

OBH Training

Mental Health 101: Introduction to Serious Mental Illness and Emotional Behavioral Health Disorders

Crisis Intervention

Suicide and Homicide Precautions

System of Care Overview

Co-Occurring Disorders

Cultural Linguistic Competency

Treatment Planning

Follow this link to the training page:

<http://ldh.la.gov/index.cfm/page/2473>

There are 7 trainings on this page that you need to review. Please see below:

Secretary
REBEKAH E. GEE, MD, MPH
[← BACK TO LDH](#)

BEHAVIORAL HEALTH

Louisiana.gov > LDH > Office of Behavioral Health


FEEDBACK

- ABOUT US
- ADDICTIVE DISORDERS
- BEHAVIORAL HEALTH MANAGED CARE
- MENTAL HEALTH
- CSOC
- GRANTS
- PUBLICATIONS
- LINKS

Behavioral Health Standardized Basic Training Modules for Unlicensed Providers

The Louisiana Department of Health (LDH) Office of Behavioral Health (OBH) has developed standardized basic training modules for unlicensed providers and direct care staff as an introduction to the key concepts they must be familiar with and competencies they must demonstrate prior to rendering specialized behavioral health services to members of Healthy Louisiana and the Coordinated System of Care (CSoC).

Training Modules:

- Mental Health 101: Introduction to Serious Mental Illness and Emotional Behavioral Health Disorders
- Crisis Intervention
- Suicide and Homicide Precautions
- System of Care Overview
- Co-Occurring Disorders - Trainees clicking on this module will need to click the  icon at the top of the page to initiate the slideshow and hear the content.
- Cultural Linguistic Competency
- Treatment Planning


Attestation:

You will complete all of the following Training Modules

After you review the 7 trainings you will need to print and sign the following Attestation Forms.

Aetna Better Health of Louisiana
Amerihealth Caritas Louisiana
Amerigroup Louisiana
Louisiana Healthcare Connections
United Healthcare

- GRANTS
- PUBLICATIONS
- LINKS

- Mental Health 101: Introduction to Serious Mental Illness and Emotional Behavioral Health Disorders
- Crisis Intervention
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- Cultural Linguistic Competency
- Treatment Planning

Attestation:

It is important that providers complete attestation forms acknowledging completion of these trainings to receive credit for the training requirement. Please complete and sign the attestation forms for the plans with whom your agency contracts and submit them following the directions provided on the forms. Documentation of completion should be maintained in staff personnel files for audit and site visit purposes.

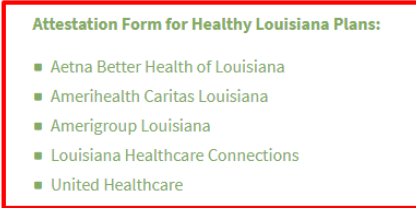
Attestation Form for Healthy Louisiana Plans:

- Aetna Better Health of Louisiana
- Amerihealth Caritas Louisiana
- Amerigroup Louisiana
- Louisiana Healthcare Connections
- United Healthcare

Attestation Form for Coordinated System of Care (CSoC)

- Magellan of Louisiana

Print and Complete all 5 of the following Attestations



FEEDBACK



Select Language


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Next, you will fill out Attestation forms for Magellan of Louisiana.

GRANTS

PUBLICATIONS

LINKS

- Mental Health 101: Introduction to Serious Mental Illness and Emotional Behavioral Health Disorders
- Crisis Intervention
- Suicide and Homicide Precautions
- System of Care Overview
- Co-Occurring Disorders - Trainees clicking on this module will need to click the  icon at the top of the page to initiate the slideshow and hear the content.
- Cultural Linguistic Competency
- Treatment Planning

Attestation:

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Attestation Form for Healthy Louisiana Plans:

- Aetna Better Health of Louisiana
- Amerihealth Caritas Louisiana
- Amerigroup Louisiana
- Louisiana Healthcare Connections
- United Healthcare

Attestation Form for Coordinated System of Care (CSoC)

- Magellan of Louisiana

Click on Magellan of Louisiana



Attestation Form for Coordinated System of Care (CSoC)

- Magellan of Louisiana

FEEDBACK



Select Language

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Mailing Address: Louisiana Department of Health | P. O. Box 629 | Baton Rouge, LA 70821-0629

You will submit this form 7 separate times. Under training you will need to choose:

Mental Health 101 Overview
Crisis Intervention
Suicide and Homicide Precautions

System of Care

Co-Occurring Disorders
Cultural and Linguistic Competency (Basic)
Treatment Planning

LA CSoc Training Attestation

The screenshot shows the 'LA Coordinated System of Care (CSoc) Provider Training Attestation and Feedback Form'. It includes a header with the Magellan Health logo and a blue navigation bar. The form is divided into three main sections: 'Provider Identification', 'Training', and 'Attestation'. Red boxes and arrows highlight specific fields and instructions. In the 'Provider Identification' section, the 'Unlicensed Direct Care Staff' radio button is selected, and the 'Your Name' field is annotated with 'Type First and Last Name'. The 'MIS Number' field contains '600723540' and is annotated with 'MIS Number-600723540'. The 'Organization / Group Name' field is annotated with 'Type in the following: The Center for Children and Families'. In the 'Training' section, the dropdown menu for 'What is the name of the training in which you participated?*' is set to 'CSoc Patient Safety and Adverse Incidents', annotated with 'Please select what training you are signing for from the drop down box.'. The 'Date of Completion' field is annotated with 'Date of Completion'. The 'Attestation' section begins with the text 'By signing below you acknowledge that you have reviewed and understand the content in this training presentation provided by Magellan Health, Inc.' and a 'Signature*' field.

LA Coordinated System of Care (CSoc) Provider Training Attestation and Feedback Form

By completing and submitting this form, you are attesting that you have participated in the training required by the state for all providers of services to CSoc children and youth, prior to seeing members.

Provider Identification

Choose One (that best describes you):

- Associated with an Organization or Group
- Private Practice (Licensed Provider)
- Unlicensed Direct Care Staff

Your Name*

What is the MIS Number of the Organization/Group to which you belong? *

Organization / Group Name *

Training

What is the name of the training in which you participated? *

What is the date you participated? *

Attestation

By signing below you acknowledge that you have reviewed and understand the content in this training presentation provided by Magellan Health, Inc.

Signature *

Be sure to check the box for an email confirmation before you Submit.

Provider Identification

Choose One (that best describes you):

- Associated with an Organization or Group
- Private Practice (Licensed Provider)
- Unlicensed Direct Care Staff

Training

What is the name of the training in which you participated?*

What is the date you participated?*

Attestation

By signing below you acknowledge that you have reviewed and understand the content in this training presentation provided by Magellan Health, Inc.

Signature*

Click to Sign Document

Please sign here

* Click 'Sign Document' and draw your signature with your mouse

Date Signed*

07/13/2018

Please send me an email confirmation of my participation in this training class.

Enter your email address*

Add your email address

Submit

Click Submit when you are done

Please bring all of the Attestation Forms with you to your Orientation. You will receive an email confirmation for all of the Magellan of Louisiana (CSOC) Attestations. Please forward those emails to the Contract Manager.

Please forward all emails to:

contractmanager@standforhope.org