Personal Care Services

BEHAVIORAL HEALTH SERVICE QUALIFICATIONS ATTESTATION

The Louisiana Department of Health requires that providers meet certain qualifications to provide services to BH members. All staff providing direct care to members must meet the qualifications set forth in the Louisiana Medicaid Provider Manual. Please review those qualification requirements and attest below that your agency and staff meet those requirements. Please provide all information and answer all questions.

Provider Name: ______________________________

Group Tax ID #: ____________________ Group NPI #: ____________________

HCBS License: License #: ____________________ Expiration Date: ____________________

Please confirm your agency and staff meet the below required qualifications and the additional qualifications listed in the Louisiana Medicaid Provider Manual.

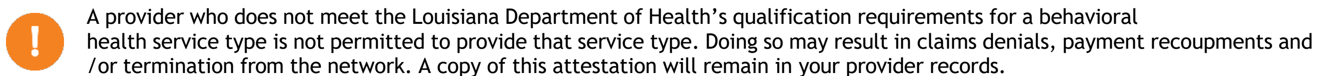
Meet	Do Not Meet	Qualifications
		MANDATORY REQUIREMENTS TO PROVIDE PERSONAL CARE SERVICES TO BEHAVIORAL HEALTH MEMBERS:
☐	☐	All staff have passed a criminal and professional background check
☐	☐	NON-LICENSED PRACTITIONERS ONLY (MANDATORY): Have completed Required State-approved, standardized basic training program (see: http://lahealth.cc/bhnonlicensedtraining) **Please provide copy of training attestation.**
☐	☐	All additional qualifications and requirements listed in the Louisiana Provider Manual https://ldh.la.gov/assets/medicaid/PC-PM/1.4.22/BH2.3OutpatientServicesPCS01.06.22.pdf

By signing below, I attest that my agency provides the above Behavioral Health service(s) and I have truthfully and accurately indicated my agency's qualifications to provide the above Behavioral Health service(s).

Signature and Credentials ______________________________ Date ____________

If attestation is amended, second signature and amendment date are required: ______________________________ Date ____________

Return your completed attestation via email to: LHC_BHProv_Roster@louisianahealthconnect.com or to your dedicated Provider Consultant.



A provider who does not meet the Louisiana Department of Health's qualification requirements for a behavioral health service type is not permitted to provide that service type. Doing so may result in claims denials, payment recoupments and /or termination from the network. A copy of this attestation will remain in your provider records.

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