

<u>Provider Network Management Quality Review Tool</u> <u>Elements</u>	<u>Met</u>	<u>Not Met</u>
<u>PRTF AGENCY REQUIREMENTS</u>		
Licensed by the Louisiana Department of Health (LDH), in accordance with LAC 48:1, Chapter 90, entitled Psychiatric Residential Treatment Facilities 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.		
PRTF must arrange for 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.		
PRTF 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 90 days prior to the date of employment		
PRTFs must review the Department of Health and Human Services' Office of Inspector General (OIG) List of Excluded Individuals and Entities (LEIE) 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.		
PRTFs must review the LDH State Adverse Actions website 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 must, for current employees, check the Department of Health and Human Services' Office of Inspector General (OIG) List of Excluded Individuals and Entities (LEIE) list once a month thereafter 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.		

Agency must, for current employees, check the LDH State Adverse Actions list once a month thereafter 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.		
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		
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		
Maintain documentation that all direct care staff, who are required to complete first aid training, complete the training within 90 days of hire; Psychiatrists, advanced practical registered nurses (APRNs)/physician assistants (PAs), 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 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.		
Maintain documentation that all direct care staff, who are required to complete cardiopulmonary resuscitation (CPR) training, complete the training within 90 days of hire; Psychiatrists, advanced practical registered nurses (APRNs)/physician assistants (PAs), 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 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.		
Unlicensed staff rendering services have completed the Standardized Basic Clinical Competency Training Module: MH 101 – Introduction to Serious Mental Illness (SMI) and Emotional Behavioral Disorders.		
Unlicensed staff rendering services have completed the Standardized Basic Clinical Competency Training Module: Crisis intervention.		

Unlicensed staff rendering services have completed the Standardized Basic Clinical Competency Training Module: Suicide and homicide precautions.		
Unlicensed staff rendering services have completed the Standardized Basic Clinical Competency Training Module: System of care overview.		
Unlicensed staff rendering services have completed the Standardized Basic Clinical Competency Training Module: Co-occurring disorders.		
Unlicensed staff rendering services have completed the Standardized Basic Clinical Competency Training Module: Cultural and linguistic competency (basic).		
Unlicensed staff rendering services have completed the Standardized Basic Clinical Competency Training Module: Treatment planning.		
Maintain documentation of verification of staff meeting professional requirements including licensure (where applicable)		
PRTFs must comply with federal emergency preparedness regulations associated with 42 CFR §441.184 in order to participate in the Medicare or Medicaid program. which includes safeguarding human resources.		
PRTFs must comply with federal emergency preparedness regulations associated with 42 CFR §441.184 in order to participate in the Medicare or Medicaid program. which includes maintaining business continuity		
PRTFs must comply with federal emergency preparedness regulations associated with 42 CFR §441.184 in order to participate in the Medicare or Medicaid program. which includes protecting physical resources		
CMS requires facilities to perform a risk assessment that uses an “all-hazards” approach prior to establishing an emergency plan		
CMS requires facilities to develop and maintain an emergency preparedness communication plan that complies with both federal and state laws.		
As part of the communication plan, patient care must be well coordinated within the facility to protect patient health and safety in the event of a disaster.		
As part of the communication plan, patient care must be well coordinated across healthcare providers to protect patient health and safety in the event of a disaster.		
As part of the communication plan, patient care must be well coordinated with state and local public health departments to protect patient health and safety in the event of a disaster.		
As part of the communication plan, patient care must be well coordinated with emergency management agencies and systems to protect patient health and safety in the event of a disaster.		

CMS requires that facilities develop and implement policies 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		
CMS requires that facilities develop and implement 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		
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.		
PRTFs staff must complete all required training appropriate to the program model approved by OBH.		
PRTFs team must include: <ul style="list-style-type: none"> •either a board-eligible or board-certified psychiatrist, •licensed clinical psychologist and a physician licensed to practice medicine or osteopathy; or •A physician licensed to practice medicine or osteopathy, with specialized training and experience in the diagnosis and treatment of mental diseases and a psychologist who has a master's degree in clinical psychology or who has been licensed by the State psychological association. 		
PRTFs team must include a licensed clinical social worker (LCSW), A RN with specialized training or one year's experience in treating individuals with mental illness, An occupational therapist who is licensed and who has specialized training or one year of experience in treating individuals with mental illness; or A licensed psychologist or medical psychologist.		
<u>PRTF - Level 3.7 Medically Monitored High Intensity Inpatient Treatment – Adolescent</u>	<u>Met</u>	<u>Not Met</u>
Licensed by the Louisiana Department of Health (LDH), in accordance with LAC 48:1, Chapter 90, entitled Psychiatric Residential Treatment Facilities for the location reviewed.		
The agency must be Physician directed.		
Accredited by the Commission on Accreditation of Rehabilitation Facilities (CARF), the Council on Accreditation (COA), or The Joint Commission (TJC) for the location reviewed.		
PRTF must arrange for 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.		

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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 30 days prior to date of employment		
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		

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Unlicensed staff rendering services have completed the Standardized Basic Clinical Competency Training Module: Crisis intervention.		
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Maintain documentation of verification of staff meeting professional requirements including licensure (where applicable)		

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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.		
PRTFs staff must complete all required training appropriate to the program model approved by OBH.		

<p>PRTFs team must include:</p> <ul style="list-style-type: none"> •either a board-eligible or board-certified psychiatrist, •licensed clinical psychologist and a physician licensed to practice medicine or osteopathy; or •A physician licensed to practice medicine or osteopathy, with specialized training and experience in the diagnosis and treatment of mental diseases and a psychologist who has a master's degree in clinical psychology or who has been licensed by the State psychological association. 		
<p>PRTFs team must include a licensed clinical social worker (LCSW), A RN with specialized training or one year's experience in treating individuals with mental illness, An occupational therapist who is licensed and who has specialized training or one year of experience in treating individuals with mental illness; or A licensed psychologist or medical psychologist.</p>		
<p>PRTFs must ensure that there is a licensed physician, medical director – licensed physician(s) on site as needed for management of psychiatric/medical needs. 24 hour on-call availability;</p>		
<p>PRTFs must ensure that there is a licensed psychologist available as needed</p>		
<p>PRTFs must ensure that there is licensed nursing staff present – One FTE Supervisor (APRN/NP/RN), 24 hour on-call availability;</p>		
<p>PRTFs must ensure that there is one FTE RN/LPN available on duty on site at all times;</p>		
<p>PRTFs must ensure that there is a licensed or certified clinician or counselor with direct supervision by an LMHP, or unlicensed professional (UP) under supervision of a clinical supervisor;</p>		
<p>Caseloads do not exceed eight members;</p>		
<p>PRTFs must ensure that the clinical supervisor is available for clinical supervision when needed and by telephone for consultation;</p>		
<p>PRTFs must ensure that An LMHP is available on site 40 hours per week;</p>		
<p>The facility shall maintain, in accordance with LAC 48:1 Chapter 90: a minimum ratio of one staff person for four residents (1:4) between the hours of 6 a.m. and 10 p.m. The staff for purposes of this ratio shall consist of direct care staff (i.e. licensed practical nurse (LPN), MHS, MHP, LMHP, etc.);</p>		
<p>The facility shall maintain, in accordance with LAC 48:1 Chapter 90: A minimum ratio of one staff person for six residents (1:6) between 10 p.m. and 6 a.m. Staff shall always be awake while on duty. The staff for purposes of this ratio shall consist of direct care staff (i.e. LPN, MHS, MHP, LMHP, etc.).</p>		
<p>PRTFs must ensure that there is clerical support staff available – 1 to 2 FTE per day shift;</p>		

<p>PRTFs must ensure that there is an activity/occupational therapist – one FTE;</p>		
<p>PRTFs must ensure that there is a care coordinator – one FTE per day shift, and/or duties may be assumed by clinical staff;</p>		
<p>PRTFs must ensure that Physicians, who are available 24 hours a day by telephone. (A PA may perform duties within the scope of his/her practice as designated by physician). An APRN may perform duties within the scope of his/her practice;</p>		
<p>PRTFs must ensure that Licensed, certified or registered clinicians provide a planned regimen of 24-hour, professionally directed evaluation, care and treatment services for members and their families;</p>		
<p>PRTFs must ensure that An interdisciplinary team of appropriately trained clinicians, such as physicians, nurses, counselors, social workers and psychologists, is available to assess and treat the individual and to obtain and interpret information regarding the member’s needs. The number and disciplines of team members are appropriate to the range and severity of the individual’s problems.</p>		