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STAFFING AND TRAINING

The Bureau has established staffing requirements to maintain an adequate level of effective, efficient, and professional services. The provider must ensure that the staff members possess the minimum requisite skills, qualifications, training, supervision, and coverage in accordance with the requirements described in this section.

Staffing Requirement

Appropriate staffing must be available to adequately implement the ISRP for each recipient. Loss of required staff is a reportable change to the Bureau. In the event a required staff member, such as a psychiatrist, leaves employment, the provider has up to thirty (30) days to hire a replacement. All staff lists must be maintained and up to date in MHRISIS.

Personnel Records

A personnel records creation and retention policy shall be developed, implemented and maintained by the provider. The provider shall maintain documentation and verification of all relevant information necessary to assess qualifications for all staff, volunteers and consultants. 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 or agent's personnel record prior to the individual providing billable Medicaid services.

The personnel records shall include the following documentation:

- Current resume or employment application, which must include documentation of previous employment,
- Employee credentials including current professional license, diploma and official transcripts,
- Valid Louisiana (LA) driver's license and current automobile insurance;
- Employee training and orientation documentation as required by the Bureau,
- Completed ACE application and approval by the Bureau,
- CPRP application, approval letter from USpra and all other related documents, as applicable,
- Three (3) references,
References must be obtained prior to employment, for any employee who will be directly providing services. At least two (2) of the references must be professional and/or work related. Professional/work related references must be explicit with regard to previous work experience and performance. The reference documentation must include the date, address and telephone number of the individual who is providing the reference.

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- Annual performance evaluations,
- Employment experience and dates of employment
Employment verification shall include written documentation from a previous employer or a signed statement verifying that they spoke with the previous employer through verbal contact. The statement should assure and document, the applicant’s experience, and include the name, address and current telephone numbers of the former employer or supervisor. If the past employer is no longer in business, and employment cannot be verified by personnel, that job experience may not be included toward required experience. The month and year of past employment must be documented.

Experience must be in a paid, forty (40) hours per week position. Experience obtained while working in a position for which the individual is not qualified may not be counted as experience. If experience is in a part-time position, the staff person must be able to verify the amount of time worked equals the required time period for full time employment. College work/study or internship related to completion of a degree cannot be counted as work experience.

- Education Verification
Educational documents, including diplomas, degrees and certified transcripts shall be maintained in the records. All college degrees must be from a nationally accredited institution of higher education as defined in Section 102(b) of the Higher Education Act of 1965, as amended.

Confidential Information

The following shall be maintained in a separate confidential file available for review when requested by the Bureau or other legitimate governmental entities:

- Drug testing results,
- Criminal background check, and
- TB test results.

Staff Qualifications

Services shall be provided by individuals who meet the following education and experience requirements:

NOTE: All documents must be maintained and readily retrieved for review by the Bureau.

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Licensed Mental Health Professional (LMHP)

An LMHP must be a graduate of an accredited institution with a degree in a mental health-related field and is licensed to practice in the state of Louisiana by the applicable professional board of examiners. An LMHP provides professional mental health services within the scope and ethical boundaries allowed by the professional license.

The following professionals are considered LMHPs:

- Psychiatrist
- Psychologist
- An advanced practice registered nurse (APRN), who is a clinical nurse specialist in psychiatry or a Nurse Practitioner (NP) certified in psychiatry or mental health nursing
- Licensed Clinical Social Worker
- Licensed Professional Counselor

Psychiatrist

Providers shall have a contract with a psychiatrist(s) to provide consultation and/or services at the MHR office, an off-site service delivery location, or in a recipient's natural environment (home or school) as medically necessary. The psychiatrist must be a licensed medical doctor (M.D. or D.O.) who is board-certified or board-eligible, authorized to practice psychiatry in Louisiana, and enrolled to participate in the Louisiana Medicaid Program.

A board eligible psychiatrist may provide psychiatric services to MHR recipients if he/she:

- Holds an unrestricted license to practice medicine in Louisiana and unrestricted Drug Enforcement Administration (DEA) and state and federal controlled substance licenses. If licenses are held in more than one state or jurisdiction, all licenses held by the physician must be documented in the employment record and be unrestricted.
- Has satisfactorily completed a specialized psychiatric residency training program accredited by the Accreditation Council for Graduate Medical Education (ACGME), as evidenced by a copy of the certificate of training or a letter of verification of training from the training director which includes the exact dates of training and verification that all ACGME requirements have been satisfactorily met. If training was completed in child/youth psychiatry, the training director of the child/youth psychiatry program must document such training.

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- If training was completed in a psychiatric residency program not accredited by the ACGME, the physician must demonstrate that he/she meets the most current requirements as set forth in the American Board of Psychiatry and Neurology's Board Policies, Rules and Regulations regarding information for Applicants for Initial Certification in Psychiatry.

Psychologist

An individual licensed as a practicing psychologist under the provisions of R.S. 37:2351– 2367.

Advanced Practice Registered Nurse (as LMHP)**A nurse as an LMHP must:**

Be an Advanced Practice Registered Nurse (APRN)/Clinical Nurse Specialist (CNS) or Nurse Practitioner (NP), certified by a nationally recognized certifying body such as the American Nurses Credentialing Center in psychiatry and licensed by the Louisiana State Board of Nursing.

An APRN must be enrolled to participate in the Louisiana Medicaid Program and must operate under an approved collaborative practice agreement with a board-certified or board eligible psychiatrist. The Louisiana Board of Nursing must approve the practice agreement prior to delivering services.

For information regarding an APRN Collaborative Practice Agreement, see "Forms" at the website www.lsbn.state.la.us.

Licensed Clinical Social Worker

An individual who has a master's degree in social work from an accredited school of social work and is a licensed clinical social worker under the provisions of R.S. 37:2701 – 2723.

Licensed Professional Counselor

An individual, who has a master's degree in a mental health-related field, Licensed under the provisions of R.S. 37:1101 – 1115 and has two (2) years post-masters experience in mental health.

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An LMHP who conducts an initial assessment or reassessment must meet all Approved Clinical Evaluator (ACE) standards including attending training conducted by the Bureau. Initial ACE approval may be denied if the LMHP does not demonstrate competency in completing assessments based on factors including, but not limited to, participation in training activities and rating sample cases. ACE approval may be suspended or revoked if assessments do not accurately reflect the needs of recipients, or if an ACE does not attend additional training as requested by the Bureau.

ACE staff must complete and return all required documentation including a current ACE application to ensure that the Bureau has current information regarding his/her employment.

Mental Health Professional (MHP)

A Mental Health Professional (MHP) must meet the following educational criteria.

- A Master of Social Work degree;
- or**
- A Master of Arts, Science or Education degree in a mental health related field (refer to the Glossary for a definition of a mental health related field);
- and**
- A minimum of fifteen (15) hours of graduate level course work and/or practicum experience in applied intervention strategies/methods designed to address behavioral, emotional and mental disorders as a part of, or in addition to the master's degree.

NOTE: The MHP must work under the supervision of an LMHP.

Mental Health Specialist (MHS)

A Mental Health Specialist must meet the following educational criteria.

- A Bachelor's degree in a mental health related field;
- or**
- A Bachelor's degree, enrolled in college and pursuing a graduate degree in a mental health related field and has completed at least two (2) courses identified in a mental health related field;
- or**
- A high school diploma or a GED, and at least four (4) years experience providing direct services in a mental health, physical health, social services, education or correctional setting.

NOTE: The MHS must work under the supervision of an LMHP.

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A registered nurse (RN) licensed by the Louisiana State Board of Nursing or a licensed practical nurse licensed by the Louisiana Board of Practical Nurse Examiners may provide designated components of medication management services if he/she meets the following requirements:

A registered nurse must have:

- A Bachelor's degree in nursing and one (1) year of supervised experience as a psychiatric nurse which must have occurred no more than five (5) years from the date of employment with the provider;
- or**
- An Associate degree or diploma in nursing and two (2) years of supervised experience as a psychiatric nurse which must have occurred no more than five (5) years from the date of employment with the provider;
- and**
- Six (6) Continued Education Unit (CEUs) regarding the use of psychotropic medications, including atypicals, prior to providing direct services to recipients.

NOTE: Supervised experience is experience in mental health services delivery acquired while working under the formal supervision of an LMHP.

Licensed Practical Nurse (LPN)

A licensed practical nurse licensed by the Louisiana Board of Practical Nurse Examiners may perform medication administration if he/she has:

- One year of experience as a psychiatric nurse which must have occurred no more than five (5) years from the date of employment with the MHR provider;
- and**
- Six (6) CEUs regarding the use of psychotropic medications, including atypicals, prior to providing direct services to recipients.

NOTE: Registered nurses and licensed practical nurses providing services shall have documented evidence of five (5) CEUs annually, which are specifically related to behavioral health and medication management issues.

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Staff Responsibilities

The LMHP is responsible for all clinical services and supervision of all non-licensed staff. The LMHP must:

- Direct the collection of data for the initial assessment and reassessments.
- Conduct, at a minimum, one face-to-face interview with the recipient and their family/significant others during an initial assessment and reassessments.
- Provide DSM-IV (or its successor) diagnoses, Axes I-V if qualified to do so.
- Develop, sign and date the initial assessment and reassessment.
- Develop, sign and date the initial ISRP.
- Develop or review, sign and date ISRP updates.
- Develop, sign, and date Request for Revision form.
- Administer and score LOCUS/CALOCUS, if an ACE, as part of the initial assessment, reassessments, with each Request for Revisions, or as required by the Bureau.
- Act as team leader of the service planning team.
- Provide crisis intervention services as needed.
- Notify the provider's staff psychiatrist of any significant change in a recipient's physical or mental status.

The LMHP may:

- Provide all core services except medication management, unless qualified to do so.
- Act as team leader for a PFII team.
- Act as program director for a PSR program.
- Provide staff training as needed.
- Perform the quality management function as needed.
- Supervise non-LMHP staff.
- Review and sign the Electronic Case Data Inquiry (e-CDI) screen print. If no data is available, the screen print must also be signed.

A psychiatrist must:

- Have a face-to-face interview with the recipient at initial assessment.
- Review and sign the Medical History Questionnaire section of the initial assessment during a face-to-face contact.
- Review and sign the ISRP at initial assessment and reassessment.
- Review and sign the Electronic Case Data Inquiry (e-CDI) screen print. If no data is available, the screen print must also be signed.

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- Be available to participate in crisis intervention emergencies.
- Provide face-to-face, medically necessary, services on site for each recipient who has selected the provider's staff psychiatrist. If consultation or a service with a recipient is not required on a monthly basis, the psychiatrist must provide documentation of the rationale for a reduction in the frequency of services.

The psychiatrist may

- Provide DSM-IV (or its successor) diagnoses, Axes I-V.
- Provide medication management.
- Participate in team meetings.

An advanced practice registered nurse (APRN) or a nurse practitioner **may** provide DSM-IV (or its successor) diagnoses, Axes I-V and medication management.

NOTE: The requirements listed above must be provided by an MHR or non-MHR Psychiatrist. If a recipient chooses a non-MHR psychiatrist, the provider is required to ensure all requirements are met.

An MHP **may** provide the following services:

- Community support,
- Initial assessment and reassessments (billed by the LMHP only),
- Individual and/or group counseling,
- Group Psychosocial Skills Training (youth and adults),
- Parent Family Intervention (Counseling),
- Parent Family Intervention (Intensive), and/or
- Participate in quality management and staff training activities.

An MHS **may** provide the following services:

- Community support,
- Initial assessment and reassessments (billed by the LMHP only),
- Group psychosocial skills (youth and adults),
- Parent Family Intervention (Intensive), and/or
- Participate in quality management and staff training activities.

A registered nurse **may** provide aspects of Medication Management within the scope of his/her practice.

A licensed practical nurse **may** provide medication administration.

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Backup Staff

In the event a staff member is not available, back up staff must meet all staff qualifications, training, and supervision requirements outlined in the manual. Critical clinical information, including the comprehensive crisis plan, the current assessment, and the current ISRP, must be available to the back-up staff.

Supervision

Every unlicensed employee providing direct clinical services shall receive continuing direct and documented clinical supervision from a licensed mental health professional. Supervision shall be carried out by the LMHP who is directly responsible for the recipient. Peer supervision may not be used.

Employees must have an individualized supervisory plan completed within the first month of employment and updated annually thereafter. Supervisory sessions must include a record of the date, time, length of session, type of supervision and a summary of observation and recommendations concerning job performance.

Supervision of staff shall include direct clinical review, assessment and feedback regarding the delivery of services, and teaching and monitoring of the application of recovery/resiliency and Child and Adolescent Service System Program (CASSP) principles and practices. Supervision must be provided in a culturally sensitive manner that represents the cultural needs and characteristics of the staff and the service area. Supervision must be available by telephone whenever the employees are delivering services or are on call. A roster specifying the on-call supervision schedule must be provided to all employees.

The following supervisory methods may be used:

- A face-to-face session with individual employees to review cases, assess performance and provide feedback.
- A session in which the supervisor observes and assesses an employee during the delivery of services to recipient(s), followed by feedback regarding the employee's performance.
- Face-to-face sessions with a group of six (6) or fewer employees to problem-solve, provide feedback, and generate peer supervision and support.
- Supervisory reviews of recipient records for evaluation and feedback on employee job performance.
- Annual performance evaluations.
- Review of recipient reports and staff meetings that assess the recipient's performance and provide the staff direction regarding individual cases.

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Non-LMHP staff shall receive face-to-face supervision and observation for a minimum of two (2) hours each week for the first three (3) months of employment while they are providing eligible services. This policy shall not supersede any professional practices act.

Ongoing Supervision

While providing services, non-LMHP staff shall receive face-to-face supervision and observation for a minimum of one (1) hour per month after completing the initial supervision period. The policy shall not supersede any professional practices act.

NOTE: A new employee does not need to complete the initial supervision if there is documentation indicating that the required initial supervision was completed within the past twelve (12) months. This applies only to employees who are rehired by the same provider or who transfer from another MHR provider.

Ongoing supervision and feedback from the licensed person actively directing the case shall occur on a routine basis to ensure:

- Provision of appropriate services specific to the ISRP;
- Provision of assistance to recipients in order to meet individual goals;
- Incorporation of recovery/resiliency and rehabilitation in all aspects of service delivery;
- Effective treatment;
- Assessment of progress;
- Proper reporting of significant issues including possible abuse, neglect extortion, exploitation, health and safety issues and crises

Orientation and Training

Orientation and training shall be provided to new staff member, subcontractor, volunteer, or intern.

- The provider shall develop, implement and maintain an orientation and ongoing training policy that conforms to the standards in the provider manual. All employees, volunteers, and students must receive orientation and training prior to providing services.

Orientation training should be comprised of no less than five (5) face-to-face hours of training.

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- All orientation and training shall be documented in the employee's personnel record. The documentation shall include the date, title, class time (s), name and credentials of all trainers, and a dated, original signature of the trainee.
- Initial and ongoing training shall occur on a routine basis to ensure that the staff demonstrate competency in the areas identified in the MHR provider manual. Staff competency is evidenced by the staff person's ability to describe and apply the information obtained in the orientation and training. Ongoing training shall also be offered in response to service delivery issues identified through quality management activities.
- A new employee does not need to complete orientation training if there is documentation indicating that training was completed within the past twelve (12) months. This applies to employees who are rehired or who transfer from another provider.
- The backup staff must meet the orientation and training requirements outlined below who are providing backup support, with the exception of psychiatrist. The Backup psychiatrist must complete the orientation listed below within forty (40) hours of direct services.
- The medical staff, including the psychiatrist, APRN/CNS, NP, RN and LPN, may substitute review of a Bureau-approved training packet in lieu of the required sixteen (16) hours of orientation. The RN and LPN are only allowed to make the substitution for the sixteen (16) hours of orientation if medication management is the only service they will provide.

Orientation is not billable.

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Orientation and Training Hours

Type	Must be Completed	Duration
Orientation – any staff member, subcontractor, volunteer or intern	Prior to providing service for which billing will be submitted	16 hours
On-the-job training (Non-LMHP staff only)	Prior to providing service for which billing will be submitted	16 hours
Rating the LOCUS and CALOCUS (ACE staff only)	Prior to conducting an initial or reassessment	6 hours
Other required training (any staff member, subcontractor, volunteer, or intern)	Within the first 60 days of employment	Varies
Job specific training	Annually	See details below

Orientation On-Site Instructions

The following training must be completed prior to providing services for which billing will be submitted. Sixteen (16) hours of on-site instruction includes all of the following content areas:

- Confidentiality,
- Protection of rights and reporting of violations,
- Abuse and neglect policies and procedures,
- Emergency and safety procedures,
- Infection control procedures,
- Agency policies and procedures,
- Ethics, including advertising and solicitation,
- Basic information about mental illness,
- Developing and implementing behavioral interventions,
- Skills training (specific teaching methods and methods to track consumer progress),
- Linking and coordinating natural and community supports,
- Crisis intervention,

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- Suicide and homicide precaution procedures,
- Developing effective service plans including goals using “SMART” (Specific, Measurable, Action-Oriented, Realistic, and Time-Limited),
- Person and family centered services,
- Prevention of workplace violence,
- Expectations regarding professional conduct, and
- Recipient rights.

Recipients and/or family members may be used as instructors or assistants for up to two (2) hours of training.

On-the-Job Training

Non-LMHP staff must be provided with at least sixteen (16) hours of on-the-job training, which involves observing and assisting a trained staff member in the delivery of services. Initial supervision as described earlier in this Section begins the first week after completed on-the-job training.

The following training must be completed prior to an LMHP conducting and billing for an initial assessment or reassessment.

LOCUS and CALOCUS Training

This training must be completed within the first sixty (60) days of employment.

Other Required Training

- Prior to handling or managing crisis calls unlicensed person employed by the provider shall have at least six (6) hours of documented training in Crisis Prevention Intervention (CPI) using a recognized training curriculum. The trainer must have documented experience in teaching and utilizing CPI intervention techniques consistent with state and federal laws. This training must be updated annually.
- Cultural competency training designed to achieve respect for cultural differences and cultural proficiencies related to the populations served by the provider.
- First aid, cardiopulmonary resuscitation (CPR) and seizure assessment.
- Implementation of a behavior management plan.

NOTE: Psychiatrist, APRN/CNS, NP, and RN, and LPN are exempt from first aid and seizure assessment training.

NOTE: Supervision as previously defined in this provider manual is not considered training.

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Job Specific Training

Employees who provide services to the targeted groups shall have training, experience working with these groups, and receive supervision from a staff member with specialized training and experience. All staff providing direct services for a PSR program must have documented training related to the psychosocial rehabilitation model(s) utilized in the program.

All employees, except the psychiatrist, shall receive annual training specifically related to his or her job duties. The provider must furnish and/or arrange for competency-based training to personnel rendering direct services based on needs identified through quality management and supervision:

Annual Training

LMHP and MHP staff – twenty (20) hours

MHS staff - thirty (30) hours

Online training is an approved method of instruction. The provider must ensure the content is competency based and meets the needs identified through quality management and supervision. Training content must be available at the request of the Bureau.

Qualified Trainers

Training shall be provided by persons with documented knowledge of the training topic and of the seriously mentally ill and/or emotionally/behaviorally disordered populations. Recipients and family members of persons with serious mental illness or serious emotional behavior disorder may provide training as is appropriate to their experience and knowledge.

Bureau Training

The provider staff must attend and participate in all trainings and meetings mandated by the Bureau.