
CHAPTER 31: MENTAL HEALTH REHABILITATION

**SECTION 31.3: PROVIDER CERTIFICATION AND
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PROVIDER CERTIFICATION AND RECERTIFICATION

When applying for certification and enrollment, prospective providers must follow the process described below.

The provider shall have a separate Medicaid provider number for each location where business is routinely conducted and services are provided. This does not include those sites or locations that meet the definition of an off-site service delivery location. Each site must be accredited.

NOTE: The provider must maintain a current policies and procedures manual as described in Section 31.4 of this manual chapter. This manual must be made available to the Bureau upon request.

Initial Certification and Enrollment

An initial provider certification and enrollment is required for applicants requesting:

- Certification and enrollment as an MHR provider
- Change in ownership

The Medicaid Behavioral Health Section and the fiscal intermediary conduct the initial provider certification and enrollment reviews. The Medicaid Behavioral Health Section reviews the MHR certification application to ensure the applicant meets MHR certification criteria. The Medicaid Behavioral Health Section review may include at least one (1) on-site review. If the application and site review meet certification requirements, the LA Medicaid enrollment applications are forwarded to the provider enrollment unit at the fiscal intermediary for the enrollment review.

The fiscal intermediary reviews the completed LA Medicaid applications. If the applicant meets the Medicaid enrollment criteria, a provider number will be issued. Failure to meet certification and enrollment criteria or failure to follow the standard response timelines listed below may result in a certification and enrollment denial and possible exclusion from the MHR program.

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Initial Certification and Enrollment Applications

To obtain one (1) or more of the certification and enrollment applications, or if you have any questions about the initial certification and enrollment process, you may contact a network services representative by calling (225) 342-1203 or post your question on the MHR website, www.mhrsla.org.

An applicant who elects to enroll with the department to provide MHR services shall apply to the Bureau for certification. The applicant shall create and maintain documents to substantiate that the applicant meets all prerequisites in order to enroll.

An **applicant shall submit the following documents for certification:**

- MHR initial certification application;
- Medicaid Basic Enrollment Packet for Entities/Businesses;
- Enrollment packet for the Louisiana Medical Assistance Program-Mental Health Rehabilitation;
- Enrollment packet for the Louisiana Medical Assistance Program-Physician, individual or group, if applicable.
- If the physician is already enrolled as a Medicaid provider, the Group Linkage/Unlinkage form must be completed.

The MHR Initial Certification Application includes required attachments, which are listed below:

- Proof of a request for accreditation and a copy of the completed application with a national accrediting body approved by the bureau and proof of payment to the accrediting body. Proof of full accreditation is required within nine (9) months of issuance of a Medicaid provider enrollment number;
- Proof of the establishment and maintenance of a line of credit from a federally insured, licensed lending institution in an amount equal to three (3) months of current operating expenses as proof of adequate finances. A budget showing actual or projected monthly expenses shall be attached. It is the MHR provider's responsibility to notify the bureau in the event that the financial institution cancels or reduces the upper credit limit.

Nonprofit agencies that have operated for five (5) years or more and have an un-qualified audit report for the most recent fiscal year prepared by a licensed certified public accountant, which reflects financial soundness of the nonprofit provider, are not required to meet this standard.

Government entities or organizations are exempt from this requirement.

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- Proof of the establishment and maintenance of a general liability and a professional liability insurance policy with at least \$1,000,000 coverage under each policy. Providers with more than one certified and enrolled site must have a separate policy for each location or each location must be identified on the provider’s policy. The certificates of insurance for these policies shall be in the name of the provider and the certificate holder shall be the Department of Health and Hospitals with the following mailing address:

For USPS mail delivery:

For hand delivery or delivery via a parcel service:

Medicaid Behavioral Health Section
P.O. Box 91030
Baton Rouge, LA 70821-9030

Medicaid Behavioral Health Section
Bienville Bldg., 7th Floor
628 North 4th Street
Baton Rouge, LA 70802

The provider shall notify the Bureau when coverage is terminated for any reason. Coverage shall be maintained continuously throughout the time services are provided and thereafter for a period of one year. Government entities or organizations are exempt from this requirement.

- Corporations must provide current proof of business registration with the Secretary of State.
- Proof of an inspection and approval of the Office of Public Health (OPH), Sanitation Department for on-site and off-site locations.
- Proof of current inspection and approval by the Office of State Fire Marshal for on-site and off-site locations.

The provider must meet the minimum clinical competence criteria. To meet this requirement, each organization must have documented clinical experience providing mental health services to the population served by that organization. As such, each organization must have a combined three (3) years (in one(1) year increments), experience providing mental health services to adults or children/youth who meet the criteria for MHR as described in Section 31.0. If an organization provides services to both youth and adult recipients, then 3 years clinical experience must be demonstrated for each recipient population. Each organization providing Psychosocial Skills Training (Adult) must also establish compliance with MHR CPRP staffing requirements.

The provider may be required to submit documentation such as staff resumes to document compliance with this requirement. The provider shall employ sufficient staff to meet the minimum clinical competency standard.

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Optional Services Certification

An applicant who elects to offer one (1) or more optional services shall apply to the Bureau. The applicant shall create and maintain documents to substantiate that the provider meets all prerequisites for certification. The certification application is reviewed by the Medicaid Behavioral Health Section to ensure the applicant meets standard criteria for providing the services. The Medicaid Behavioral Health Section review may include at least one on-site visit. A request to provide an optional service may be submitted when an applicant is applying for initial certification and enrollment. If the request is submitted with an initial certification and enrollment request, the optional service application and site review may be conducted at the same time as the initial application and on-site review.

Optional Services Certification Applications

An applicant shall submit the following documents for certification:

- MHR Optional Services Certification Application
Psychosocial Rehabilitation Certification Application
Parent/Family Intervention Intensive Certification Application;
- Comprehensive implementation plan;

For PSR:

- Proof of current inspection and approval of the site for psychosocial rehabilitation, by the Office of State Fire Marshal;
- Proof of current inspection and approval of the site, by the Office of Public Health; and
- Proof that the supervising LMHP is a Certified Psychosocial Rehabilitation Practitioner (CPRP). If the LMHP is not a CPRP, submit a written plan for achieving certification within twelve (12) months of the provider's certification or within twelve (12) months of being hired.

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PAGE(S) 11**Certification Process**

This process applies to initial certification, enrollment, and certification to provide one (1) or more optional service.

Provider Application Review**Application and Site Review(s)**

An applicant must mail or hand deliver the completed application (s) with required attachments to the following address:

For USPS mail delivery:

Medicaid Behavioral Health Section
P.O. Box 91030
Baton Rouge, LA 70821-9030

For hand delivery or delivery via a parcel service:

Medicaid Behavioral Health Section
Bienville Bldg., 7th Floor
628 North 4th Street
Baton Rouge, LA 70802

An applicant shall undergo one (1) or more of the following reviews by the Bureau before certification to provide mandatory or optional services to ensure compliance with provider enrollment and operational requirements:

- an application review;
- a first site review; and if necessary
- a second site review.

The bureau may conduct a review of all application documents for compliance with MHR requirements. The certification application must be approved by the Bureau prior to the first site review of the applicant's physical location.

- If the application documentation furnished by the applicant is not acceptable, the applicant will be notified of the deficiencies.
 - The applicant has thirty (30) days from the date of receipt of the notice to correct the document deficiencies. If the applicant fails to resubmit the application or if the application is not approved, certification may be denied.
- Following approval of the application, the applicant will have thirty (30) days to schedule the first site review.
 - If the applicant does not request a site visit within thirty (30) days, certification may be denied.

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- If the applicant requests a site visit within thirty (30) days, a site review may be scheduled.
- If the site meets all operational requirements, the certification request may be approved and forwarded to Provider Enrollment for further processing.
- If at the site review all operational requirements are not met, the provider will be notified of the deficiencies.
 - The applicant will have thirty (30) days from the date of receipt of the notice to correct any deficiencies and request a second site review.
 - A second site review may be conducted if deemed necessary by the bureau.
 - If the applicant fails to correct all deficiencies or to schedule a second site review, certification may be denied.

Initial Certification Approval and Enrollment

The fiscal intermediary may enroll the prospective provider requesting initial certification once the Bureau certifies compliance with all policy and operational requirements. All provider enrollment requirements must be met before a Medicaid number is issued. If the prospective provider fails to meet any certification requirements, they may not be enrolled as an MHR provider. The applicant shall undergo the entire review process detailed above, if and when it reapplies for certification.

Loss of Certification

There may be an immediate loss of certification if at any time the enrolled MHR provider fails to maintain program requirements or accreditation status. The provider may not reapply for certification for one year following the effective date of termination.

Discontinuation of Adult PSR and PFII Services

The provider must notify the Bureau of the intent to discontinue adult PSR or PFII services thirty (30) days in advance, stating the reason for discontinuing the service. Prior to discontinuance, each recipient must be offered a Freedom of Choice form from which to choose a new provider.

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Recertification

The Bureau may conduct a recertification review to ensure continued compliance with all MHR regulations and policies. Certified providers shall apply for recertification annually. The recertification application must be submitted ninety (90) days prior to the expiration of the provider’s current certification. The Bureau may conduct a recertification review to ensure continued compliance with all MHR regulations and policies. The completed recertification application and any required attachments must be submitted to:

For USPS mail delivery:

For hand delivery or delivery via a parcel service:

Medicaid Behavioral Health Section
P.O. Box 91030
Baton Rouge, LA 70821-9030

Medicaid Behavioral Health Section
Bienville Bldg., 7th Floor
628 North 4th Street
Baton Rouge, LA 70802

Fax: (225) 342-1972 or (225) 342-1973 or Toll Free at (866) 427-2148

Required recertification application attachments may include but are not limited to the accreditation report, copies of specific policies or procedures, and current staff information. Required documentation may differ among providers based upon individual provider profiles. An on-site review may be conducted to ensure compliance with all rules and requirements (see Section 31.3).

Failure to Recertify

If the applicant fails to meet any recertification requirements and recertification is denied,, the provider may be terminated and may not reapply for one year from the date of the notice of termination.

Providers that fail to meet all requirements for recertification will receive a written notice identifying the deficiencies. These deficiencies must be corrected within sixty (60) days of the date of the notice. Failure to resubmit the application within sixty (60) calendar days and/or failure to correct the deficiencies may result in sanction(s), including loss of certification and termination from the program.

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Accreditation

Currently enrolled providers shall be accredited by a national accreditation organization for any services for which Medicaid reimbursement will be requested. The Bureau shall only accept accreditation from the national organizations listed below for the purposes of enrolling a provider into the program. New providers must present proof of full accreditation by one of the following national organizations within nine months following the certification date:

- The Council on Accreditation,
- The Commission on Accreditation of Rehabilitation Facilities, or
- The Joint Commission on Accreditation of Health Care Organizations.

All enrolled providers shall maintain accreditation status. Denial, loss of or any negative change in accreditation status must be reported to the Bureau in writing within five (5) working days of receiving the notice from the accrediting organization. The written notification shall include information detailing a copy of the accreditation report and any related correspondence including but not limited to:

- The provider’s denial or loss of accreditation status;
- Any negative change in accreditation status;
- The steps and timeframes, if applicable, the accreditation organization is requiring from the providers to maintain accreditation.

Failure to notify the Bureau of denial, loss of or any negative change in accreditation status may result in sanctions including loss of certification.

Accreditation approval letters and other written notifications from accrediting organization must be sent to:

For USPS mail delivery:

For hand delivery or delivery via a parcel service:

Medicaid Behavioral Health Section
P.O. Box 91030
Baton Rouge, LA 70821-9030

Medicaid Behavioral Health Section
Bienville Bldg., 7th Floor
628 North 4th Street
Baton Rouge, LA 70802

Fax: (225) 342-1972 or (225) 342-1973 or Toll Free at (866) 427-2148

If at any time, a provider loses accreditation, an automatic loss of certification may occur. The applicant may not reapply for one year from the effective date of the termination.

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PAGES (11)**Changes or Events That Must Be Reported**

Certain changes or events must be reported in writing to Medicaid Behavioral Health Section or fiscal intermediary at the addresses or fax numbers provided below. Since failure to comply with this requirement may result in sanctions against the provider, it is advisable to confirm receipt of the change reported.

Changes to Report to Fiscal Agent

A provider must submit a written statement requesting the provider enrollment unit to unlink a psychiatrist when he/she discontinues employment with the provider. The change must be reported to:

UNISYS Provider Enrollment
Post Office Box 80159
Baton Rouge, LA 70898-0159

Changes to Report to Medicaid Behavioral Health Section

All changes reported to the Medicaid Behavioral Health Section must be faxed to Network Services at (225) 342-1972 or (225) 342-1973 or Toll Free at (866) 427-2148 or using a Change Report Form. To obtain MHR forms, visit the MHR website, www.mhrsla.org. If you need assistance, contact a Network Services representative by calling (225) 342-1203.

Change of Address

A Change Report Form with the following attachments must be submitted to the Medicaid Behavioral Health Section sixty (60) days prior to the first day of operation in the new location.

Attachments

- Proof of an inspection and approval of the Office of Public Health, Sanitation Department
- Proof of current inspection and approval by the Office of State Fire Marshall

NOTE: The inspections may not be required if the provider is moving to a different office location within the same building.

The provider must request an on-site review thirty (30) days prior to the first day of operation in the new location. The Bureau may conduct a site review to ensure the location complies with operational requirements. If the new site is approved, the Bureau will notify the fiscal intermediary. Failure to comply with one or more of the requirements listed above may result in sanction(s) against the provider.

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NOTE: Establishment of an additional office location is not a change. A new office location requires a new provider certification application to be submitted.

Off-site Service Delivery Location

Providers who regularly use the same off-site service delivery location solely for the provision of service delivery must notify the Bureau.

A Change Report Form with the following attachments must be submitted to the Medicaid Behavioral Health Section sixty (60) days prior to the first day of operation in the new location. The Medicaid Behavioral Health Section may conduct a site review.

Attachments

- Proof of an inspection and approval of the Office of Public Health Sanitation Department
- Proof of current inspection and approval by the Office of State Fire Marshal

Change in Contact Information

Changes in the provider’s telephone number (voice and fax) and provider’s email address (s) on file with the Medicaid Behavioral Health Section must be reported at the time the change is made.

Change of Population

Changes in the population served must be reported at the time the change is made. The provider’s policies and procedures must be updated to reflect the change. MHRIS data must be updated must be reflected on the Freedom of Choice Form.

Changes of Ownership (CHOW)

A Change Report Form must be submitted to the Medicaid Behavioral Health Section sixty (60) days prior to the change in ownership. The new owner must meet all certification requirements as an MHR provider outlined earlier in this section. The Bureau will conduct a certification review to ensure the new owner complies with all applicable federal and state regulations.

All recipients who are willing to continue receiving services from the new provider must complete a Freedom of choice form.

NOTE: Services cannot be provided or billed by the new provider until all certification and Medicaid enrollment requirements have been met.

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Request to Discontinue Offering One or More Optional Services

If a provider chooses to discontinue offering an optional service, this change must be reported. Prior to discontinuance, the recipient must complete a new Freedom of Choice form.

Agency Closures

If a provider makes the decision to voluntarily close, a Change Report Form must be submitted to the Medicaid Behavioral Health Section thirty (30) days prior to the closure date. Notification shall include the last date services will be provided and the location where recipient and administrative records will be stored.

Staff

Changes in the employment of required staff, including LMHP, psychiatrist, and CPRP staff must be reported at the time the change is made. A change includes hiring or firing a required staff member. The provider must update the staff record in MHRIS to reflect the change.

Accreditation Status

The provider must submit a Change Report Form to the Medicaid Behavioral Health Section immediately upon notification of an accreditation loss. The provider must attach all documentation (letter or reports) from the accrediting body as described above.

Insurance Coverage

The provider must immediately report cancellation of required insurance coverage.

Hours of Operation

The provider must report any changes in his/her hours of operation.

Reportable Events

- Accredited organizations must report information about significant or critical events including sentinel events, investigations, material litigation, and catastrophes. The provider must submit a Change Report Form to the Medicaid Behavioral Health Section.
- Any other occurrence, which affects compliance with certification requirements.