
CHAPTER 2: BEHAVIORAL HEALTH SERVICES

SECTION 2.3: OUTPATIENT SERVICES**Behavioral Health Services in a Federally Qualified Health Center or Rural Health Center****Provider Qualifications**

Federally qualified health centers (FQHCs) must be certified by the federal government. Rural health centers (RHCs) must be licensed by the LDH Health Standards Section (HSS) pursuant to R.S. 40:2197.

Licensed mental health professionals (LMHPs) and staff of FQHCs offering behavioral health services in an FQHC are required to meet qualifications specified for other licensed practitioners and direct care staff in this Manual.

FQHCs/RHCs, and practitioners, should routinely review and follow the governing authorities (i.e. Administrative Rules, Medicaid State Plan and appropriate Provider Manual Chapters) and other Department issued guides and specifications for FQHCs/RHCs to determine which approved practitioners may provide behavioral health services.

The FQHC Provider Manual and RHC Provider Manual can be accessed through this link:
http://www.lamedicaid.com/provweb1/Providermanuals/Intro_Page.aspx.

FQHCs/RHCs must comply with federal emergency preparedness regulations associated with 42 CFR §491.12 in order to participate in the Medicaid [or Medicare] program. Regulations must be implemented by November 15, 2017. They include safeguarding human resources, maintaining business continuity and protecting physical resources.

Facilities should incorporate the following core elements of emergency preparedness into their plans and comply with all components of the federal regulations:

- **Risk Assessment and Emergency Planning** – The U.S. Department of Health and Human Services, Centers for Medicare and Medicaid Services (CMS) requires facilities to perform a risk assessment that uses an “all-hazards” approach prior to establishing an emergency plan.
- **Communication Plan** – CMS requires facilities to develop and maintain an emergency preparedness communication plan that complies with both federal and state laws. Patient care must be well coordinated within the facility, across healthcare providers, and with state and local public health departments and emergency management agencies and systems to protect patient health and safety in the event of a disaster.

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- **Policies and Procedures** – CMS requires that facilities develop and implement policies and procedures that comply with federal and state law, and that support the successful execution of the emergency plan and risks identified during the risk assessment process.
- **Training and Testing** – CMS requires that facilities develop and maintain an emergency preparedness training and testing program that complies with federal and state law, and that is updated at least annually.

The CMS Emergency Preparedness Regulation Guidance and Resources can be accessed through this link:

<https://www.cms.gov/Medicare/Provider-Enrollment-and-Certification/SurveyCertEmergPrep/index.html>

Allowed Provider Types and Specialties

- PT 72 FQHC, PS 42, PSS 8E
- PT 79 RHC, PS 94, PSS 8E
- PT 87 RHC, PS 94, PSS 8E

Eligibility Criteria

All Medicaid-eligible adults and children who meet medical necessity criteria.

Allowed Mode(s) of Delivery

- Individual;
- Family;
- Group;
- On-site;
- Off-site; and
- Tele-video.