

• Co-Occurring Disorders

• Cultural and Linguistic Competence

• Crisis Intervention

• Mental Health 101

## Attestation for Specialized Behavioral Health Provider — Requirement(s)

		ricaliti rovider Requirement(5)
Provider (Gro	oup or Agency) Information	Principal Officer/Administrator with Signatory Authority
Name:		Name:
NPI:		Title:
Address:		Phone number:
Phone number	:	Email:
Fax number:		Fax number:
Email:		
Individual name	e:	
License numbe	er:	
Credentials:		
l,[In	sert Principal Officer/Administrator Name]	, as Principal Officer/Administrator with signatory authority for
[Ir	nsert Provider (Individual, Group, or Agency) Nam	-
below have be	en completed in full and that above-named provi	der is in compliance with each requirement.
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Initials	Requirements	
	I attest on behalf of the above-named provider	that the provider has acquired and has maintained the following:
	Agency licensure by Health Standards Section	n Accreditation
	Accreditation	
	I attest on behalf of the above-named provider providing services, including:	that all staff have completed the requirements prior to
	Facility (PRTF), short-term respite and Licens	Group Home (TGH), Psychiatric Residential Treatment sed Mental Health Professionals (LMHP)(s) within an n 90 days prior to date of employment and/or
		Psychiatric Support and Treatment (CPST), Psychosocial (CI) and/or crisis stabilization and/or ASAM levels of care no ent.
	Establishes and maintains written policies and alcohol and drug-free workplace and a workforce.	d procedures, inclusive of drug-testing staff, to ensure an orce free of substance use
	Motor vehicle screen (if applicable)	
	Performance evaluation system/planning	
	Reference check	
	Tuberculosis (TB) testing 30 days prior to em	ployment
		eriHealth Caritas Louisiana's website labeled Basic Training 101 hcaritasla.com/provider/behavioral-health/basic-training.aspx
		that all licensed and non-licensed staff have received and completed ovider Manual Training Courses prior to providing services, including:

Suicide/Homicide PrecautionsSystem of Care Overview

• Assertive Community Treatment

• Treatment Planning

## **Attestation for Specialized Behavioral Health Provider Form**



Initials	Requirements
	I attest on behalf of the above-named provider that all non-licensed and licensed staff have met the following requirements:
	• Louisiana Department of Public Safety State Police criminal background check within 90 days pre-employment
	Tuberculosis (TB) test within 30 days of employment
	Pass drug screening(s) as required by provider's policy and procedures
	<ul> <li>American Heart Association (AHA) First Aid, CPR and seizure assessment training when applicable within 90 days of hire and continually maintain their certification PSR training for staff prior to providing direct services to adults or children in one of the approved PSR Training Programs (Boston Psychiatric Rehabilitation Model, Clubhouse Model, or Social Skills Training Model)</li> </ul>
	Motor vehicle screening, as appropriate
	• Meet the educational background standards for their position noted in ACT 582, page 3, lines $28-30$ and page 4, lines $1-23$
	• Regarding Licensed Mental Health Professionals, maintain licensure/certification status and provide notification to Provider of any changes in status. An example is suspension of individual license (e.g., L.CSW, LPC)
	I attest on behalf of the above-named provider that documentation supporting compliance with all the requirements identified above will be maintained in each personnel file; and upon request will be provided to AmeriHealth Caritas Louisiana. I understand that failure to meet and maintain required documentation could result in retraining, a Corrective Action Plan, or termination Provider's Service Agreement with AmeriHealth Caritas Louisiana.
	I understand AmeriHealth Caritas Louisiana shall request Provider's Attestation on an annual basis.
	[Print/Type: Principal Officer/Administrator Name, Title]
	[Principal Officer/Administrator Signature]
	[Date submitted]
	***Criminal Background checks shall include sexual offenders registry checks and all staff, including owners, managers, and administrators and any individual treating a child and/or adolescent and all unlicensed direct care staff. LDH Medicaid Behavioral Health Provider Manual: all persons, prior to employment, pass criminal background checks through the Louisiana Department of Public Safety, State Police. If the results of any criminal background check reveal that the potential employee (or contractor) was convicted of any offenses against a child/youth or an elderly or disabled person, the provider shall not hire and/or shall terminate the employment (or contract) of such 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. Criminal background checks must be performed as required by R.S. 40:1203 et seq., and in accordance with R.S. 15:587 et seq. Criminal background checks performed over 90 days prior to date of employment will not be accepted as meeting this requirement.

