a licensed practitioner, to promote the maximum reduction of symptoms and restoration to his/her best age appropriate functional level.”

By signing below, I, a licensed mental health clinician, attest that:

I have determined the requested services are medically necessary and the contents of this Outpatient Treatment Request for Renewal are true and accurate.

Clinician: PLEASE PRINT _____ Signature: _____

License #: _____ Date: _____

NPI: _____

◀ As part of our contract with the state, Louisiana Healthcare Connections is responsible for upholding service standards and requirements. This section and the clinician attestation reflect the importance placed on Licensed Mental Health Provider oversight in the Behavioral Health Provider Manual.

Questions and Feedback

We are committed to open communication and active partnership with our network providers to improve health and healthcare in Louisiana. If you have feedback or questions about this process, these resources, or other matters, please let us know: feedback@LouisianaHealthConnect.com.

Thank you for your partnership in providing high quality care to our members — your patients.