



# Louisiana Behavioral Health Partnership Organization Certification Instructions

*Professional groups utilizing a single tax ID will follow the organizational certification process if they are to be credentialed as a group/organization by Magellan*

## **LEGAL DISCLAIMER**

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## LBHP Organization Certification

Dear Applicant,

Thank you for your interest in becoming a Louisiana Behavioral Health Partnership (LBHP) Provider. The process for enrolling as an LBHP Provider entails compliance with OBH (Office of Behavioral Health) Organizational certification requirements. **All** organizations must complete an **Organizational Certification Application**. 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](mailto:OBHCertification@LA.GOV). Please include your email address when submitting a question so that you will get a response emailed directly back to you.

The appendix in this packet contains more detailed information regarding the LBHP approved Curricula and Equivalency Standards.

### **What you need to do**

#### **Your responsibility as an organization provider is to:**

- Become familiar with and ensure that your organization complies with the requirements listed in the Louisiana Behavioral Health Partnership Service Definition Manual for the services provided
- Review the LA Office of Behavioral Health Certification Manual
- Complete and submit the LBHP Organization Certification application to the OBH Certification Section.
- Provide the OBH Certification Section with required documentation.
- Provide a staff roster of all individuals providing, managing or otherwise facilitating the delivery of behavioral health services, employed by the organization.
- Maintain copies of documentation for review.

### **What the OBH Certification section will do**

#### **The LBHP Certification Section will:**

- Review certification applications and accompanying documentation in accordance with the training and/or curricula standards established within the Authorities documents, service / provider manuals, for providers under the Louisiana Behavioral Health Partnership.
- Communicate compliance decisions to providers and the SMO (Statewide Management Organization) 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 requirements.
- Establish a system of compliance review using technology to streamline the certification process, minimizing review and approval time.

## LBHP Organization 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. 4<sup>th</sup> St.**  
**P.O. Box 4049 Bin #: 12**  
**Baton Rouge, LA 70802**  
**Email: [OBHCertification@LA.GOV](mailto:OBHCertification@LA.GOV)**  
**Fax: 225-342-8912**

### **Certification Approval**

\*An Organization may be “deemed” certified based on their licensure, accreditation, other State Certifications, or Evidenced Based Providers compliant with fidelity standards and monitoring by the EBP proprietary entity.

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

### **Deemed Status**

Deemed status recognizes that the organization is monitored, audited, otherwise held accountable by a licensing, accrediting, or other recognized certification entity and accepts the organizations “good standing” with these entities as sufficient to meet the OBH certification requirements for staffing, training, and service delivery.

Any organization determined to be licensed, accredited or otherwise certified, and deemed certified by OBH certification, will still be required to provide OBH with attestation and/or documentation of licensure, accreditation, certification, and comply with site visits, audits of same.

### **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  
Organization Certification  
Application**

## LBHP Certification Application

**Instructions:** To apply for certification as an approved organization within the Louisiana Behavioral Health Partnership (LBHP), fully complete this application and attach all required documents.

*\*Please note: Unlicensed staff of any facility accredited by JACHO, COA, CARF, licensed by Health Standards or have been identified as one of the following evidenced based practices; ACT, FFT, MST or Homebuilders, are exempt from the requirement to complete the Standardized OBH Basic Training. Therefore, only Master’s level LMHPs (Licensed Mental Health Professional) providing addiction services should be listed on the organizational roster.*

The application includes 5 sections:

1. Basic Applicant Information
  2. LBHP Curricula Approval (If Applicable, See Section C. Type of Service)
  3. Organizational Staff Roster
  4. General Organizational Attestations Form
  5. Attestation Statement
- Appendix A -LBHP Approved Curriculum / Equivalency Standards

### Section One:

#### Basic Applicant Information

##### A. Contact Information:

<b>Date Submitted:</b>	
<b>Organization Name:</b>	
<b>Primary Contact Person:</b>	
<b>Primary Facility Address/Location:</b> (street, city and zip code)	
<b>Additional location(s)/address(es):</b>	
<b>Mailing Address: (If different than primary location)</b>	
<b>DHH District* <u>OR</u> Region where Primary Organization is Located:</b>	<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"/> ImCalHSD (Reg 5) <input type="checkbox"/> CLHSD (Reg 6) <input type="checkbox"/> NLHSD (Reg 7) <input type="checkbox"/> NDHSA (Reg 8) <small>*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.</small>
<b>Current Phone Number:</b>	
<b>Current Fax Number:</b>	

<b>Primary e-mail Address:</b>	
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**B. Population to be served: (Check One)**

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

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

**C. Type of Service(s) to be Provided: (Check all that apply)** Please note the requirements below are in addition to and in no way relieve the provider from meeting local, state or national governmental requirements.

*Before checking services that you intend to provide, please make sure you have reviewed and understand the definition of these services as described in the current LBHP Service Definitions Manual.*

<http://new.dhh.louisiana.gov/index.cfm/page/538>

- Addiction Services (LBHP SDM Section 4.5)**
- Level I: Outpatient
  - Level II.1 Intensive Outpatient Treatment
  - Level II.D Ambulatory detoxification with extended on-site monitoring
  - Level III.1 Clinically Managed Low Intensity Residential Treatment – Adolescent
  - Level III.1 Clinically Managed Low-Intensity Residential Treatment – Adult
  - Level III.2D Clinically Managed Residential Social Detoxification – Adolescent
  - Level III.2D Clinically Managed Residential Social Detoxification – Adult
  - Level III.3 Clinically Managed Medium Intensity Residential Treatment - Adolescent
  - Level III.3 Clinically Managed Medium Intensity Residential Treatment - Adult
  - Level III.5 Clinically Managed High Intensity Residential Treatment – Adolescent
  - Level III.5 Clinically Managed High Intensity Residential Treatment – Adult
  - Level III.5 Clinically Managed High Intensity Residential Treatment – Adult
  - Level III.7 Medically Monitored Intensive Residential Treatment (PRTF) – Adolescent
  - Level III.7 Medically Monitored Intensive Residential Treatment – Adult
  - Level III.7D Medically Monitored Residential Detoxification (PRTF) – Adolescent
  - Level III.7D Medically Monitored Residential Detoxification – Adult
  - Level IV D: Medically Managed Intensive Inpatient Addiction Disorder Treatment (Inpatient/Outpatient Hospital)

Organizations providing Addiction Services **must have a current license** and comply with the Substance Abuse-Addiction Treatment Facilities Minimum Standards (LAC 48:1. Chpt. 74).

- 1) Any licensed individual practitioners who can document providing addiction services prior to March 1, 2012 and within their scope of practice are exempt from (ADC, AADC, EMAC) testing requirements.
- 2) Licensed individual practitioners with no documentation of having provided addictions services prior to March 1 will be required to demonstrate competency via (ADC, AADC, EMAC) exam.

## LBHP Organization Certification

- 3) Unlicensed staff who do not fall under a professional scope of behavioral health practice with formal supervision will need to register with ADRA.
- Assertive Community Treatment (ACT)** (*LBHP SDM Addendum C*)  
Submit a completed copy of your agencies most recent ACT Fidelity Scale, General Organizational Index and Outcomes Report  
(See <http://store.samhsa.gov/shin/content//SMA08-4345/EvaluatingYourProgram-ACT.pdf>)
  - Behavioral Health in Federally Qualified Health Centers (FQHC)**  
(*LBHP SDM Section 6.3*)
  - Case Conference** (*LBHP SDM Section 2.1*)
  - Community Psychiatric Support and Treatment** (*LBHP SDM Section 4.3*)  
Requires accreditation  
Unlicensed staff must complete the Standardized OBH Basic Training Program (not applicable to organizations “deemed” certified)
  - Crisis Intervention** (*LBHP SDM Section 4.2*)  
Requires accreditation  
Unlicensed staff must complete the Standardized OBH Basic Training Program (not applicable to organizations “deemed” certified)
  - Crisis Stabilization** (*LBHP SDM Section 1.5*)  
Requires curriculum to be approved by OBH prior to providing the service
  - Functional Family Therapy** (*LBHP SDM Addendum C*)  
Provide documentation of or adherence with the fidelity standards identified by the recognized proprietor
  - Homebuilders** (*LBHP SDM Addendum C*)  
Provide documentation of or adherence with the fidelity standards identified by the recognized Proprietor
  - Permanent Supportive Housing** (*LBHP SMO Procurement Library*)  
Core services are ACT and/or CPST, CI, PSR (Adults). Must meet the requirements to provide the core services and the additional criteria listed in the service description located in the SMO procurement library <http://new.dhh.louisiana.gov/index.cfm/page/538>  
Submit the SAMHSA PSH Readiness Assessment  
<http://store.samhsa.gov/shin/content//SMA10-4510/SMA10-4510-05-EvaluatingYourProgram-PSH.pdf>  
Submit the PSH Program Specific Policy and Procedure Manual  
All staff must complete Orientation to the PSH Program
  - Individual Living/Skills Building** (*LBHP SDM Section 1.3*)  
Requires curriculum to be approved by OBH prior to providing the service
  - Medical, Physician/Psychiatrist Outpatient Medical Services** (*LBHP SDM Section 6.2*)
  - Multi-Systemic Therapy** (*LBHP SDM Addendum C*)  
Provide documentation of or adherence with the fidelity standards identified by the recognized proprietor.
  - Non-Medical Group Home** (*LBHP Addendum B*)
  - Outpatient & Inpatient Hospital** (*LBHP SDM Section 5.1*)  
“Deemed” certified and may still be required to provide additional information to OBH Certification
  - Other Licensed Practitioner Outpatient Therapy** (*LBHP SDM Section 6.1*)

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- Psychiatric Residential Treatment Facility** (*LBHP SDM Section 5.2*)
  - Requires accreditation
  - Must be licensed as a PRTF by DHH per LAC 48:I. Chapter 90
  - Physician directed and meets 42 CFR441.151 including requirements referenced in 42 CFR 483. Subpart G
- Psychosocial Rehabilitation Services** (*LBHP SDM Section 4.1*)
  - Requires accreditation
    - Children only
    - Adults only - requires curriculum to be approved by OBH prior to providing the service
    - Both
  - Unlicensed staff must complete the Standardized OBH Basic Training Program (not applicable to organizations “deemed” certified)
- Short Term Respite** (*LBHP SDM Section 1.4*)
  - Requires curriculum to be approved by OBH prior to providing the service
  - Respite care services agency must be licensed per Act 483 of 2005
  - Agency-personal care attendant – La R.S. 40.2006(E)(2)(m)-(u) & 40.2120. 1 – 2120.7
  - Crisis Receiving Center – licensed per La R.S. 28:2180.12
  - Center Based Respite – licensed per LAC 48:I.8101-8167
- Therapeutic Foster Care** (*LBHP SDM Addendum B*)
- Therapeutic Group Home** (*LBHP SDM Section 4.4*)
  - Requires accreditation
  - Requires curriculum to be approved by OBH prior to providing the service
- Treatment Planning** (*LBHP SDM Section 3.2*)
  - Requires completion of Standardized OBH Basic Training Program approved by OBH (not applicable to organizations “deemed” certified)

**Section Two:**

**LBHP Approved Curriculum/Curriculum Equivalency Verification Form**

Instructions: Agencies providing services listed in Appendix A of this application must be complete this section and submit documentation with the application. \*TGH must also submit documentation of EBPs implemented.

**CURRICULUM TITLE:**

Organization / Individual Name: <i>(Identify the Owner/ Developer of Curriculum or Training)</i>	
Owner/Developer Address <i>(if applicable):</i>	
Owner/Developer Phone Number <i>(if applicable):</i>	
Owner/Developer Fax Number <i>(if applicable):</i>	
Owner/Developer E-Mail Address <i>(if applicable):</i>	
Training Date(s) <i>(if applicable):</i>	
Training Provider Name <i>(if applicable):</i>	
Training Provider Qualifications <i>(if applicable):</i>	Submit resume with application
Training Location <i>(if applicable):</i>	
Curriculum Content: (Include agenda, learning objectives, training evaluation – additional pages / copies may be attached)	

## LBHP Organization Certification

### Section Three: Organization Clinical Staff Roster (Duplicate this form for additional staff)

Last Name	First Name	Educational Level <i>(Select Highest)</i>	Type of LBHP Services Staff Member Provides <i>(Select all that apply)</i>	LBHP Certification Requirement Completed
		<input type="checkbox"/> Non-Degreed <input type="checkbox"/> Bachelor <input type="checkbox"/> Master <input type="checkbox"/> Licensed Practitioner	<input type="checkbox"/> Psychosocial Rehabilitation <input type="checkbox"/> Community Psychiatric Support and Treatment <input type="checkbox"/> Crisis Stabilization <input type="checkbox"/> Crisis Intervention <input type="checkbox"/> Addiction Services <input type="checkbox"/> Treatment Planning	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No
		<input type="checkbox"/> Non-Degreed <input type="checkbox"/> Bachelor <input type="checkbox"/> Master <input type="checkbox"/> Licensed Practitioner	<input type="checkbox"/> Psychosocial Rehabilitation <input type="checkbox"/> Community Psychiatric Support and Treatment <input type="checkbox"/> Crisis Stabilization <input type="checkbox"/> Crisis Intervention <input type="checkbox"/> Addiction Services <input type="checkbox"/> Treatment Planning	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No
		<input type="checkbox"/> Non-Degreed <input type="checkbox"/> Bachelor <input type="checkbox"/> Master <input type="checkbox"/> Licensed Practitioner	<input type="checkbox"/> Psychosocial Rehabilitation <input type="checkbox"/> Community Psychiatric Support and Treatment <input type="checkbox"/> Crisis Stabilization <input type="checkbox"/> Crisis Intervention <input type="checkbox"/> Addiction Services <input type="checkbox"/> Treatment Planning	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No
		<input type="checkbox"/> Non-Degreed <input type="checkbox"/> Bachelor <input type="checkbox"/> Master <input type="checkbox"/> Licensed Practitioner	<input type="checkbox"/> Psychosocial Rehabilitation <input type="checkbox"/> Community Psychiatric Support and Treatment <input type="checkbox"/> Crisis Stabilization <input type="checkbox"/> Crisis Intervention <input type="checkbox"/> Addiction Services <input type="checkbox"/> Treatment Planning	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No
		<input type="checkbox"/> Non-Degreed <input type="checkbox"/> Bachelor <input type="checkbox"/> Master <input type="checkbox"/> Licensed Practitioner	<input type="checkbox"/> Psychosocial Rehabilitation <input type="checkbox"/> Community Psychiatric Support and Treatment <input type="checkbox"/> Crisis Stabilization <input type="checkbox"/> Crisis Intervention <input type="checkbox"/> Addiction Services <input type="checkbox"/> Treatment Planning	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No
		<input type="checkbox"/> Non-Degreed <input type="checkbox"/> Bachelor <input type="checkbox"/> Master <input type="checkbox"/> Licensed Practitioner	<input type="checkbox"/> Psychosocial Rehabilitation <input type="checkbox"/> Community Psychiatric Support and Treatment <input type="checkbox"/> Crisis Stabilization <input type="checkbox"/> Crisis Intervention <input type="checkbox"/> Addiction Services <input type="checkbox"/> Treatment Planning	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No
		<input type="checkbox"/> Non-Degreed <input type="checkbox"/> Bachelor <input type="checkbox"/> Master <input type="checkbox"/> Licensed Practitioner	<input type="checkbox"/> Psychosocial Rehabilitation <input type="checkbox"/> Community Psychiatric Support and Treatment <input type="checkbox"/> Crisis Stabilization <input type="checkbox"/> Crisis Intervention <input type="checkbox"/> Addiction Services <input type="checkbox"/> Treatment Planning	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No

**Section Four: General Organizational Attestations Form**

The following attestations are based on requirements documented in the current Louisiana Behavioral Health Certification Manual. The items listed below may be verified during Onsite Review or by OBH certification staff required documentation.

Put a check next to each attestation statement.

1. All staff meet staffing requirements as identified in the LBHP Service Definition Manual for the services provided. <b><i>If no, please explain:</i></b>	<input type="checkbox"/> Yes <input type="checkbox"/> No
2. Personnel records include all of the required documents. <b><i>If no, please explain:</i></b>	<input type="checkbox"/> Yes <input type="checkbox"/> No
3. All staff have attended orientation training conducted by the applicant. <b><i>If no, please explain:</i></b>	<input type="checkbox"/> Yes <input type="checkbox"/> No
4. All staff have attended initial training conducted by the applicant. <b><i>If no, please explain:</i></b>	<input type="checkbox"/> Yes <input type="checkbox"/> No
4. The applicant has a policy and procedure manual which includes all current requirements. <b><i>If no, please explain:</i></b>	<input type="checkbox"/> Yes <input type="checkbox"/> No
5. The applicant has an emergency preparedness plan. <b><i>If no, please explain:</i></b>	<input type="checkbox"/> Yes <input type="checkbox"/> No
6. Criminal background checks have been completed on all staff. <b><i>If no, please explain:</i></b>	<input type="checkbox"/> Yes <input type="checkbox"/> No
7. All staff have been drug tested. <b><i>If no, please explain:</i></b>	<input type="checkbox"/> Yes <input type="checkbox"/> No
8. All agency operational requirements are met. <b><i>If no, please explain:</i></b>	<input type="checkbox"/> Yes <input type="checkbox"/> No
9. All record keeping requirements are met. <b><i>If no, please explain:</i></b>	<input type="checkbox"/> Yes <input type="checkbox"/> No
10. The applicant meets the clinical competency requirements <b><i>If no, please explain:</i></b>	<input type="checkbox"/> Yes <input type="checkbox"/> No
11. This provider is in compliance with all other rules and regulations. <b><i>If no, please explain:</i></b>	<input type="checkbox"/> Yes <input type="checkbox"/> No

## Section Five: 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 my organization complies with the requirements listed in the LBHP Service Definitions Manual for all services provided by my agency and that all information is 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.
8. I attest that the individual providers listed on the roster will have completed all required trainings within 90 days of OBH certification approval or the employee's date of hire. *(Documentation of compliance shall be filed in the employee's personnel record for audit purposes).*
9. I attest that all unlicensed staff who do not fall under a professional scope of behavioral health practice with formal supervision will have registered with ADRA within 90 days of certification approval or the employees date of hire. Contact LA-ADRA at (225) 342-8941 or visit <http://la-adra.org/> to register. *(Documentation of compliance shall be filed in the employee's personnel record for audit purposes).*
10. I attest that all Master's level LMHP's offering addiction services who have not provided proof of provision of addiction services prior to March 1, 2012 will be required to have successfully completed either the ADC exam, AADCe exam or EMAC exam prior to providing addiction services. **\*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. Contact LASACT at (225) 766-2992 or visit <http://www.lasact.org/> for information on testing.** *(Documentation of compliance should be filed in the employee's personnel record for audit purposes).*

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- 11. All individual providers have had a State Police or State Police Approved Contractor criminal background check completed and placed in their personnel file.
- 12. I understand that if I have selected to provide CPST, PSR or Addiction residential services, I must submit a copy of the entire, completed application and proof of payment to a national accrediting body approved by the Office of Behavioral Health. If your organization is already accredited, submit proof from the accrediting organization.
- 13. I understand that I must maintain proof of the establishment and maintenance of a general liability and a professional liability insurance policy that will provide coverage for the agency/all clinical staff. (Government entities or organizations are exempt from this requirement.)
- 14. I understand that I am required to have established and agree to maintain a reserve fund in the amount of 90 days of operating capital to sustain operations in the event there is an interruption in reimbursement for the organization listed in Section I. (*Not applicable to governmental agencies*)  
Yes No
- 15. I understand that I am required to have current proof of business registration with the Secretary of State. Registration must be active and in good standing with the Secretary of State. (*Not applicable to governmental agencies or agencies that were in operation prior to the implementation of the LBHP*)  
Yes No
- 16. I understand that my organizations sites must be inspected and approved by the Office of Public Health?  
Yes No
- 17. I understand that my organizations sites must be inspected and approved by the State Fire Marshal?  
Yes No

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.

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**Signature of Applicant or Authorized Agent**

**Date**

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**Printed Name and Title**

**APPENDIX A**

**LBHP Approved Curriculum / Equivalency Standards**

<b>Certification and completion of training curriculum approved by OBH</b>	<b>Authority Document</b>
Individual Living/Skills Building	1915(c) 1915(b)(3) Non-Medicaid
Short Term Respite	1915(c) 1915(b)(3) Non-Medicaid
Crisis Stabilization	1915(c) 1915(b)(c) Non-Medicaid

Agency providers of the services listed above will submit an organization provider application, including the curricula verification form, for review and determination of approval / certification by the Office of Behavioral Health.

**Independent Living /Skills Building**

**Target Audience**

Transition Coordination Agency (Transition Coordinator)

**Service Description**

Independent Living/Skills Building training will need to offer families, children who are or will be transitioning to adulthood with knowledge, skills, and support in acquiring, retaining, and improving self-help, socialization, and adaptive skills necessary to be successful in the domains of employment, housing, education, and community life and to reside successfully in home and community settings. Independent Living/Skills Building training activities will require developing a partnership with young children to help the child/youth arrange for the services they need to become employed, access transportation, housing, and continuing education.

**LBHP Curricula Equivalency Standards**

Training will attend to the principles of the System of Care in that services are to be individualized according to each youth's strengths, interests, skills, goals, and included on an individualized transition plan (i.e. Waiver Plan of Care).

Training may include facilitating normal and instrumental activities of daily living. Participants will learn how to assessment needs of the youth and teach skills needed by youth for living independently.

Participants will learn to assess and teach skills needed in the following domains:

1. Career Planning
2. Communication
3. Daily Living
4. Home Life
5. Housing and Money Management
6. Self-Care
7. Social Relationships
8. Work Life
9. Work & Study Skills

**OBH Approved Curriculum**

Casey Life Skills - <http://www.caseylifeskills.org/index.htm>

**Short Term Respite**

**Target Audience**

Respite Care Services Agency  
Direct Support Worker - independently enrolled

**Service Description**

Short Term Respite Care provides temporary direct care and supervision for the child/youth in the child's home or a community setting that is not facility-based (i.e., not provided overnight in a provider-based facility). The primary purpose is relief to families/caregivers of a child with a serious emotional disturbance or relief of the child. The service is designed to help meet the needs of the primary caregiver as well as the identified child.

**LBHP Curricula Equivalency Standards**

Respite providers will need to learn how to help to de-escalate stressful situations and assure that the respite experience provides a therapeutic outlet for the child.

Training will focus on;

- a. Developing successful partnerships with families and youth
- b. Understanding culture and values

Knowledge of;

- a. System of care values of family driven care
- b. Individualized treatment, and strengths based approaches
- c. Safety (CPR, First aid, environmental awareness, community safety, etc.)
- d. Basic communication skills
- e. Behavioral strategies for managing challenging behaviors, use of positive behavioral supports
- f. Non-violent prevention of aggressive behavior.

**OBH Approved Curriculum**

Respite Training Manual ;  
[https://marketplace.uidaho.edu/C20272\\_ustores/web/product\\_detail.jsp?PRODUCTID=1636](https://marketplace.uidaho.edu/C20272_ustores/web/product_detail.jsp?PRODUCTID=1636)

### **Crisis Stabilization**

#### **Target Audience**

MHR Agency, OBH LGE Clinic, or SMO credentialed individual if there are accessibility issues MHP employed by the Therapeutic Group Home

#### **Service Description**

Crisis stabilization is intended to provide short-term and intensive supportive resources for the youth and his/her family. The intent of this service is to provide an out-of-home crisis stabilization option for the family in order to avoid psychiatric inpatient and institutional treatment of the youth by responding to potential crisis situations. The goal will be to support the youth and family in ways that will address current acute and/or chronic mental health needs and coordinate a successful return to the family setting at the earliest possible time. During the time the crisis stabilization is supporting the youth, there is regular contact with the family to prepare for the youth's return and his/her ongoing needs as part of the family. It is expected that the youth, family and crisis stabilization provider are integral members of the youth's individual treatment team.

#### **LBHP Curricula Equivalency Standards**

The goal of crisis stabilization services is to restore the individual to his or her prior functioning level following a crisis. Bolstering coping skills and assisting in revitalizing or developing a support system are essential portions of stabilization services. Stabilization services may be less active than intervention services. The recipient may not need "talk therapy." They instead may need a person who is capable of providing verbal support or their physical presence to make the recipient feel safe.

Curriculum standards for Crisis Stabilization services include but would not be limited to:

- 1) Solution focused crisis assessments,
- 2) Crisis communications
- 3) Intensive, solution focused family interventions
- 4) Assisting the youth and parent(s)/caregiver(s) in developing coping and behavior management skills, and working collaboratively with any existing service providers to prepare for the youth's return to their home environment.
- 5) Motivational interviewing
- 6) Development of risk management / safety plans

#### **OBH Approved Curriculum**

A curriculum has not been identified specific to Crisis Stabilization. However, components of Crisis Intervention services provided out of home and/or Crisis Respite training offer the required, approved knowledge base for this service.

## **Adult Psychosocial Rehabilitation (PSR)**

### **Target Audience**

Mental Health Rehab Agencies, Mental Health Clinics, Behavioral Health Rehabilitation Provider Agency

### **Service Description**

Psychosocial rehabilitation (PSR) services are designed to assist the individual with compensating for or eliminating functional deficits and interpersonal and/or environmental barriers associated with their mental illness. Activities included must be intended to achieve the identified goals or objectives as set forth in the individual's individualized treatment plan. The intent of PSR is to restore the fullest possible integration of the individual as an active and productive member of his or her family, community and/or culture with the least amount of ongoing professional intervention. PSR is a face-to-face intervention with the individual present. Services may be provided individually or in a group setting. A minimum of 51% of a PSR's contacts must occur in community locations where the person lives, works, attends school and/or socializes

### **LBHP Curricula Equivalency Standards**

- Daily and community living skills
- Socialization skills
- Adaptation skills
- Development of leisure time interests and skills
- Symptom management skills
- Identification and management of symptoms of mental illness
- Compliance with physician's medication orders
- Education in mental health/mental illness
- Work readiness activities

### **OBH Approved Curriculum**

The curriculum must be designed to improve or maintain the consumer's ability to function in normal social roles and ensure that the methods and materials utilized are age and developmentally appropriate and culturally relevant. It must utilize one (1) or more of the following three (3) designated psychosocial rehabilitation program models or combine elements from each in a clearly delineated program approach:

- Boston Psychiatric Rehabilitation Model <http://www.bu.edu/cpr/>
- Clubhouse Model <http://www.iccd.org/>
- Social Skills Training Model <http://www.psychrehab.com/>