



Louisiana Behavioral Health Partnership Individual Provider Certification Instructions

**Prior to beginning the LBHP Certification process
providers are strongly encouraged to review the LBHP Service Definition Manual
at <http://new.dhh.louisiana.gov/index.cfm/page/538>
for information regarding service definitions and provider qualifications.**

LBHP Individual Provider Certification

Dear Applicant,

Thank you for your interest in becoming a Louisiana Behavioral Health Partnership (LBHP) Provider. The process for enrolling as an LBHP Individual Provider entails meeting the accompanying certification requirements. The Office of Behavioral Health will coordinate the application, review, approval, of these certification requirements with the Magellan Credentialing process to ensure smooth and efficient development of the LBHP Provider Network. We hope the instructions in this packet will assist you with navigating the certification process. If you have any questions, you may contact OBH Certification Staff by calling 225-342-1630. You may also email your questions to the OBH Certification Section at OBHCertification@LA.GOV. Please include your email address when submitting a question so that you will get a response emailed directly back to you.

What you need to do

Your responsibility as an **individual provider** is to:

- Review and adhere to the requirements listed in the LBHP Service Definitions Manual located at <http://new.dhh.louisiana.gov/index.cfm/page/538>.
- Complete and submit the LBHP Individual Provider Certification application to the OBH LBHP Certification Section.
- Provide the OBH LBHP Certification Section with all required documentation based on the specific requirements for your certification type. (e.g. Addiction Competency, Criminal Background Check Verification, etc.)
- Maintain copies of documentation for review.

What the OBH LBHP Certification section will do

The LBHP certification section will;

- Review certification applications and accompanying documentation in accordance with the training standards established within the Authorities documents, service / provider manuals, for providers under the Louisiana Behavioral Health Partnership.
- Communicate compliance decisions to providers and the Statewide Management Organization (SMO) in a timely manner in order to ensure efficient certification, provider enrollment and the Magellan credentialing process.
- Provide technical assistance to providers to assure successful compliance with the OBH certification process.
- Establish a system of compliance review using technology to streamline the certification process, minimizing review and approval time.

LBHP Individual Provider Certification

Certification Application

An applicant must e-mail, fax, mail or hand-deliver the completed copy of the LBHP Certification Application with any and all required attachments to the following address:

Office of Behavioral Health
Attn: Certification Section
628 N. 4th St.
P.O. Box 4049 Bin #: 12
Baton Rouge, LA 70802
Email: OBHCertification@LA.GOV
Fax: 225-342-8912

Certification Approval

Magellan Behavioral Health may contract with the prospective provider once the OBH LBHP Certification Section certifies compliance with all policy and operational requirements. All OBH certification requirements must be met before a provider can contract with the Statewide Management Organization. If the prospective provider fails to meet any certification requirements, they may not be certified as an LBHP provider.

Failure to Achieve Certification

If the applicant fails to meet any of the certification requirements, and certification is denied, they may not contract as an LBHP provider until certification requirements are met. The applicant shall undergo the entire review process detailed above, if and when reapplying for certification.



LBHP Individual Provider Certification Application

**Before completing the LBHP Individual Certification application,
please review the LBHP Service Definition Manual
located at this link <http://new.dhh.louisiana.gov/index.cfm/page/538>
the most current information regarding service definitions and provider qualifications.**

LBHP Individual Certification Application

Instructions: To apply for certification as a Louisiana Behavioral Health Partnership (LBHP) Individual Provider, fully complete this application and attach all required documents.

****IMPORTANT****

All providers must complete sections 1, 2, and 4, of this application.

The Requirement/Experience verification form (section 3) must be completed as follows:

LMHPs providing Addiction Services:

- 1) Must successfully complete either the ADC (Alcohol & Drug Counselor) exam, AADC (Advanced Alcohol & Drug Counselor) exam, or EMAC (Examination of Master Addiction Counselor) exam,
- 2) Complete section 4 of this application
- 3) Submit documentation of successful completion to accompany this application (Application Section 3).

For information related to registering for the ADA exam or the AADC exam call LASACT at 225-766-2992. For information related to the EMAC go to <http://www.nbcc.org/EMAC>

Please Note: LMHP's who have documented proof of providing addiction services prior to March 1, 2012 are exempt from this requirement.

Application Sections

The application includes 4 sections:

- 1. Basic Applicant Information**
- 2. Report of Any and All Settled Convictions and/or Pending Charges**
 - a. Attach the required Louisiana State Police or approved provider information whichever is applicable.
- 3. OBH Required Training Verification**
 - a. Documentation of passing score for the, ADC exam, AADC exam, EMAC exam or notarized attestation as an addiction service provider.
- 4. Attestation Statement**

LBHP Individual Provider Certification

Section One:

Basic Applicant Information

A. Contact Information:

Date Submitted:	
Individual Provider Name:	
License Type / Number: (If applicable)	
Contact Address: (street, city and zip code)	
Mailing Address: (If different than above)	
District* or Region You Reside:	<input type="checkbox"/> CAHSD <input type="checkbox"/> FPHSA <input type="checkbox"/> JPHSA <input type="checkbox"/> MHSD <input type="checkbox"/> SCLHSA <input type="checkbox"/> AAHSD (Reg.4) <input type="checkbox"/> ImCal HSA (Reg. 5) <input type="checkbox"/> CLHSD (Reg.6) <input type="checkbox"/> NLHSD (Reg.7) <input type="checkbox"/> NDHSA (Reg. 8)
Current Phone Number:	
Current Fax Number:	
Primary e-mail Address:	

*Capital Area Human Services District, Florida Parishes Human Services Authority, Jefferson Parish Human Services Authority, Metropolitan Human Services District, South Central Human Services Authority, Acadiana Area Human Service District, Imperial Calcasieu Human Service Authority, Central Louisiana Human Service District, Northwest Louisiana Human Service District, Northeast Delta Human Service Authority.

B. Population to be served: (Check One)

Check the box next to the population the applicant will serve if the certification and enrollment request is approved.

☐ 0-12 Child ☐ 13-17 Adolescent ☐ 18-21 Transition Age ☐ 18-64 Adult ☐ 65+ Older Adult ☐ All

C. Types of Service Requiring Licensure, Approved Training, or Evidence of Competency: (Review Chapter 6 of the LBHP Service Definition Manual for provider qualifications. <http://new.dhh.louisiana.gov/index.cfm/page/538>)

(Check all that apply)

☐ Other Licensed Practitioner Outpatient Therapy

☐ Addictions Services

☐ APRN with certified nurse specialization (If a Collaborative Practice Agreement is required, a copy must be documented in the agency personnel file.)

Advanced Practice Registered Nurses (must be a nurse practitioner specialist in Adult Psychiatric & Mental Health, and Family Psychiatric & Mental Health or a Certified Nurse Specialists in Psychosocial, Gerontological Psychiatric Mental Health, Adult Psychiatric and Mental Health, and Child-Adolescent Mental Health and may practice to the extent that services are within the APRN's scope of practice)

☐ Medical, Physician/Psychiatrist Outpatient Medical Services (If APRN is writing prescriptions, license must be current, Louisiana State Nursing Board - <https://services.lsnb.state.la.us>, for licensing information.)

Section Two:

Report of Any and All Settled Convictions and/or Pending Charges

<p>Have you any settled or pending charges of malpractice, had any disciplinary action taken against any professional license, or certification held in any state or U.S. Territory, including disciplinary action, board consent order, suspension, revocation or voluntary surrender of a license or certification?</p> <p>If yes, attach an explanation and a summary of the settled and/or pending charges of malpractice, disciplinary action, board consent order, suspension, revocation or voluntary surrender, the date the action went into effect and the state or U.S. Territory in which it occurred.</p>	<p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No</p>
<p>Have you any settled convictions and/or pending charges of felonies, been convicted of a healthcare related felony or any other criminal offence, State or Federal, under this name or any other name in any state or U.S. Territory, regardless of a post-trial motion, a plea of guilty or nolo contendere or participation in a First Offence pardon program? If yes, court documentation is required. Attach an explanation including the summary of the settled and/or pending charges of felonies, the date of arrest/conviction for offense and the state or U.S. Territory in which it occurred.</p>	<p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No</p>
<p>Have you been denied enrollment, suspended, excluded or voluntarily withdrawn to avoid disciplinary action from Medicare, Medicaid or other healthcare program(s) in any state or U.S. Territory or employed by a corporation entity/business or professional association that has ever been denied enrollment, suspended, excluded or voluntarily withdrawn to avoid disciplinary action from Medicare, Medicaid or other healthcare program(s) in any state or U.S. Territory.</p> <p>If yes, attach documents (notice of rejection, suspension, exclusion) with an explanation providing details, including date, state and/or U.S. Territory in which action occurred. Reinstatement letter required.</p>	<p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No</p>
<p>Did you attach the required Louisiana State Police Criminal Background check?</p> <p>Criminal background checks must be completed by the State Police rather than an approved contractor. The type of background check required includes fingerprints and is called "Right to Review". Contact the State Police by calling 225-925-6095 and ask for instructions on which form on State Police website to use and where to go in your local area to have fingerprints done to mail in with the form and applicable fee. Going in person to the State Police office allows you to have fingerprints scanned on-site and applicant leaves with required background check in hand rather than waiting for results to be mailed. Background checks can be conducted as follows: 1) obtain application forms at http://www.lsp.org/technical.html#criminal, complete all applicant information and mail to P.O. Box 66614, Mail Slip A-6, Baton Rouge, LA, 70896 with payment of \$26 per individual application. <i>*(Attach Louisiana State Police or Approved Agency Report)</i></p>	<p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No</p>

Signature of Applicant or Authorized Agent

Date

Printed Name and Title

Section Three:

LBHP Required Training (Training Verification Form)

Instructions: Fully complete this form and fax it to the LBHP Certification section at **225-342-1984** following completion of required training.

LMHP's who have **documented** proof of providing addiction services prior to March 1, 2012 are exempt from this requirement. Examples of documentation include but are not limited to licensure, accreditation, certification or documents by NAADAC (National Association of Alcoholism and Drug Abuse Counselors), IC&RC (International Certification & Reciprocity Consortium, LASACT (Louisiana Association of Substance Abuse Counselors and Trainers), ADRA (Addictive Disorders Regulatory Authority) or NBCC (National Board for Certified Counselors) that indicates an individual has provided addiction services prior to March 1, 2012.

** (Attach documentation of a passing score on the ADC, AADC, EMAC or documentation of providing addiction services prior to March 1, 2012.)*

<i>Select Type</i>	<i>List Documents Attached</i>
<input type="checkbox"/> <i>ADC</i>	
<input type="checkbox"/> <i>AADC</i>	
<input type="checkbox"/> <i>EMAC</i>	
<input type="checkbox"/> Exemption Documentation	

Documentation of passing score for either the ADC exam, the AADC exam, the EMAC exam or documentation of meeting the exemption requirement shall be available for audit purposes.

Section Four:

Attestation

With my signature below, I attest to the fact that:

1. I have disclosed all necessary information.
2. I have reviewed the information and attest that it is true, accurate and complete.
3. I understand that knowingly and willfully failing to fully and accurately disclose the information requested may result in denial of a request to participate in the Louisiana Behavioral Health Partnership provider network.
4. I understand that whoever knowingly and willfully makes or causes to be made a false statement or representation of this statement may be prosecuted under applicable federal and state laws.
5. I understand that it is my responsibility to ensure that I meet the provider eligibility requirements listed in the LBHP Service Definitions Manual, for the services I provide and all information submitted for review is to be kept up to date on the DHH's provider file.
6. I understand that failure to maintain current information may result in payments being delayed or a loss in my ability to participate as a LBHP provider.
7. I understand that if my certification is denied or revoked due to inaccurate information, I may have to complete a new certification application in its entirety to become a provider.

I certify that the above information is true and correct. I further understand that any false or misleading information may be cause for denial or termination of participation as a LBHP Provider.

Signature of Applicant or Authorized Agent

Date

Printed Name and Title