## NORTHERN NEVADA ADULT MENTAL HEALTH

# POLICY AND PROCEDURE

SUBJE	CT:	Provider (	Quality Assurance & Certific	eation Process		
NUMB	BER: NN-PC-PL-08		L-08	Page 1 of 6		
ORIGI	NAL DA	TE: 5/	06/04			
REVIE	W/REVI	SE DATE:	5/3/07, 4/15/10, 6/21/12			
APPROVAL:			Cody Phinney	, Agency Director		
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I.	PURPO	SE				
	To provide a standardized process of review, approval, quality assurance, and certification for					
	providers seeking to contract with the State to provide Residential Supported Living Services to					
	Norther	Northern Nevada Adult Mental Health Services (NNAMHS) outpatients.				
II.	POLICY	Y				
	NNAMHS will review and certify all applications of providers of residential program services					
	ensuring the capacity, expertise, resources and qualifications are consistent with providing high					
	quality of	care to thos	e served			
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- III. REFERENCES
  - 1. MHDS Mental Health Residential Services Provider Manual 2005 edition.
  - 2. MHDS Division of Mental Health and Developmental Services Policy SP-2.5 entitled "Mental Health Residential Services"
  - 3. NNAMHS Residential Services Application Packet

#### IV. PROCEDURES

### 1. INITIAL SCREENING OF APPLICANTS

- A. Prospective Provider to complete the SLA Provider Application and attach:
  - 1. Business licenses (state/city/county)
  - 2. Articles of incorporation (if applicable)
  - 3. Organizational chart
  - 4. Proof that provider agency is enrolled or actively seeking enrollment as a Provider Type 82 with Medicaid
  - 5. Signed copy of applicant's financial status statement indicating adequate funds available to operate or absorb costs for a 3-month period without receiving reimbursements from NNAMHS, and any supporting documents
  - 6. Copies of signed and dated policies and procedures for:
    - a. Consumer personal rights and responsibilities
    - b. Incident reporting
    - c. Abuse, neglect, and exploitation detection and prevention
    - d. Grievance procedures for employees and consumers
    - e. Disaster and emergency planning
    - f. Financial accountability and responsibility for the organization
    - g. Financial accountability and responsibility for the consumers served
    - h. Denial of rights procedures
    - i. Hiring policies to reflect Medicaid administration requirements
    - j. Training guidelines for new hires
    - k. HIPAA/Confidentiality
  - 7. Proof that prospective provider applicant(s) has 16 hours of training that includes:
    - a. NNAMHS agency, policies, and program overview
    - b. Abuse and neglect
    - c. Rights/Due process
    - d. CPR/First aid
    - e. Standard precautions
    - f. Introduction to evidence based practices
    - g. Emergency preparedness
    - h. Supported Living Arrangements/Service documentation/Progress notes

- i. Serious incident reporting
- j. Ethics/Boundaries
- k. Medication management
- 1. Introduction to positive behavioral strategies
- m. Suicide risk
- n. Serious Mental Illness
- o. Money management
- p. HIPAA/Confidentiality assurances
- q. Cultural competency
- B. The chief fiscal officer at NNAMHS shall review the applicant's financial documents to determine the fiscal viability of the applicant and notify the residential services program of acceptance or denial of fiscal review
- C. The residential program services staff will organize an interview panel and schedule potential providers for interviews. The panel will review the application packet, interview the potential provider, and discuss responses to interview questions
- D. If the prospective provider receives a positive assessment, the applicant will provide copies of:
  - 1. Liability insurance
  - 2. Homeowner's or rental liability insurance for each home that will house NNAMHS consumers
  - 3. A copy of the lease agreement and indication that it is in good standing, or proof that all mortgage payments are current for homes where the provider owns the home
  - 4. Registration and insurance for all vehicles used to transport consumers
  - 5. Worker's compensation insurance for employees
- E. An environmental review of health and safety assurances will be completed by the residential program staff prior to any placements in the home
- F. Board and care facilities must be licensed by the Bureau of Health Care Quality and Compliance
- G. Providers must enroll with state vendor services to receive payment in the form of an electronic funds transfer (EFT)

- H. Upon successfully completing the initial screening of potential applicant for provider services, providers will be given a 1-year Provisional Certification as a NNAMHS contracted provider
- I. If the prospective provider receives a negative review, the Residential Program Services will notify the provider in writing, the reasons for the unfavorable review. The application packet will remain active for 90 days to give the applicant an opportunity to address the deficiencies. If after 90 days the prospective provider has not satisfied resolution of the identified deficiencies, the application will be inactivated and the prospective provider will be notified in writing. If the prospective provider wishes to reapply, the process must begin again with a new application.

## 2. ANNUAL QUALITY ASSURANCE REVIEW OF PROVIDERS

- A. An Environmental Review of Health and Safety Assurances will be conducted on each home
- B. Provider Reviews to insure that contracted provider agencies have policies and procedures and organizational assurances that address:An established mission statement shared regularly with all employees and consumers
  - An established mission statement shared regularly with all employees and consumers
  - 2. Current business licenses (State/County/City)
  - 3. Current Liability insurance for each home and vehicle used to transport consumers
  - A copy of the lease agreement and proof that it is in good standing, or proof that all mortgage payments are current for homes where the provider owns the home
  - 5. Current Workman's compensation coverage for provider agencies with employees
  - 6. Initial training that includes all of the following within 90 days of hire and 2 hours quarterly every year thereafter. (Provider will maintain proof that all staff have had the required training and provide that proof to NNAMHS staff upon request):
    - a. NNAMHS agency, policies, and program overview
    - b. Abuse and neglect
    - c. Rights/Due process

- d. CPR/First aid
- e. Standard Precautions
- f. Introduction to evidence based practices
- g. Emergency preparedness
- h. Supported Living Arrangements/Service documentation/Progress notes
- i. Serious incident reporting
- j. Ethics/Boundaries
- k. Medication Management
- 1. Introduction to positive behavioral strategies
- m. Suicide risk
- n. Serious Mental Illness
- o. Money management
- p. HIPAA/Confidentiality Assurances
- q. Cultural Competency
- r. Any additional training that may become required in the future
- 7. Employees are screened and are designated or actively seeking designation by Medicaid Administration as a QBA, QMHA, or QMHP and have current CPR/First aid certification
- 8. Incident reporting to assure serious incidents are being reported, including how the incidents are reviewed and the steps taken to prevent future incidents
- Prevention and detection of abuse/neglect to assure the prevention and detection of abuse/neglect, including how incidents are reviewed and steps taken to prevent future incidents
- 10. Emergency preparedness plan that is known by employees and consumers and reviewed on a monthly basis to ensure people's health and safety in emergency situation
- 11. Behavioral intervention philosophy, including verbal de-escalation skills to assure that staff are trained on and utilize approaches that address behaviors reflective of Mental Health consumers
- 12. Due process to ensure there is a grievance process that assures all complaints are addressed through due process and the consumers are aware of the process

- 13. Medical supports to assure that staff is trained on overseeing peoples' medication and educated on identifying changes in behaviors related to medications
- 14. Fiscal accountability to review policies and procedures regarding administering and overseeing peoples' money and/or property
- C. Individual Outcome Surveys on a minimum of a 10% sample of consumers contracted with the provider agency
- D. One-on-one, face-to-face interviews/screening with a minimum of a 10% sample of employees of the contracted provider agency to assess whether employee meet qualifications as a QBA, QMHA, or QMHP
- E. Audit on a minimum of a 10% sample of consumer's service documentation to review billing to NNAMHS, Medicaid, and other insurances
- F. Fiscal reviews to ensure contracted provider's financial reserves are adequate to meet 2 months salaries for staff and rent/utility payments for each home
- 3. Providers will receive a 1 year certification after successfully completing the annual quality assurance screening.
- 4. Sanctions for deficiencies:
- G. In the event that the annual review or any reviews find any deficiencies by the provider, the following sanctions may be imposed, based on the severity of the deficiency:
  - 1. Immediate termination of the working relationship with the provider
  - 2. Reduction or cessation of referrals to the provider agency
  - 3. Immediate, 30, 60, or 90 day notification for corrective action to correct the deficiency
  - 4. Mandated training above NNAMHS' required trainings
  - 5. Any other actions deemed appropriate to address the deficiency