

Region V Systems

Network Management Procedures
CARF Standard 5, 6
206 NAC 4-001.03J-J1

Effective: 6/20/01
 Revised: RA 9/21/17

■ **Minimum Standards for Provider Network Procedures**

- **Criteria for Inclusion**
- **Provider Eligibility**

STANDARD 5.a.-b. CRITERIA FOR INCLUSION OF PROVIDERS IN THE PROVIDER NETWORK

Region V Systems employs criteria and decision-making processes in the review and selection of behavioral health care organizations for inclusion and retention in the Provider Network. Region V Systems seeks additional providers only in the event that new funding is available or an existing Network Provider leaves the network.

Any provider wishing to be considered for eligibility as a member of Region V's Behavioral Health Provider Network must meet the Minimum Standards as outlined here. Minimum Standards are designed to answer the following questions:

- A. Does the provider have the capability to provide behavioral health services and fulfill its potential role in the Network?
- B. Are the Division of Behavioral Health and the Network interested in purchasing the services the provider has to offer?
- C. Does the provider demonstrate implementation of a person-centered philosophy in service delivery?
- D. Does the provider demonstrate ethical practices in business and service delivery?
- E. Does the provider demonstrate adherence to applicable legal requirements, health and safety requirements, and risk management practices?
- F. Is the provider achieving the outcomes the Division of Behavioral Health and the Network are interested in purchasing?
- G. Does the provider demonstrate fiscal viability and stability?
- H. Does the provider have the capacity and ability to fulfill the mission of the network?

ENROLLMENT & SELECTION CRITERIA SUMMARY

- A. Determination to enroll a behavioral health provider is based on the primary source verification of enrollment information as outlined above in A-E and an on-site visit to verify the information reported and conformance to the Minimum Standards.
- B. Determination by Region V Systems that the program capacity of the provider is needed in the Region.
- C. Determination by Region V Systems that funds are available.
- D. Recommendation by Region V Systems to the Regional Governing Board to enroll the provider.
- E. Approval by the Regional Governing Board and Division of Behavioral Health.

REGION V SYSTEMS RESPONSIBILITIES

- A. Region V Systems will enroll providers to participate in the Nebraska Behavioral Health Regional Networks upon demonstration that the provider has met the minimum standards and enrollment criteria.
- B. Region V Systems will determine capacity necessary to meet a minimum balanced system in Region V with the funds available.
- C. Region V Systems will conduct retention reviews to determine the ongoing enrollment status of providers.
- D. Region V Systems will have a system in place to keep the enrollment information current and accurate and provide DHHS with provider enrollment information, as applicable.
- E. Region V Systems will conduct Services Purchased Verifications at least annually and Program Fidelity Reviews at least every three years for each provider enrolled.

PROVIDER ENROLLMENT PROCESS

A. Initial Enrollment Plan Requirements

Providers requesting provider enrollment in the Network will complete a Provider Enrollment Form and provide supporting documentation as outlined below.

1. **Demonstration of Capacity**

- a) Facility Licenses, Operational Permits and Food Permits, as required.
- b) Professional Licenses, as required.
- c) Proof of Insurance
 - Workers' Compensation
 - Motor Vehicle Liability
 - Professional Liability (\$1,000,000 minimum)
 - Directors'/Officers' Liability
 - General Liability (\$1,000,000 minimum)
- d) Fiscal Viability - demonstrated as "a going concern" by an audited balance sheet.
- e) Providers must be enrolled as a Medicaid provider (MC 19 or MC 20 form) if the service provider is eligible for Medicaid funding.
- f) A Program Plan for each service provided in the Network to include:
 - Administrative & operational overview of provider
 - Purpose of program
 - Need for the program
 - Target population
 - Organization of program
 - Program goals
 - Admission criteria
 - Assessment process
 - Specific program services
 - Procedures for direct consumer involvement
 - Capacity
 - Program staffing
 - Quality assurance plan
 - Facility needs

2. National Accreditation

Providers must comply with state regulations 206 NAC 5-001 to receive funds administered by the Division for service delivery. Providers must furnish documentation to Region V Systems, demonstrating the following:

- a) Accreditation appropriate to the organization's mission by The Joint Commission (TJC), the Commission on Accreditation of Rehabilitation Facilities (CARF), the Council on Accreditation (COA), or other nationally recognized accreditation organization(s) approved by the Director. Documentation of accreditation must include:
 - 1) A complete copy of the most recent official accreditation report;
 - 2) Documentation of the most recent official award of accreditation; and
 - 3) A complete copy of the plan of correction submitted in response to the official accreditation report, if applicable.

- b) Those organizations that do not have documentation of official award of accreditation by TJC, CARF, COA, or other nationally recognized accreditation organization(s) approved by the Director must submit an Accreditation Development Plan for progressively bringing the organization into accreditation status during a two-year period. During the time an organization is working toward accreditation under an Accreditation Development Plan, the organization must meet the standards for behavioral health services in 206 NAC 6. The Accreditation Development Plan must demonstrate a systematic approach toward achieving accreditation and must include:
 - 1) Policies and procedures to be followed during the accreditation development period including policies and procedures for protecting the life, safety, and rights of consumers served;
 - 2) A quality improvement program which follows the standards set by the national accreditation body which is being sought by the organization (TJC, CARF, COA, or other nationally recognized accreditation organization(s) approved by the Director);
 - 3) A written plan for accomplishing the accreditation. The plan must include the type of accreditation being sought (TJC, CARF, COA, other) that is appropriate to the organization's mission and includes goals, measurable objectives, target dates, person(s) responsible, and deadlines for making application for accreditation and for scheduling accreditation survey; and
 - 4) A report on the results of a self-administered survey following the standards set by the national accreditation body which is being sought by the organization.

3. Quality Assurance

The provider will provide information which demonstrates the operation of behavioral health services, which shall include:

- a) Utilization data - process-oriented information, including results of goals and objectives of the program itself.
- b) Outcome data - outcome-oriented information which demonstrates results based on actual clinical status (e.g. increased function, increased health status, decreased symptoms, employment outcomes, improved housing, improved legal status, and other related outcomes).
- c) Record of accepting system management referrals - demonstrates that the agency has accepted persons who meet the financial eligibility requirements.

4. Consumer Satisfaction

The provider will produce or outline how it will be able to meet the following:

- a) Consumer Satisfaction Survey and results
- b) Develop and implement a mechanism to track and resolve consumer complaints regarding the provider.
- c) Disclose the outcome or status of any malpractice suits (pending or recently adjudicated).

5. Error-Free Reporting

The provider will identify its plan for ensuring that accurate information is provided to the Region and Division of Behavioral Health on a timely basis. The provider will demonstrate accuracy in billing, consumer service data, and other reporting requirements.

B. On-Site Visit

Prior to enrollment and service provision, an on-site visit will be conducted by Region V Systems at the provider's location.

1. The on-site visit will evaluate the site where services are provided. When the service is not a **"facility-based program," the building or location visited is the site where the provider's organized program, clinical, financial record keeping function is established.**
2. The on-site visit will verify all information provided to comply with Section A.1.
3. The on-site visit will verify that the provider's clinical record keeping practices conform with the program plan submitted and minimum standards. This is a systematic review of the clinical records for conformity and content but will not make judgment on the appropriateness of treatment.

C. Provisional Enrollment Status

The decision to enroll a behavioral health provider as "provisional status" is based upon the Enrollment Criteria outlined above. Provisional status is a 12-month trial period where the provider has the opportunity to demonstrate the organizational ability to deliver services within Region V Behavioral Health Provider Network. Candidates will be considered eligible for a 12-month provisional status in Region V's Network, according to the Enrollment Criteria, if a satisfactory Enrollment Plan is submitted as well as completion of a satisfactory on-site visit by Network Management.

ONGOING PROVIDER RETENTION PROCESS

After the successful completion of the 12-month provisional period, the decision to retain a behavioral health provider is based on actual performance and a retention review. A regular site visit, which includes a program review, unit audit, financial review, and continued compliance with minimum standards and contract requirements, will be conducted. Continued status as a member of the Region V Behavioral Health Provider Network is contingent upon the following:

- Continued compliance with enrollment requirements, minimum standards, contract requirements and State Regulations;
- A review of data demonstrating the operation of the service outlined in the current contract;
- Consumer satisfaction;
- Compliance with information reporting and data submission to Region V Systems;
- Completion of reports specified by Region V Systems;
- Inclusion of consumers in development, implementation, and evaluation of services.
- Successful annual site visits.

PROBATION

Region V Systems can make recommendation to the Regional Governing Board to place a provider on probationary status at any time for failure to comply with the minimum standards for enrollment.

- If a provider is placed on probation status, a Corrective Action Plan is mutually developed with Region V Systems to address the identified problems and submitted to Region V Systems within 30 days.
- Region V Systems will review the Plan of Correction.
- Region V Systems will conduct an on-site visit to determine compliance with the Plan of Correction.
- Region V Systems will make recommendation to the Regional Governing Board regarding continued provider status.