1400.0 Residential Services and Supports

1400.1 Policy Approval Clearance Record

_X_ Mental Health Policy ___ Developmental Services Policy ___ Rural Services Policy	This policy supersedes: Rural Clinics Policy 3.1007 Residential Support Programs	Number of pages in Policy: 11
Review by Representative from the Office of the Attorney General:	Date: n/a	Date Policy Effective: 12/6/2010
Rural Services Director Approval Signature: Barbara Legier	Date: 12/6/10	Policy Lead: Eric Skansgaard

1400.2 Statement of Purpose

1400.2.1 **Policy Statement:** It is the policy of Rural Services to have a clear process by which people can access Residential Services and Supports. The policy addresses criteria by which Residential Services and Supports can be made available to qualified individuals and families, and provides an outline for the provision and oversight of contracted residential services.

1400.2.2 **Purpose:** The Division of Mental Health and Developmental Services (MHDS) is committed to supporting quality residential services for its consumers throughout its service system. This policy provides the operational structure outlining service standards, oversight, and continuous performance improvement. Residential services are to be provided in a manner reflective of the Division's values of community integration, consumer involvement, family support, safety, improved social functioning, personhood, skilled coping, and symptom reduction.

1400.3 Authority

Federal	Housing and Urban Development – Shelter Plus Care and McKinney-Vento Homeless Assistance Act
NRS	NRS 435.331-334, NRS 449.176
NAC	227: State Controller and 319: Assistance to Finance Housing
MHDS	4.046 Mental Health Residential Services; MHDS Policy 4.103

1400.4 Definitions

1400.4.1 **Mental Health Court Supported Living Arrangements (MHC SLA):** transitional SLA funding with ongoing judicial supervision and comprehensive wrap-around services.

1400.4.2 **Provider:** An agency, organization, or individual who has applied for and met provisions of certification through Rural Services.

1400.4.3 **Purchase of Services (POS) assistance**: One time annual purchase of defined services to support continuity of living in the community as defined in Rural Services policy 423 Purchase of Services.

1400.4.4 **Qualified Mental Health Professional (QMHP):** A physician, physician's assistant, or a person who meets the definition of a Qualified Mental Health Associate (QMHA) and also

meets the documented minimum qualifications as specified in Medicaid Service Manual 400.3.2.

1400.4.5 **Residential Support Staff (RSS):** any center staff member which may be assigned to activities related to securing and providing residential supports.

1400.4.6 **Residential Manual (RM):** Residential Supports Desk Manual detailing steps of the residential support process.

1400.4.7 **Rural Services:** Rural Services includes both the Mental Health Services and Developmental Services at the Division of Mental Health and Developmental Services Division (MHDS).

1400.4.8 **Service Agreement (contract):** agreement generally between the person receiving the service, the MHDS mental health agency, and a provider agency. Supports received depend on the person's preferences, priorities, and support needs. The person is involved in the determination of supports necessary, provider agency preference, and housing.

1400.4.9 **Supported Living Arrangement (SLA):** Provides individualized support services to enable people to reside independently in their homes and communities.

1400.4.10 **Mainstream Resources:** Governmental assistance including Section VIII Voucher, Social Security Disability Income, Supplemental Security Income, or Food Stamps.

1400.5 Procedures

1400.5.1 **Residential Procedures, Training:** All Residential Support Staff (RSS) will receive training on the Rural Services Residential Supports Desk Manual (RM) within 60 days of hire. Training will include a) orientation to the RM, b) shadowing a Psychiatric Caseworker for 5 days for the purpose of observing the residential support process, c) a post test to assess training. A score of less than 70% will result in additional training in identified areas.

1400.5.2 **Referral and Contract Development Process**

1. **Initial Referral**: At intake or during ongoing services, a providing QMHP (clinician) who identifies a person as currently homeless or at risk of homelessness will completes a LOCUS outlining the person's specific Level of Care needs and make a referral to the Psychiatric Caseworker.

2. **Admit Criteria - Eligibility Determination**: RSS will use the Residential Determination Form ito determine the types of support funding a person is eligible to receive. This form outlines the admission and treatment planning criteria for SLA, SPC, and Mental Health Court programs.

3. **Application for Mainstream Resources**: RSS assists the person in applying for mainstream governmental support resources.

4. **Request for Residential Supports:** Applicants determined eligible for a specific residential support program will require assistance from RSS in completing a Request for Residential Supports. RSS are responsible for ensuring all sections are accurate and complete. Proper completion of the

request will include validation of recipient's earnings from work, including provider facilities.

5. **Review of Request:** RSS submit the Request for Residential Supports to the Clinical Program Manager I (or designee) who will review the form and supplemental materials using the Center Directors' Residential Checklist 1, and provide feedback and request corrections as needed. Once the request is accurate and complete, the CPM-I or designee will contact the Rural Services Business office and notify designated staff member of the intent to initiate residential services. During business office review AA staff will admit the person onto the residential waitlist.

6. **Review by Business Office – Waitlist or Admit Determination:** Upon notification by the CPM-I or designee, business office staff will conduct a review of the Management Allocation Plans, Residential Budget, and Spending Projections and make an Admit or Waitlist determination based on the availability of funds, and notify staff of the originating center. This notice is recorded on the status line of the Request for Services which will be stored in the residential folder in the center originating the request. RSS will proceed accordingly upon receipt of this determination.

7. **Residential Program Admission in AVATAR:** RSS will notify Administrative Assistant Staff who will admit the person into the appropriate AVATAR residential episode as described on pages 11-12 of the Residential Manual. The RSS will assess the need for an outside service provider and Purchase of Service (POS) assistance.

8. **Complete Residential Application:** RSS interviews the person and completes the Residential Application.

9. **RSS Field Operations:** RSS will assemble the residential folder, review rights and responsibilities with the person, complete Tenancy Approval, Utility Allowance, and coordinate Housing Authority Inspection.

10. **Review of Field Operations – Feedback and Data Entry:** RSS submit the Residential Application and Field Operation documents to the CPM-I (or designee) who will review the materials using the Center Directors' Residential Checklist 2 and request corrections as needed. Upon completion the CPM-I or designee will notify RSS who will facilitate communication / faxing of documentation as follows:

a. Application to Rural Services Administrative Assistant for Homeless Management Information System entry.

b. Housing Authority Lease Approval and Utility allowance to business office.

11. **Team Meeting – Treatment Plan Review / Update – Least Restrictive Setting – Support Service Prescription and Prior Authorization:** The support team meets to review the person's support needs, ensure the LOCUS is current and appropriate to Residential Services (Level III or higher), and that:

- continuing services are needed,

-are medically necessary, and

-that other rehabilitative or supportive services designed to improve or maintain the current level of functioning are appropriately prescribed by the QMHP and specified in the treatment plan.

All treatment plans will contain specific goals addressing needed residential services and supports and will provide these services in the least restrictive setting. If preauthorized services are required, the QMHP will ensure the prior authorization is completed. The meeting will review the following:

a. Goals and desires the person has for self, present and future.

b. Person's current situation and preferences including how they spend their day.

c. Present personal and social relationships including supports needed to maintain the current relationship or establish desired ones.

d. Determine if the person wants or will live alone or with roommates. Include information on preferences such as if the prefer same sex, non-smoker, quiet or loud, etc.

e. Clarify financial status including types and sources of income, assets, bank accounts, and the ability of the person to manage his/her own money. Establish need for a payee if required. If not already done, clarify need for application for federal or state benefits.

f. Clarify medical and health issues including history, medications, medical providers names and addresses, upcoming appointments, and the person's own ability to manage medications, appointments, and to care for his/her own needs.

g. Clarify any current support services, including those from paid and unpaid (natural) sources.

h. Clarify the person's known skills, abilities, and desires for support in terms of rehabilitative or basic living skills. Identified needs, desires, and preferences will be part of the treatment plan.

e. Treatment plans of all individuals receiving residential services will include the statement in the client participation section that "availability for contract signatures and monthly withdrawal requests are critical responsibilities. Failure to discharge these responsibilities may result in termination from residential services".

12. **Meeting to Identify and Select Service Provider, if Available:**
Where provider staff are available and have capacity, RSS will assist the person to meet with representative/s of a provider agency to learn about their programs and services. If a provider is selected, a meeting will be held with the person, support persons, provider agency, and RSS. An initial contract will be developed

at this meeting which aligns services with the person's treatment plan. The team will review the contract at 30 days and 3 months and make necessary adjustments to the contract or treatment plan. With supervisory approval, a plan may be developed to cover an entire fiscal year.

13. **Income/Rent Calculation – Contract Development:** RSS staff will assure all pre-move in requirements and the Income/Rent form are completed. The RSS will work collaboratively with the person to complete a contract (SLA Agreement).

14. **Contract Review and Signatures:** RSS submit the Income Rent/Calculation and SLA Contract documents to the CPM-I (or designee) who will review the materials using the Center Directors' Residential Checklist 3 and request corrections as needed. Upon completion of the review RSS will obtain the person's signature and provider signature where applicable. The CPM-I or designee will then sign the contract and forward to the business office for review.

15. **Business Office –Fiscal Review and Signature:** Upon receipt of the contract the business office will conduct appropriate audits, ensure prior authorizations for provider or rehab services have been obtained and are current, and will provide feedback to CPM-I or designee in the event of identified problems. When complete, the business office will sign fiscal approval and forward to the Agency Director.

16. **Agency Director Review:** Agency Director will review against known agency budget and service priorities and provide the final signatory approval, returning the contract to the business office for final processing.

17. **Monthly Bills – Withdrawals:** RSS completes the withdrawal, obtains the client's original signature, and provides backup documentation as applicable, signs, and mails the original to the fiscal department of the Rural Services Business Office. Designated fiscal staff will audit withdrawal against the contract and approve for payment or decline with feedback to the RSS. Withdrawal requests without client signature will be declined and the client noticed per 1400.5.2.18(b). If approved, the fiscal staff will route the Withdrawal to the business office Administrative Assistant for routing to the State Controller's Office for payment.

18. **Quarterly Treatment Plan Review – Annual Progress – Discharge Criteria - Terminations:** RSS will ensure that services and supports are monitored for efficacy and report changed circumstances to the treatment team during regularly scheduled meetings AT LEAST ONCE EACH QUARTER, and one annual review. Reviews are documented in progress notes. Significant status changes must be reported to the RS Administrative Assistant for entry in the Homeless Management Information System. Changes that impact funding must be reported to the Business Office and may require changes to the contract or termination of services, which may occur for any of the following reasons:

a. The person or his/her guardian requests termination of services.

b. The person has not fulfilled his/her critical responsibilities as outlined in the treatment plan.

c. The person is absent from their residential program for an extended period of time, as determined by Rural Services in accordance with federal guidelines.

d. The person's medical needs cannot be met in their current residential setting.

e. The person's behavior places him/her or others in serious danger.

f. Funding of the service is no longer available.

g. In instances of federal funding, failure to follow federal guidelines as indicated in the Rights/Responsibilities form or other SPC documents.

i. The person is engaging in unlawful activities.

On discharge, RSS will notify AA staff in writing of the need to close the AVATAR residential episode. The RSS will notify fiscal staff of the Business Office who will update the budget projections accordingly. Closure to residential supports is subject to the appeals process indicated in the residential manual and in this policy.

1400.5.3 Provider Standards – Organizational Requirements: The purpose of this section is to establish an outline of expectations, obligations and responsibilities for Mental Health and Developmental Services Residential Providers

1. **Mental Health:** All Mental Health residential providers will have developed Organizational Foundations from which to operate, including but not limited to:

a. An established mission statement shared regularly with all employees

b. Current state and local business licenses

c. Residential oversight by professional that meets Medicaid QMHP or QMHA standards.

d. Training for staff in accordance with requirements established by MHDS including but not limited to:

- Incident Reporting
- Abuse, Neglect and Exploitation
- Personal Rights/Responsibilities, Dignity and Due Process (including oversight)
- Disaster and Emergency Preparedness
- Medical Supports (may include medication and side effects, seizures, and medical treatment—depending on people's needs)
- ISP Planning, Person Centered Goals, Implementation, and Reporting on progress
- HIPAA and confidentiality
- Handling conflict and complaints/grievance procedures (for both employees and people served

- Positive behavior approaches and supports
- Ethics, boundaries and professional behavior
- Money Management
- Suicide risk assessment
- Cultural competency

e. Proof of Workman's compensation coverage

f. Proof of Liability Protection specifically naming the State of Nevada and/or MHDS Rural Services.

1400.5.4 Quality Assurance Review Process

1. Environmental Reviews: RSS complete a minimum of 1 environmental review annually. Areas "not met" or 'partially met" will result in corrective action plans implemented to the extent possible by RSS staff. When complete, environmental reviews are submitted to QA for follow-up.

- **Reviews submitted to Quality Assurance (QA):** Staff of Rural Services QA will audit environmental reviews for compliance with safety, reporting, training, and policy. Review findings will be stored and included in certification or provider reviews.
- **Performance Improvement Plans Developed:** Rural Services Clinical Program Planner I will review findings annually for compliance with state and federal standards, draft, implement, and monitor corrective action plans in conjunction with agency CPM-II staff.
- **Results to MHDS Performance Improvement:** Results and PI plans of Rural Services will be communicated to MHDS Performance Improvement not less than bi-annually for use in statewide evaluation and planning.

2. Provider Reviews: Agency QA staff review providers based on the standards outlined in 1400.5.3.1. Provisionally certified or uncertified providers will be reviewed annually. Certified providers will be reviewed annually or biannually, depending on the period of certification and current provider performance. Negative findings result in a plan of correction and validation plan. Providers not meeting standards will be sanctioned according to the DS certification standards. Results of the reviews are discussed at Rural Services Management Meetings and reviewed by the Agency Director for performance improvement. Provider review includes examination of fingerprint data to comply with NRS 449.176.

3. Outcomes Surveys: MH staff complete yearly sampling surveys dependent upon the number of consumers receiving residential services and will include individuals receiving residential services in a variety of settings, both provider and private. Results are communicated to Rural Services Management Team and to MHDS Performance Improvement for statewide analysis and performance improvement plans.

4. RSS and Treatment Plan Review: Each CPM-I or a designated RSS supervisor completes at least 1 review quarterly for each RSS staff they supervise. Reviews comprise Director Checklists, Residential Materials, Treatment Plans. Results are communicated to the CPM-II, QA, and Agency Director for analysis and Performance Improvement plans.

5. Additional Review

- **Review of low income resources:** RSS will verify other types of income / resources for which the person may be eligible. RSS staff will ensure all low income resources are being maximized and state funding is only being utilized as a supplemental support. Eligibility will be reviewed on an annual basis. Supervisory review of these resources will also occur.

- **Supervisory Controls:** CPM-Is and will provide QA audits at 3 points in the development process:

  a. Request for Residential Supports

  b. Application

  c. Contract

- **Checklists:** Checklists for each review step outline the procedure by which reviews will occur.
- **One month review of services:** After a provider has delivered services for one month, the Supervisor and RSS will sign the provider invoice that they have reviewed and approved services and supporting documentation. This review will ensure services are provided according to best practice guidelines such that individuals are receiving, and providers billing, the appropriate level of services/supports specific to individual needs.
- **Review of External Reimbursement**: State funds are not designed to be permanent housing funds but are used to assist persons as they apply for mainstream resources. Thus, recipients are required to repay state funds when they receive a lump sum payment from Social Security or resources. RSS will review the Rights and Responsibilities Agreement and ensure the recipient initials this section (RM Step 6 and Rights and Responsibilities Form). When RSS become aware a recipient receives a lump sum payment, RSS will notify the fiscal department. The fiscal department will notify the recipient in writing of the amount and details of the repayment arrangement.

B. Fiscal Controls: Staff will adhere to Rural Services Policy **428, Purchases and Payments**.

C. Administrative Oversight - Attendance at Rural Continuum of Care: Rural Services coordinator of Residential Support Programs or designee will attend meetings of the Rural Continuum of Care and coordinate changes as required by federal guidelines.

D. HUD Grant Application and Reporting: Rural Services coordinator of Residential Support Programs or designee will maintain the Homeless Management Information System (HMIS), grant applications and meet reporting requirements designated by HUD.

1400.5.5 Complaint and Appeals Process

A. Any person who receives residential services has the same rights afforded to all persons receiving supported living services from MHDS pursuant to Chapter 433 of NRS.

B. A person has the right to file a complaint against the provider of services, or the State Agency with the Clinical Program Manager II of the region in which services are provided. Complaints may be verbal or in writing and clearly describe the person's dissatisfaction about any matter or aspect of the operation of Self Direction.

C. The CPM II who receives a complaint pursuant to subsection B will process the complaint within 30 days of receipt with a written response to the person filing the complaint.

D. If the agency is unable to resolve the complaint to the satisfaction of the complainant, the complainant may forward the complaint to the Agency Director or designee. The Agency Director shall review the complaint and render a decision concerning the complaint within 30 calendar days after receipt of the complaint. The decision of the Agency Director is a final decision.

E. If a person wishes to appeal a decision regarding award or denial of assistance, she or he must file a written appeal with the Agency Director within 15 days after the person received notice of the decision.

F. The Agency Director with whom an appeal is filed pursuant to subsection E may require documentary evidence to support the appeal. The Agency Director will complete the review of the appeal within 30 days after receipt of the written appeal.

G. A person may appeal a decision of the Agency Director issued pursuant to subsection F by filing a written appeal with the MHDS Administrator or designee. The appeal must be filed within 15 days after the person receives written notice of the decision of the Agency Director. The decision of the MHDS Administrator or designee concerning an appeal is a final decision.

1400.5.6 Forms: Forms for Residential Support Services are found in the Rural Services Residential Services and Supports Manual.

1400.5.7 Documentation: Each Month, for the previous month's services, a provider will submit an invoice and the backup logs/notes to justify the service or cost.

1. Invoices will show a breakdown of the cost which will not exceed the specialized services amount specified in the contract.

2. Case management Notes: provider case management staff will document only services describing the coordination of care between the provider and the agency.

3. Provider logs / notes must clearly indicate the type of basic skill training conducted. Notes/Logs must document that training was provided in one or more of the following areas:

Basic Living / Self Care, Social Skills, Communication Skills, Parental Training, Organization and Time Management, Transitional Living.

A. Case File Documentation (paper):

File Location	Data Required
Residential Determination form	Indication of homelessness, at risk status, mental court status, need for rehabilitation services
Request for Residential	Must be completed in accordance with manual guidelines (no blanks)
Residential Application	Must be completed in accordance with manual, and federal, guidelines (no blanks)
Invoices	Specify breakdown of the cost which will not exceed the specialized services amount specified in the contract.
Case management Notes	Specify only activities coordinating care between provider and agency
Provider Notes / Logs	clearly indicate the type of basic skill training conducted. Notes/Logs must document that training was provided in one or more of the following areas: *Basic Living / Self Care, Social Skills, Communication Skills, Parental Training, Organization and Time Management, Transitional Living.*

B. Electronic Documentation (AVATAR, DSNOW, etc):

Applicable Screen	Data Required
Intake Assessment	Intake Assessment, or progress note, must indicate homeless status and mental health disorder

1400.5.7 Supervisory Responsibility: Supervisors will provide in-service training to ensure all staff understand the requirements of this policy and procedure and understand the definitions and will revisit this policy periodically, but not less than annually, for recommendations for improvements or additions.

1400.6 Policy Cross Reference

1400.6.1 Division MHDS "Qualification Guidelines for Developmental Services"

1400.6.2 Rural Services 428, Purchases and Payments

1400.6.3 Rural Services 423, Purchase of Services