| Provider Network Monitoring Elements  | Met | Not Met |
|---|-----|---------|
| ACT   |     |         |
| ACT agencies must be licensed pursuant to La. R.S. 40:2151, et. seq. (Behavioral Health Services Provider Licensing Law) for behavioral health service providers for the location reviewed.   |     |         |
| Accredited by the Commission on Accreditation of Rehabilitation Facilities (CARF), the Council on Accreditation (COA), or The Joint Commission (TJC) for the location reviewed.  Agencies must attain full accreditation within 18 months of the initial accreditation application date.  The agency shall pay all associated accreditation fees prior to being contracted and reimbursed by a Medicaid managed care entity.  ACT teams must meet national fidelity standards as evidenced by the SAMHSA Assertive Community Treatment (ACT) Evidence-Based |     |         |
| Practices (EBP) Toolkit.  Undergo a fidelity review using the DACTS/GOI and the Supported Employment  |     |         |
| Fidelity Scale within six months of implementation. This review must reflect a minimum score of 3.0 on the DACTS/GOI  Verification that the agency's demographc informtion is accurate in the   |     |         |
| MCO's system  |     |         |
| Establish and maintain written policies and procedures inclusive of drug testing staff to ensure an alcohol and/or drug-free workplace and/or a workforce free of substance use   |     |         |
| Provider must maintain results in personnel records that prior to hiring or contracting any employee or contractor that performs services that are compensated with Medicaid/Medicare funds, including but not limited to licensed and unlicensed staff, interns and/or contractors, agency reviewed the Department of Health and Human Services' Office of Inspector General (OIG) List of Excluded Individuals and Entities (LEIE).   |     |         |
| Provider must maintain results in personnel records that once a month, for current employees, agency checked the Department of Health and Human Services' Office of Inspector General (OIG) List of Excluded Individuals and Entities (LEIE) to determine if they have been excluded from participation in the Medicaid or Medicare Program by Louisiana Medicaid or the Department of Health and Human Services' Office of Inspector General.  |     |         |

| Provider must maintain results in personnel records that prior to hiring oror contracting any employee or contractor that performs services that are compensated with Medicaid/Medicare funds, including but not limited to licensed and unlicensed staff, interns and/or contractors, agency must review the Department of Health and Human Services' Office of Inspector General (OIG) List of Excluded Individuals and Entities (LEIE). |  |
|--|--|
| Provider must maintain results in personnel records that once a month,   |  |
| for current employees, agency checked the LDH State Adverse Actions  |  |
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| to determine if there is a finding that an employee or contractor has  |  |
| abused, neglected or extorted any individual or if they have been  |  |
| excluded from participation in the Medicaid or Medicare Program by   |  |
| Louisiana Medicaid or the Department of Health and Human Services'   |  |
| Office of Inspector General.   |  |
| Each ACT team shall have a staff-to-member ratio that does not exceed  |  |
| 1:10.  |  |
| All professional staff must be currently and appropriately licensed by   |  |
| the applicable professional board.   |  |
| Each ACT team shall include at least: One (1) ACT team leader, who is a  |  |
| full time LMHP who must have both administrative and clinical skills;  |  |
|  |  |
| Each ACT team shall include at least: One (1) prescriber, who can be   |  |
| either a board-certified or board-eligible psychiatrist, a medical   |  |
| psychologist, or an advanced practice registered nurse (APRN) with   |  |
| specialty in adult mental health and meeting the medical director  |  |
| requirements of licensure for Behavioral Health Service (BHS) providers;   |  |
| In the event a medical psychologist or APRN are utilized, the team must  |  |
| be able to consult with psychiatrists.   |  |
| Each ACT team shall include at least: Two (2) nurses, at least one (1) of  |  |
| whom shall be a RN with experience in carrying out medical functioning   |  |
| activities such as basic health and medical assessment, education and  |  |
| coordination of health care, psychiatric medical assessment and  |  |
| treatment, and administration of psychotropic medication   |  |
| and daministration of psychotropic medication  |  |
| Each ACT team shall include at least: One other LMHP   |  |
| Each ACT team shall include at least: One substance use specialist, who  |  |
| has a minimum of one (1) year specialized substance use training or  |  |
| supervised experience;   |  |
| Each ACT team shall inclide at least: One IPS specialist, who has  |  |
| successfully completed the OBH-approved IPS training prior to providing  |  |
| 1  |  |
| IPS services; at least one (1) year of specialized training or supervised  |  |
| experience;  |  |

| Each ACT toam shall include at least. One IDS supervisor who has  | <br> |
|---|------|
| Each ACT team shall include at least: . One IPS supervisor who has  |      |
| successfully completed the LDH-approved IPS training.   |      |
| a. This shall be a .20 FTE regardless of team size;   |      |
| b. This function can be fulfilled by the Team Leader; or an individual who  |      |
| supervises IPS specialists working within multiple ACT teams; and   |      |
| c. At least one (1) year experience in employment services, which   |      |
| includes any experience where they have worked in programs where  |      |
| they helped people find jobs  |      |
| liney helped people lind jobs   |      |
| Each ACT team shall include at least: One housing specialist, who has at  |      |
| least one (1) year of specialized training or supervised experience   |      |
| Each ACT team shall include at least: One peer specialist, who is self-   |      |
| identified as being in recovery from mental illness and/or substance use  |      |
| disorders who has successfully completed OBH required training and  |      |
| credentialing requirements as a peer specialist   |      |
| Providers are required to have crisis mitigation plans that provides 24-  |      |
| hour on-call telephone assistance to prevent relapse or harm to self or   |      |
| others, to provide referral to other services, and/or to provide support  |      |
| during related crises.  |      |
|   |      |
| The crisis mitigation plan shall include the following:   |      |
| -Identify steps to take when a client suffers from a medical, psychiatric,  |      |
| medication  |      |
| or relapse crisis   |      |
| The crisis mitigation plan shall include the following:   |      |
| -Specify names and telephone numbers of staff or contracted entities to   |      |
| assist clients  |      |
| in crisis.  |      |
| If the provider contracts with another entity to provide crisis mitigation  |      |
| services, the provider shall  |      |
| have a written contract with the entity providing the crisis mitigation   |      |
|   |      |
| services.   |      |
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| Agency must maintain documentation that prior to employment (or contracting, volunteering, or as required by law) individuals pass criminal background checks, including sexual offender registry checks, in accordance with any applicable federal or state laws.  Criminal background checks are performed no more than 30 days prior to the date of employment  Arrange for and maintain documentation that all persons, prior to employment, are free from tuberculosis (TB) in a communicable state via skin testing (or chest exam if recommended by physician) to reduce the risk of such infections in members and staff.  TB testing was completed less than 31 days prior to date of employment  Maintain documentation that all direct care staff, who are required to complete CPR & First Aid training, complete the training within 90 days of hire; Psychiatrists, advanced practical registered nurses (RNs) and licensed practical nurses (LPNs) are exempt from this training.  Maintain documentation that all direct care staff, who are required to renew CPR & First Aid training, complete the training within the time period recommended by the American Heart Association; Psychiatrists, advanced practical registered nurses (APRNs)/physician assistants (PAs), registered nurses (RNs) and licensed practical nurses (LPNs) are exempt from this training.  Ensure and/or maintain documentation that all unlicensed persons employed by the organization complete annual training in a recognized crisis intervention curriculum prior to handling or managing crisis calls.  The provider agency must maintain documentation of completion of required training for staff employed or contracted with the agency. |  |  |
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