POLICY: It is the policy of MHDS Developmental Services (DS) Regional Centers to provide an opportunity and method for individuals and organizations to apply to enroll as qualified providers of services for people supported by the DS Regional Centers. An entity may not become or remain a provider of services for persons with developmental disabilities unless certified, per NAC 435, as a qualified provider. Provider enrollment, approval, and certification is determined by DS Regional Centers.

PURPOSE: This policy is to ensure that a fair and thorough process is utilized in approving and certifying providers of support services, to ensure that service recipients have an adequate and sufficient choice of qualified providers, and to ensure that service providers have appropriate safeguards in place to promote health, welfare, and stability of service recipients prior to commencement of service provision.

SCOPE: MHDS Developmental Services (DS) Regional Centers

REFERENCE: NRS 435.331-334

PROCEDURE:

I. TYPES OF SERVICES

An applicant may be qualified and approved to provide one or more type of service. Separate application packets are required for each type of service for which the applicant requests to be considered. Based on the results of the application packet review, interview and response to training, the Regional Center may determine a provider's qualifications, eligibility and approval on a service-specific basis. The final determination will be made by the local Regional Director. The service types include but may not be limited to:

A. Supported Living Services
   1. Regular– Intermittent Supports
   2. Intensive–Continuous Supports*
   3. Host Home for a Child
   4. Host Home for an Adult

B. Family Support Arrangements
   1. Provider-based in home supports
   2. Fiscal Intermediary

C. Jobs and Day Training (JDT)

D. Self-Directed Services (Available at Rural Regional Center only)
   Fiscal Intermediary

E. Specialized Services:
   1. Behavioral Consultation, Training, and Intervention
   2. Nursing
   3. Counseling
   4. Nutritional Counseling
   5. Community Integration
   6. Non-Medical Transportation

*A provider must complete a minimum of one DS Quality Assurance (QA) review cycle as a provider of Intermittent Supported Living Services prior to consideration of qualification and approval as a provider of Intensive Supported Living Services. At the discretion of the local Regional Center Director, this requirement may be waived based on prior documented experience, background and provider qualifications. A provider wishing to expand into Intensive Supported Living Services may be required to submit a new application.

II. APPLICATION PROCESS

A. Any individual or organization who wishes to provide services to people supported by a local Regional Center may contact that Regional Center and request a provider application and the accompanying packet of documents for either JDT, Supported Living, or Specialized Services. An application must be submitted to <u>each</u> Regional Center in which the applicant desires to provide services. A provider's eligibility or qualifications to provide various specific services will be determined by each individual Regional Center.

B. The enrollment, application, approval, and provisional certification process has multiple phases that may take several months to complete. The application is designed so that Regional Center approval is required after each progressive phase in order to avoid unnecessary costs to the applicant.

C. The applicant must return the completed application packet to the Regional Center Quality Assurance Department for review and processing.
   1. Incomplete applications received will be held for 30 days pending submission of additional required documentation.
   2. Failure to submit items within 30 days of initial receipt of packets may result in denial of application with notification letter and packet of original documents sent back to applicant.

D. Packets that do not meet the Regional Center standards will be denied and returned to the applicant with a notification letter.
   1. Applications that are denied by the Regional Center may not be resubmitted for 12 months from date of denial.
   2. Reapplications must include an explanation of changes made by the applicant to meet Regional Center standards.

III. Interview

Upon approval of an application packet, qualified applicants will be interviewed by a screening panel. The panel will determine whether the applicant meets criteria to proceed with the enrollment process. The panel will also define parameters, expectations, and service limitations as deemed applicable.

IV. Training

Upon acceptance of the initial application and successful completion of an interview, the applicant and/or organization's management must complete established training requirements of the specific Regional Center in which they are enrolling. The training will focus on values, regulations, policies, safeguards, requirements and expectations. After successful completion of the training requirements the Regional Center will advise the applicant of their enrollment status.

V. Enrollment and Provisional Status

A. Prior to issuance of provisional certification, or approval, all required documentation as outlined in the provider application must be on file with the Regional Center.

B. For a qualified provider to attain provisional status and receive reimbursement for the provision of services, compliance with the established standards of quality must be maintained.

C. If accepted as a provider, the local Regional Center will coordinate enrollment with Nevada Medicaid.

A valid Medicaid Provider number is required to be on file at the Regional Center prior to receiving any service referrals.

Please Note: Acceptance as a provider at the end of the application and enrollment process does not guarantee contracts will be received, and the Regional Center is not responsible for any expense incurred by the individual or organizational provider as a result of the application process.

D. Provisional Status Timeline

New providers are initially accepted on provisional status. A Quality Assurance Review will be scheduled within 9 to 12 months after intitiation of service provision. Based on the Quality Assurance Reviews, the Regional Center certifies, or approves, new providers for a one year period. Existing providers may be approved or certified for one or two years based on the reviews, or remain on provisional status as needed to correct deficiencies found in the reviews.

E. If an Applicant is approved as a provider, but has not initiated services within a 12 month period, the provisional status will be withdrawn. If the applicant wishes to

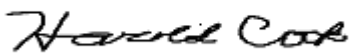
keep the provisional status, the application packet must be reviewed and revised to reflect all current standards and requirements, and the Regional Center Director must approve the re-instatement of the provisional certification or approval.

VI. Provider Review and Certification or Approval

A. The initial provisional status will not exceed one year.
   1. During the initial year of services, Regional Center Agency staff shall provide routine contact and oversight activities with the provider to assure basic health, safety and welfare standards are met.
   2. These activities will include:
      - Review of incident reports;
      - Review of investigation reports;
      - Visits to work sites and homes; and
      - Assessment of service recipient's satisfaction.
   3. This information will be used in the Quality Assurance process for determination of ongoing certification or approval.

B. On, or before, the annual anniversary date of the initiation of service provision, the Regional Center will conduct a review. The outcome of the review will determine the type of certification or approval that will be granted to the provider organization.
   1. At any time the Regional Center may conduct a review for cause if there are allegations of abuse/neglect/exploitation or concerns related to the health, safety or welfare of the people being served.
   2. If a provider is enrolled in more than one region, the Regional Centers have the option to coordinate review schedules.

C. New providers must complete two annual cycles of QA reviews prior to eligibility for a two year certification or approval.



ADMINISTRATOR

EFFECTIVE DATE: 5/20/10
REVISED / REVIEWED:
SUPERSEDES: New
APPROVED BY MHDS ADMINISTRATOR: 4/29/10
APPROVED BY MHDS COMMISSION: 5/20/10