POLICY: It is the policy of the Division of Mental Health and Developmental Services that all Division mental health agencies will have a Residential Services plan outlining the provision and oversight of contracted residential services, as defined in this policy.

PURPOSE: The Division of Mental Health and Developmental Services is committed to supporting quality residential services for its consumers throughout its service system; therefore, all Division mental health agencies will have an operational structure whereby service standards, oversight, and continuous performance improvement are outlined.

All residential services received through MHDS mental health agencies are to be provided in a manner reflective of the Division's values of community integration, consumer involvement, consumer satisfaction, family support, safety, improved social functioning, personhood, skilled coping, and symptom reduction.

SCOPE: Division wide

Definitions of MH Residential Services along the Continuum:

- Supported Living Arrangement (SLA): Provides individualized support services to enable people to reside independently in their homes and communities. These services/supports are intermittent, and may include housing assistance, assistance with managing appointments or benefits, direct training or assistance with daily living skills/activities such as budgeting, medication management, and social activities planning. A Service Agreement (considered a contract) is 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. The cost of services depends on the number of support hours required to move the person toward achievement of desired outcomes, to assure their safety, and to live independently in his/her home.

  Funding Types:

  - Regular: The person and the MHDS agency contribute to the cost of room and board and specialized services.
  - Shelter Plus Care: Assists people that are homeless and mentally ill to attain permanent housing and independent living. HUD provides the rent and utility support and the state agency provides the supportive services.

- Intensive Supportive Living Arrangement (ISLA): An ISLA is the same as a SLA; however it is for persons who need comprehensive, constant, individualized supports/supervision to live independently in their homes and communities. In addition to the above listed services/supports, the person may require more hands on assistance and supervision to maintain their health and safety. Night supports may range from on site staff presence to awake supervision. Intensive arrangements may also include specialized care such as those for people who are Medically Fragile, which may be called a Special Needs Arrangement.

- Group Home (GH): A group home is a private home in which multiple people reside; it is contracted and staffed by a provider agency. Supports are not individualized. The homes must be licensed annually through the Nevada State Health Division's Bureau of Health Care Quality and Compliance.

Procedures: Each MHDS Mental Health agency will:

I. Develop, implement, and maintain a current policy version that defines the referral process for residential services in accordance to this MHDS Policy for Mental Health Residential Services. The policy will include referrals from both inpatient and outpatient services and will include a copy of Level of Care Utilization System (LOCUS) Assessment and its utilization methods.

II. Develop, implement, and maintain policies that define the scope of current residential processes used to determine the least restrictive setting appropriate for individuals receiving services.

III. Develop, implement, and maintain policies and procedures that define provider standards and expectations by which residential services will be delivered in accordance to the MHDS philosophy. This policy will include, but is not limited to:
   A. Licensing, certification, and other standards for each provider type;
   B. Process/qualifications for enrolling as MH residential provider; and
   C. Expectations of services as a MH residential provider.

IV. Develop, implement, and maintain policies and procedures that demonstrate how providers are monitored, evaluated, and reviewed on a regular basis.

V. Develop, implement, and maintain policies and procedures that assure that providers continue to meet established requirements and licensure. These policies must also include frequency and type of activities required for ongoing monitoring of community providers.

VI. Develop, implement, and maintain policies and procedures that indicate training requirements and that demonstrate how provider training requirements are met and tracked.

VII. Develop, maintain, and implement policies and procedures that define

contract management, billing, and payment activities. Policies must include financial accountability of trust funds as well as personal funds. Items may include, but are not limited to:

A. The nature and frequency of reviews/audits it conducts;
B. Identifying staff that conduct reviews/audits; and
C. Process for disciplinary action for violations.

VII. Develop, implement and maintain procedure that ensures client earnings for work performed is considered when determining benefits and contracts.

IX. Develop, implement, and maintain policies and procedures that outline process for setting types (such as group home to SLA), for individuals to change providers, and discontinuation of services.

X. Develop and maintain policies that will define agency oversight and program improvement responsibilities per MHDS Policy #4.039 – Performance Improvement, including but not limited to:

A. Frequency of quality assurance activities;
B. Review methodologies, including sampling methodologies;
C. Persons responsible for conducting quality assurance activities to include qualifications.
D. Provisions for periodically reviewing and revising quality assurance policies and procedures.

XI. Report quality assurance activities to Quality Assurance Specialist III located in Division office on a quarterly basis on approved form. The report is to include, but is not limited to:

A. Environmental Reviews;
B. Provider Reviews;
C. Fiscal Reviews; Outcomes Reviews or Surveys;
D. Accreditation Readiness Reviews; and
E. Service Coordination/Treatment Plan Reviews; and,
F. Description of how consumers of mental health services in are involved in quality assurance activities.

Harold Cook

Administrator

EFECTIVE DATE: 2/08/02
DATE REVIEWED/REVISED: 6/15/07, 3/5/09, 3/18/10, 5/20/11
SUPERSEDES: POLICY # 4.046 MENTAL HEALTH RESIDENTIAL SERVICES
APPROVED BY MHDS ADMINISTRATOR: 5/20/11
APPROVED BY MHDS COMMISSION: 5/20/11