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**CHAPTER 42: MULTI-SYSTEMIC THERAPY**

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**PROGRAM OPERATIONS****General Provisions**

The policies and procedures described in this section specify the requirements necessary to provide effective services. The provider shall:

- Assume full responsibility for the delivery of all services, including those delivered through contracts, subcontracts, or consultant agreements.
- Ensure that the office locations meet all applicable federal, state, and local requirements. The transferring of certifications to a new location is strictly prohibited.
- Ensure each office is separately enrolled.
- Ensure that services provided by contractors, subcontractors and consultants conform to all federal and state regulations regarding delivery and documentation of services and staff qualifications.
- Report any suspected or known violations of any civil or criminal law immediately to the appropriate authority and to the Bureau.
- Maintain written procedures and implement all required policies and procedures immediately upon acceptance of recipients for services.

**Organizational Structure**

The provider must maintain a current, functional organizational chart that defines the lines of authority. The owner must designate an administrator who will have overall responsibility for management of daily operations. The administrator or designee shall be accessible to the Bureau's staff during all normal business hours.

**Provider Business Operations**

The provider must establish regular business office hours for all certified and enrolled office locations. These locations must be operational at least eight hours a day, five days a week between 7 a.m. and 7 p.m. This requirement does not apply to off-site service delivery locations.

The provider must have a 24 hour/day, 7 day/week on-call system to provide coverage when the designated MST therapist is unavailable. This system must be staffed by MST therapists who are familiar with the details of each MST case.

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The backup staff must meet all staff qualifications, training, and supervision requirements outlined in the manual. Critical information, including the comprehensive crisis plan, the current assessment, and the current service plan, must be available to the back-up staff. Backup staff must complete the same training as regular staff members. As outlined by MST, Inc., below are six minimum standards of practice that all MST programs should use to develop their policies for on call procedures:

- The person who is providing coverage is required to attend supervision and consultation the week that coverage is provided and the week prior.
- The person who is providing coverage is fully informed of any current/recent high risk or crisis situations and crisis plans among all of the families.
- The person who is providing coverage has direct access to case paperwork on every family while providing coverage.
- New MST therapists receive training and/or shadowing about on call coverage prior to first taking call.
- The MST supervisor or a back-up is available to therapists who are on-call at all times.
- The MST supervisor has back-up support and the policy for this strategy must be consistent with MST, Inc.'s guidelines for coverage.

### **Policy Manual**

The provider shall develop, maintain, and implement a written internal policy manual. The provider must document that staff has been trained on the policy manual and make it available to all staff. The manual must be made available to the Bureau and recipients upon request. The manual must include the following:

- Policy governing creation and retention of administrative and personnel records;
- A policy for adhering to Americans with Disabilities Act (ADA) guidelines;
- Written procedures for maintaining the security and the confidentiality of recipient records;
- A comprehensive training policy for all employees, volunteers and students which meets specified requirements;
- A brief description of services provided;

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- An operations policy that includes a mission statement, program philosophy, and goals of the provider;
- Complaint resolution procedures, including DHH as the final point of resolution;
- Policies and procedures for reporting and investigating suspected cases of abuse, neglect, extortion or exploitation.

**Abuse, Neglect, Extortion or Exploitation Policy**

Providers must have a policy that clearly defines abuse, neglect, extortion and exploitation of children and adults. All such policies and definitions must be in accordance with applicable state and federal laws, including, but not limited to the following:

- LSA-R.S. 14:403.2 et seq. (or subsequent updates);
- LSA-Ch.C Art. 601 et seq (or subsequent updates);
- LSA-R.S. 40:2009.13 et seq. through 2009.20, excluding 2009.18 (or subsequent updates).

Providers must have a documented policy and procedure for reporting suspected cases of abuse, neglect, extortion or exploitation, including mandatory reporting by staff as required by state laws (LSA-R.S. 14:403.2, LSA-CH.C Art. 601 et seq, LSA-R.S. 40:2009.20) and the Department of Health and Hospitals' (DHH) regulations. A staff member, subcontractor, volunteer or intern who witnesses, has knowledge of, or otherwise has reason to suspect that such an incident may have occurred must report the incident to the appropriate law enforcement and state agencies such as Office of Community Services (Child Protection), Adult Protective Services, and the Bureau.

Providers must also have an internal procedure to investigate and report such incidents allegedly committed by an employee. The procedure shall include, at a minimum, the following:

- The incident must be reported to the appropriate law enforcement and state agencies such as the Office of Community Services, Adult Protective Services, and the Bureau;
- Any allegation of abuse, neglect, extortion or exploitation lodged against an employee must be reported to the administrator, and the administrator must cooperate in any investigation of the incident;
- Individuals under investigation are not to be part of the investigation team;
- Individuals under investigation are prohibited from working or having any contact with the recipient who made the allegation.

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- The findings of the investigating team are to be reviewed at the appropriate administrative level and forwarded to the governing body.
- In substantiated cases of neglect, appropriate action is to be taken to prevent a reoccurrence.
- In substantiated cases of abuse, extortion or exploitation, the employee must be terminated.
- The incident must be reported to the appropriate licensing board.

**Employment and Personnel Policies**

Each provider must have written employment and personnel policies, which include job descriptions for all positions that specify duties, qualifications, and competencies and describe the hiring policies and practices including the following:

- A policy for the prevention of discrimination based on race, color, religion, sex, age, national origin, disability, disabled veteran, or any other non merit factor;
- A procedure for maintenance of time and attendance logs for all employees and contractual staff;
- A procedure for the creation and retention of personnel records;
- A procedure for conducting Tuberculosis (TB) Tests. Each provider must coordinate processes to reduce the risk of such infections in recipients and staff; Skin testing procedures should be made part of the provider's infection control program. All persons, prior to or at the time of employment shall be free of TB in a communicable state;
- Policies and procedures regarding personal safety of staff while providing services;
- A policy on criminal background checks.

**Personnel Records Policy**

The provider shall develop, implement and maintain a personnel records creation and retention policy. All relevant information necessary to assess qualifications for all staff, volunteers and consultants shall be verified and documented. All required licenses as well as professional, educational, work experience and dates of employment must be verified. All verifications must be documented in the employee's personnel record prior to the individual providing billable Medicaid services. See Record Keeping (Section 42.6) for more information regarding personnel records.

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**Employee Tuberculosis Tests**

Any employee who has a negative Mantoux skin test for TB shall be retested annually in order to remain employed. Any employee who has a positive Mantoux skin test must provide evidence of a normal chest X-ray, a statement from a physician certifying that the individual is non-infectious if the chest X-ray is other than normal or completion of an adequate course of therapy as prescribed by a licensed physician, if active TB is diagnosed. Any employee who has a positive Mantoux skin test must provide an annual physician's statement that they are free of TB in a communicable state.

**Criminal Background Checks**

As a provider offering services to children and/or adolescents, the background checks must be performed as required by R.S. 15:587.1 and R.S. 15:587.3 et seq.

Providers must conduct criminal background checks through the Louisiana Department of Public Safety (State Police) on all employees prior to employment. Forms to request background checks may be found at <http://www.lsp.org/pdf/crAuthorizationForm.pdf>. If the healthcare provider works with children, "working with children" must be selected on the form in order to comply with LSA 15.587.3.

If the results of any criminal background check reveal that the employee was convicted of any offenses against a child or an elderly or disabled person, the employer shall not hire and/or shall terminate the employment of such person. In the case of an individual with a criminal background record involving other offenses, the provider should exercise caution and good judgment in conjunction with their liability insurance carrier regarding hiring that individual. The provider shall not hire an individual with a record as a sex offender or permit these individuals to work for the provider as a subcontractor.

**Drug Testing Policy**

The provider shall have a policy to ensure an alcohol and drug-free workplace and a workforce free of substance abuse. The policy must include:

- A pre-employment drug screen before an offer of employment is made. A prospective employee who tests positive for the presence of illegal drugs in the initial screening shall be eliminated from consideration for employment;

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- A provision prohibiting employees from reporting for work or performing work with alcohol, illegal drugs, controlled substances, or designer (synthetic) drugs present in their bodies;
- A prohibition from illegal use, possession, dispensation, distribution, manufacture, or sale of controlled substances, designer (synthetic) drugs, and illegal drugs at the work site and while on official business, on duty or on call for duty;
- A provision for random drug testing of employees and a written plan to handle employees who test positive for illegal drug use whether the usage occurs at work or during off duty hours;
- Documentation shall be readily retrievable upon request by the Bureau.

**Financial Management Policy**

The provider shall establish a system of business management and staffing to assure maintenance of complete and accurate accounts, books and records in keeping with generally accepted accounting principles. The provider must:

- Be capable of reporting fiscal data from July 1 through June 30.
- Maintain adequate funding for required staff and services.
- Maintain a separate business bank account.

**Recipient Orientation Policy**

Orientation must be conducted for all new recipients. Information must be provided to the recipient verbally and in writing. The recipient must sign an acknowledgement form that he/she received the information. A copy of the signed acknowledgement form must be given to the recipient. The orientation information must include the following:

- A mission statement;
- Type of intervention service offered;
- Staff qualifications;
- A statement of afterhours access to services;
- Recipients crisis management procedures, including de-escalation;
- Complaint resolution procedures, including DHH as the final point of resolution;
- Discharge planning procedure;
- Emergency preparedness plan;

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- Recipient's rights including but not limited to:
  - Freedom to choose his/her provider;
  - The right to ask for a different provider;
  - The right to request changes to their initial treatment plan, crisis plan and discharge plan;
  - The right to confidentiality;
  - The right to review their record; and
  - The right to complain about their services without fear of reprisal, such as discontinuance of services.

**NOTE:** Recipients have these rights regardless of their age, race, sex, religion, culture, lifestyle, ability to communicate, or disability.

### **Quality Management Policy**

The provider must utilize MST, Inc. Quality Assurance Program system for the ongoing monitoring of the quality, appropriateness and utilization of services delivered. Data collected must be reliable, valid, complete and accurate and must be made available to the Bureau upon request. Provider staff performing the quality management (QM) function should be knowledgeable regarding QM procedures.

Findings should be used to make programmatic changes, to identify training needs, to improve the quality of services and in financial and resource planning.

### **Emergency Preparedness Plan**

Each provider must develop and implement an emergency preparedness plan that includes:

- The measures that will be taken to ensure the safety and security of employees and recipients;
- Provisions to protect business records, including employee and recipient records; and
- A means of communication with the Bureau to report status of the provider post-disaster.

**NOTE:** If the provider must close its offices due to a disaster, the provider may not resume or continue to provide g reimbursable services until authorized to do so by the Bureau.