

PROGRAM OPERATIONS

General Provisions

The policies and procedures in this section specify 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 services provided by contractors, subcontractors and consultants conform to all federal and state regulations regarding delivery and documentation of services and staff qualifications.
- Immediately report any suspected or known violations of any civil or criminal law 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.
- Request an expedited prior authorization review for any recipient whose discharge from a twenty-four (24) hour care facility is dependent on follow-up mental health services.
- Accept full responsibility to ensure that the office locations meet all applicable federal, state, and local requirements. The transferring of certifications to a new location is strictly prohibited.

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.

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The provider agrees to cooperate with the Bureau with regard to recertification, monitoring of all service related activities, and any function that may affect recipients. The provider also agrees to require each contracted person or entity to sign an agreement to comply with the requirements stated above. This may include interviewing the staff, recipients, family or other stakeholders and observation of services.

The provider must have an identifiable governing body. The names and addresses of all members of the governing body, their terms of membership, officers and their terms of office must be documented. The governing body must:

- Include recipient and family representation.
- Hold formal meetings at least semi-annually to discuss programmatic and administrative operations, have written minutes of all formal meetings, and by-laws specifying frequency of meetings and quorum requirements.
- Have specific responsibility and authority over the policies and activities of the provider and:
 - Ensure the provider's compliance with its articles of incorporation and/or its charter;
 - Ensure the provider's continual compliance with all relevant federal, state, local, and municipal laws and regulations;
 - Ensure that the provider is adequately funded and fiscally sound;
 - Review and approve the provider's annual budget;
 - Review and approve the annual external fiscal audit or audit review by a certified public accountant;
 - Designate a qualified individual, based on the owner's recommendation, to act as administrator, delegate sufficient authority to this person to manage the agency, and annually evaluate the administrator's performance; and
 - Formulate and annually review, in consultation with the administrator, written policies concerning the provider's philosophy, goals, current services, personnel practices, job descriptions and fiscal management.

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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:

- A policy governing creation and retention of administrative and personnel records;
- A policy to utilize the current MHRSIS (or its successor) system to include accurate, current provider staff and recipient information;
- 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;
- A policy and procedure for hospitalization that conforms with the Single Point of Entry (SPOE) policy and procedure;
- A procedure for referrals to services not offered by the provider, including PFII and PSR;
- A procedure for subcontracting optional services;
- A policy for adhering to Americans with Disabilities Act (ADA) guidelines;
- An operations policy that includes a mission statement, program philosophy, and goals of the provider;
- A complaint resolution procedures, including DHH as the final point of resolution;
- A policy and procedure regarding abuse, neglect, extortion or exploitation;

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:

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- 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. (or subsequent updates);

Providers must have a procedure for reporting suspected cases of abuse, neglect, extortion or exploitation as required by law. The procedure must include the mandatory reporting by staff of any suspected cases of abuse, neglect, extortion or exploitation. 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 (OCS), Child Protection, Adult Protective Services, and the Bureau. This includes incidents that occur in the provider offices as well as situations that may arise outside the office.

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:

- Steps to take to report the incident to the appropriate law enforcement and state agencies such as the OCS, 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.
 - The findings of the investigating team are to be reviewed by the appropriate administrative level and forwarded to the governing body.
 - In substantiated cases of neglect, appropriate action must be taken to prevent a reoccurrence.
 - In substantiated cases of abuse, extortion or exploitation, the employee must be terminated.
 - Steps to be taken for referral and reporting to appropriate licensing board.
- Employment and personnel policies;

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

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- Prevention of discrimination based on race, color, religion, sex, age, national origin, disability, disabled veteran, or any other non merit factor.
- Provision for recruitment and employment of recipients of mental health services and family members of children with emotional/behavioral disorder.
- A description of the procedure for employee evaluation and promotion.
- A procedure for disciplinary action, termination, and hearing of employee grievances.
- 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.

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 as evidence that they are free of TB in a communicable state.

- Policies and procedures regarding personal safety of staff while providing services;
- A policy on criminal background checks;

Providers must conduct criminal background checks through the Louisiana Department of Public Safety, State Police on all employees prior to employment. If the results of any criminal background check reveal that the employee was convicted of any offenses against a child/youth 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 nor permit these individuals to work for the provider as a subcontractor.

If the provider offers services to children/youth, the background checks must be performed as required by R.S. 15:587.1 and R.S. 15:587.3 et seq.

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To avoid delays in processing the background check, the form must be completed by the MHR provider with "employer" selected. This will produce a statewide check. If the individual resided or was employed in another state, that state needs to be checked as well. If the healthcare provider works with children, then instead of selecting "employer" on the form, "working with children" should be selected in order to comply with Louisiana statute, LSA RS 15.587.3.

- A policy on drug testing;

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 current employment.
 - 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.
- A 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 demonstrate fiscal accountability through regular recording of its finances and an annual external audit or audit review conducted by a certified public accountant in accordance with government auditing principles.
- Must be capable of reporting fiscal data from July 1 through June 30.
- Must maintain adequate funding for required staff and services.
- Must maintain a separate business bank account.

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- A recipient orientation policy;

Orientation must be conducted for all new recipients and annually thereafter. 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;
- Array and type of intervention services 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;
- Information as required by the Bureau including but not limited to a consumer handbook;
- Emergency preparedness plan;
- Seclusion and restraint policy; and
- 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 ISRP, crisis plan, and discharge plan,
 - The right to confidentiality,
 - The right to review their record,
 - The right to complain about their services without fear of reprisal, such as discontinuance of services, and
 - The right to be free from being restrained or secluded, unless necessary to protect him/herself or others from harm.

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

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The provider shall have systems and procedures for the ongoing monitoring of the quality, appropriateness and utilization of services delivered. Data collected must be reliable, valid, complete and accurate. 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. Input from recipients and other stakeholders, obtained through public hearings, representation on advisory committees, or small focus groups, must be an integral part of the process. Documentation must include:

- Staff member who performed the QM function,
- Written statement noting all deficiencies found,
- Evidence that action was taken as a result of the findings to prevent reoccurrence of the deficiency,
- Documentation of who performed the follow up action,
- A review of a representative sample of recipient records that include MHRIS reports and service logs to assure compliance with the ISRP,
- A comprehensive recipient satisfaction survey conducted annually, and
- Outcome data regarding the effectiveness of the program.

Program Philosophy

The provider must describe the program philosophy and all relevant program standards that include the following:

- Using input from the recipient and from others such as family members, caregivers and advocates.
- Sharing information with the recipient and with parents/guardians in the case of children and youth.
- Supporting recovery of the recipient.
- Enhancing the quality of life for the recipient.
- Reducing symptoms.
- Supporting the integration of the recipient into the community.
- Developing an ISRP for each recipient with goals based on an assessment.

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Provider Operations

The provider must establish regular business office hours for all certified and enrolled office locations. These locations must be fully operational at least eight (8) hours a day, five (5) days a week between 7 a.m. and 7 p.m.

NOTE: This requirement does not apply to off-site service delivery locations.

Each office shall contain office equipment and technology that meets requirements established by the Bureau (Appendix A) and furnishing requisite to providing services including but not limited to:

- Computers
- Facsimile machines
- Telephones
- Lockable file cabinets

Offices shall be located in areas separate and apart from areas of residential occupancy and be clearly identifiable as a separate office. The environment must be appropriate to the care and treatment of the recipients and ensure confidentiality and personal safety.

An office location is fully operational when the provider:

- Is certified to offer Mental Health Rehabilitation services and is enrolled in Medicaid.
- Has at least five active recipients at the time of any recertification or monitoring review, other than the initial application review. To be considered active, a recipient must be authorized for services.
- Is capable of accepting referrals at any time during regular business hours.
- Retains adequate staff to assess process and manage the needs of current recipients.
- Has the required designated staff on-site (at each location) during business hours.
- Is immediately available to its recipients and the Bureau by telecommunications twenty-four (24) hours per day. **Note:** Recipients should have an agency contact number for use in emergencies and should not automatically be directed by voice mail or staff to call 911 or go to an emergency room.
- Maintains insurance coverage.

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Services may be delivered in off-site service delivery locations that are:

- Publicly available and commonly used by members of the community other than the provider (e.g., libraries, community centers, Young Men's Christian Association (YMCA), church meeting rooms, etc.);
- Used solely for the provision of allowable off-site service delivery;
- Directly related to the recipient's usual environment (e.g., home, place of work, school); or
- Utilized in a non-routine manner (e.g., hospital emergency rooms or any other location in which a crisis intervention service is provided during the course of the crisis).

NOTE: Providers who utilize off-site service delivery locations solely for the provision of allowable services must notify the Medicaid Behavioral Health Section regarding this reportable change as outlined in the Provider Certification and Recertification section of this manual (section 31.3). The Medicaid Behavioral Health Section may conduct a site review. Off-site service delivery locations may not house records, maintain staff or be used to conduct regular business.

Every location where services are provided shall be established with the intent to promote growth and development, recipient confidentiality and safety. Service may not be provided in the home (s) of the provider's owner, employees or agents. Group counseling and psychosocial skills training (adult and children/youth) services may not be provided in a recipient's home or place of residence. Services may not be provided in the professional practitioner's private office.

The provider accepts full responsibility to ensure that its office locations meet all applicable federal, state and local licensing requirements. The transferring of license and certifications to new locations is strictly prohibited. It is also the responsibility of the provider to notify the Bureau immediately of any office relocation or change of address and to obtain a new certification and license (if applicable).

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 the disaster, the provider may not resume provision of reimbursable services until authorized to do so by the Bureau.