~~CHAPTER 5 - REGULATIONS FOR CERTIFYING MENTAL HEALTH~~

~~PROGRAMS 001 OVERVIEW~~

~~00 1.0 1 RATIONALE. These regulations are issued as a basic framework for community mental health programs to establish acceptable treatment and/or rehabilitation practices as well as management policies and procedures which define their approach to consumer care. The intent of these regulations is to establish standards of community mental health services which will facilitate a program's effective use of resources by focusing a high priority on the issues involving quality. Compliance with these regulations indicates the program's capacity to systematically manage community mental health services.~~

~~001.02 APPLICABILITY. Organizations and individuals receiving community mental health funds administered by the Department of Public Institutions must be certified by the Department to provide the community mental health program(s) specified in 204 NAC 5 -003.~~

~~001.02A All organizations and individuals receiving funds from the Department under a contract with the Department or through a Regional Governing Board shall be certified by the Department to provide the program(s) specified in the contract.~~

~~001.02B A program not previously funded by the Department will have one year from the effective date of the contract to become certified. The Department may grant an extension to this developmental period up to one additional year.~~

~~001.02C An organization not funded by the Department may also voluntarily seek program certification in order to receive the formal recognition as a provider of mental health program(s). A reasonable fee may be accessed for this service.~~

~~001.03 PROGRAM CERTIFICATION PROCEDURES.~~

~~001.03A Organizations and individuals seeking certification of mental health program(s) under these regulations shall make a formal application on forms provided by the Department.~~

~~001.03B Prerequisites for seeking certification of program(s):~~

~~001.03B1 Current copy of the required licenses issued by:~~

~~001.03B1a the Nebraska Department of Health.~~

~~001.03B1b applicable local licensing authorities of competent jurisdiction which apply to the program to be certified.~~

~~001.03B2 Documentation on the type of organization seeking certification (e.g., governmental, private non-profit) to operate the program(s).~~

~~001.03B3 Accreditation appropriate to the organization's mission by the Joint Commission on Accreditation of Healthcare Organizations (hereafter referred to as JCAHO), the Commission on Accreditation of Rehabilitation Facilities (hereafter referred to as CARF), or other nationally recognized~~

~~accreditation organization(s) approved by the Director. Documentation of accreditation must include:~~

~~001.03B3a A complete copy of the most recent official accreditation report.~~

~~001.03B3b Documentation of the most recent official award of accreditation.~~

~~001.03B3c A complete copy of the plan of correction submitted in response to the official accreditation report.~~

~~001.03B3d Organizations seeking certification under this section are exempt from regulations under 204 NAC 5-004, except when no nationally recognized accreditation organization can be identified by the applicant for the program to be certified. When the Department agrees in writing that no national accreditation is possible, the regulations under 204 NAC 5-004 will apply.~~

~~001.03B4 Those organizations which do not have documentation of official award of accreditation by the JCAHO, CARF, or other nationally recognized accreditation organization(s) approved by the Director shall provide an Accreditation Development Plan for progressively bringing the organization into accreditation status during a two year period. The Accreditation Development Plan shall demonstrate a systematic approach toward achieving accreditation and shall include:~~

~~001.03B4a Policies and procedures to be followed during the accreditation development period including:~~

~~001.03B4a1 Policies and procedures for protecting the life and safety of consumers served.~~

~~001.03B4a2 A Quality Improvement Program which follows the standards set by the national accreditation body which is being sought by the organization (JCAHO, CARF, or other nationally recognized accreditation organization(s) approved by the Director).~~

~~001.03B4b A written plan for accomplishing the accreditation.~~

~~001.03B4b 1 The Plan shall include the type of accreditation being sought (JCAHO, CARF, other) which is appropriate to the organization's mission, goals, measurable objectives, target dates, person(s) responsible, deadlines for making application for accreditation and for scheduling accreditation survey.~~

~~001.03B4b2 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 shall be included in the plan.~~

~~001.03B4c The organization shall submit to the Department:~~

~~001.03B4c1 A semi-annual written progress report on the implementation of the Accreditation Development Plan.~~

~~001.03B4c2 On an annual basis the Accreditation Development Plan will be revised to reflect the organization's present situation.~~

~~001.03B4d Organizations which are denied accreditation or receive provisional accreditation will:~~

~~001.03B4d1 Be allowed a one-time one year extension from the date they receive notice of their accreditation status to become an accredited organization.~~

~~001.03B4d2 Be required to submit a revised Accreditation Development Plan.~~

~~001.03B4e Organizations seeking certification under Section 001.03B4 can receive either ONE YEAR PROGRAM CERTIFICATION or NO PROGRAM CERTIFICATION. These programs are not eligible to receive THREE YEAR PROGRAM CERTIFICATION.~~

~~001.03B4f Organizations seeking certification under this section are exempt from regulations under 204 NAC 5-004.~~

~~001.03B5 For organizations receiving $75,000 or less of community mental health funds administered through the Department, accreditation by the JCAHO, CARF, or other nationally recognized accreditation organization(s) approved by the Director is optional.~~

~~001.03B5a When organizations receive $75,000 or less of community mental health funds administered through the Department and elect not to meet the national accreditation requirements, these organizations shall meet the requirements specified under regulations 204 NAC 5-004.~~

~~001.03B5b The Department will conduct the site visit required for compliance with the regulations under 204 NAC 5-004.~~

~~001.03B5b1 The Department will issue a written report of findings within 30 working days of completing the site visit. The report will indicate the level of compliance with the requirements under 5--004.~~

~~001.03B5b2 The report will be forwarded to the organization by certified mail.~~

~~001.03B5b3 The Department considers the documentation collected during the certification site visit, and the certification site visit report to be confidential, except when an appeal is filed under Title 207 Rules of Practice and Procedures for Administrative Hearings before the Department of Public Institutions, as well as any actions resulting from this process.~~

~~001.03B6 Individuals seeking program certification shall:~~

~~001.03B6a Comply with the requirements specified under Regulations 204 NAC 5-004.04 to 004.08 and 004.09B.~~

~~001.03B6b Have at least a master's degree in psychology, social work, or a related mental health field and be licensed and/or certified in a mental health field by the Nebraska Department of Health.~~

~~001.03C Organizations and individuals seeking certification of program(s) by the Department of Public Institutions shall submit written documentation per the requirements of 204 NAC 5-002 and 003 for each program area specified under 204 NAC 5-003 to be certified by the Department.~~

~~001.03C1 Organizations and individuals not presently certified by the Department shall submit an application for certification within 245 days of signing the contract to develop and/or provide a community mental health program.~~

~~001.03C2 For organizations and individuals seeking renewal of the program certification, the application is due 90 days prior to the expiration of the current certification.~~

~~001.03C3 Organizations and individuals under contract with the Department at the time of the effective date of these regulations have 180 days to apply for program certification.~~

~~001.03C4 The Department may take whatever steps are needed, including on- site visitation, to verify the content of the material submitted as part of the written documentation required under 204 NAC 5-002, as well as the applicable requirements for the program area(s) under 5 -003.~~

~~001.03C5 Organizations may use the same written material needed to meet national accreditation standards to also address specific requirements under Sections 002 and 003 of these regulations.~~

~~001.03C6 The Department shall accept the written material designed to meet specific requirements covered in both these regulations (205 NAC 5) and the National Accreditation Organization when it is approved by the National Accreditation Organization. For the purposes of this requirement, approved means there was no corrective action necessary as documented in the Official Accreditation Report issued by the National Accreditation Organization.~~

~~001.03C7 The Department may request documentation, information, and/or visit the applicant as a function of the Department's quality improvement program.~~

~~001.03D After a review of the complete application for program certification, including all applicable documentation, the Department will provide notification to the applicant on the program certification status.~~

~~001.03D1 Program certification options are:~~

~~001.03D1a THREE-YEAR PROGRAM CERTIFICATION which means the program meets the Department's requirements by showing substantial fulfillment of the standards.~~

~~001.03D1b ONE-YEAR PROGRAM CERTIFICATION which means the program meets the Department's requirements, however, deficiencies were present. Although deficiencies were present, there is evidence of capability~~

~~and commitment to correcting the deficiencies within the one-year time period. On the balance, the program is benefiting the consumers and there is apparent protection of their health, welfare, and safety.~~

~~001.03D1c NO PROGRAM CERTIFICATION which means the program has deficiencies in one or more of the Department's requirements.~~

~~001.03D2 The Department will provide written notification to notify the organization or individual of the certification decision by certified mail.~~

~~001.03D3 The organization or individual receiving a ONE YEAR PROGRAM CERTIFICATION shall, within sixty (60) days of receipt of the certification decision, submit a detailed plan of corrections which describes corrective action to be taken on each of the deficiencies cited in the Department's report.~~

~~001.03D4 If the organization or individual is denied certification, or the certification is revoked, six months shall elapse from the date of denial or revocation before the organization or individual may reapply for program certification.~~

~~001.03D5 The applicant aggrieved by a decision of NO PROGRAM CERTIFICATION shall be entitled to an appeal. The appeal procedure is described under Title 207 RULES OF PRACTICE AND PROCEDURE FOR ADMINISTRATIVE HEARINGS BEFORE THE DEPARTMENT OF PUBLIC INSTITUTIONS.~~

~~001.03E Upon certification denial or revocation, the contract containing the community mental health funds, or portion thereof for that particular program, will be terminated 30 days after notification by certified mail.~~

~~001.03F The Department shall forward a written notice of final certification status to the Regional Governing Board of the mental health region in which the organization or individual is located.~~

~~001.03G The Department shall provide the certification status for each program certified by the Department to others upon request after the applicant organization or individual has been notified of the certification status.~~

~~001.03H In the event there is a change in the Department certified program's (1) ownership, (2) governing body's responsibilities or structure, (3) other related control of the program, (4) types of services offered, or (5) a significant increase or decrease in the volume of services, the Department may terminate the program certification. The Department will notify the program of the termination by certified mail.~~

~~001.03I The organization certified by the Department or seeking certification from the Department shall provide:~~

~~001.03I1 Written notification to the Department 30 days in advance of the scheduled accreditation site visit(s) being completed by JCAHO, CARF, or other nationally recognized accreditation organization(s) recognized by the Director.~~

~~001.03I2 An opportunity for the Department to be involved in the accreditation process by providing technical assistance, participation in orientation and exit conferences, providing information prior to and/or during the accreditation site visit and other related duties.~~

~~001.03J The Department may revoke certification at any time it is determined by the Department that the organization or individual has not remained in compliance with the requirements under 204 NAC 5.~~

~~001.03K A staff member who holds a position specifically referred to in these regulations who does not meet the minimum qualifications established by these regulations, but who has filled the position prior to the effective date of these regulations, who has demonstrated an ability to fulfill the required duties of the position, and whose scope of practice is consistent with the applicable state and federal statutes, may continue to serve in that capacity. For the purposes of this regulation, "staff" shall mean any person who is employed full or part-time as a regular employee of that program.~~

~~001.03L Documents and Records~~

~~001.03L1 Program documentation and individual service records shall be retained for a minimum of whichever is longer: five (5) years after the consumer was discharged from the program or five (5) years following the end of the contract year in which services were billed.~~

~~001.03L2 Documentation and information provided by the organization or individual seeking and/or maintaining program certification from the Department is a critical element in the certification process and in determining compliance with the certification requirements. The Department assumes the information and documentation provided by the organization or individual is accurate, truthful, and complete.~~

~~001.031,2a The falsification of documents or information by the organization or individual shall be grounds to immediately terminate the application process or the existing program certification.~~

~~001.031,2b When program certification is denied or revoked due to falsification of documents and/or information, the organization or individual may not reapply for program certification by the Department for twelve (12) months after the certification was formally denied or revoked.~~

~~002 PROGRAM PLAN REQUIREMENTS Each Department certified program shall have a written program plan and/or related documents which demonstrates how it meets and is consistent with the definition of the program area in NAC 5-003 as well as demonstrates internal consistency among all its elements. Each Department certified program shall also have documentation which provides evidence of the implementation of the written plan and/or related documents. The following regulations apply to each program area for which certification is requested. The program plan shall include:~~

~~002.01 A description of the program's purpose.~~

~~002.02 A description of how the program is organized.~~

~~002.03 Goals which describe program specific desired outcomes.~~

~~002.04 A description of the procedures used in the following aspects of care which are designed to meet each consumer's needs and actively involves the individual in its development and implementation:~~

~~002.04A Admission: The description of admission procedures must include observable criteria which qualify individuals for admission into the program. The admission criteria must not exclude persons solely on the basis of ability to pay, previous admission record, marital status, race, color, national origin, religion, or disability. Restrictions based on age and gender must be clearly stated and justified in the program plan.~~

~~002.04A1 The Psychiatric Rehabilitation and Support Programs shall document that each consumer admitted meets the criteria specified under the definition in 204 NAC 1-001.33 for Persons Disabled by Severe and Persistent Mental Illness.~~

~~002.04A2 The Specialized Child and Adolescent Programs shall document the youth admitted meets the criteria specified under the definition in 204 NAC 1- 001.07 for Child or Adolescent who has a Severe Emotional Disturbance.~~

~~002.04B Assessment: The description of the assessment procedures used in the program.~~

~~002.04B1 For the purposes of these regulations, assessment means the process a mental health program completes with each consumer, to gather information and documentation needed to identify the individual's status and needs in order to develop an individualized service plan, consistent with the definitions in 204 NAC 1-001.03 and 204 NAC 1.001.04.~~

~~002.04B2 The assessment shall include the procedures used to assess and address a consumer's substance abuse problems.~~

~~002.04B2a As part of the individual assessment, the program shall complete a screening for the substance abuse problems with all consumers.~~

~~002.04B2b If the screening indicates a further assessment is warranted, the program shall have a mechanism designed to refer the consumer for a more comprehensive substance abuse assessment to be completed by a professional cross trained in both the Substance Abuse and Mental Health or a Department certified Alcohol/Drug Abuse Counselor.~~

~~002.04B2c Any identified substance abuse problem needs to be addressed through referral and coordination with an appropriate substance abuse program or through an individualized, integrated program designed to meet the consumer's mental health and substance abuse needs.~~

~~002.04B3 The assessment for the Psychiatric Rehabilitation and Support Programs shall include procedures to assess each consumer's strengths and needs in the functional impairments such as capacity for daily living, capacity for community living, and functioning in social, family, and vocational/educational contexts.~~

~~002.04B4 The diagnosis of major mental illness or disorder shall be made by a qualified physician licensed by the Department of Health or clinical psychologist licensed by the Department of Health.~~

~~002.04C Individual Service Planning~~

~~002.04D Service Provision~~

~~002.04E Coordination of Services with Other Programs 002.04F~~

~~Periodic Reassessment and Individual Plan Revision~~

~~002.04G Discharge Planning procedures, including the observable criteria which qualify the consumer for discharge from the program.~~

~~002.04H Discharge Follow-Up~~

~~002.05 An estimated average length of service in the program which indicates the amount of time the consumers will be in the program.~~

~~002.06 Procedures used to inform potential consumers about the program.~~

~~002.07 A description of the procedures used for the meaningful participation of consumers in the development, evaluation, and ongoing adjustments to the program plan.~~

~~002.08 The program must demonstrate how program activities are designed for and are appropriate to the developmental stage (e.g., youth or adult) of the program's consumers.~~

~~002.09 The program shall have a current internal disaster plan which must include:~~

~~002.09A Provision for the evacuation and/or protection of persons in the program's facilities at the time of a disaster;~~

~~002.09B An annual orientation and training of staff in following emergency procedures;~~

~~002.09C The plan on how the provider will continue the operation of the program during recovery from the disaster.~~

~~002.10 Each program plan shall specify the employees, consultants, volunteers and/or students who staff the program. The plan must include:~~

~~002.1 0A A description of the number and qualifications of each staff position used in the program which is consistent with the Department's definition of the program in 204 NAC 5- 003.~~

~~002.1 0B How the program verifies credentials of personnel for compliance with stated qualifications prior to employment.~~

~~002.1 0C The designation of a program director who is a person clinically and programmatically responsible for the program with sufficient qualifications to organize the program as well as to supervise the clinical and programmatic activities of the staff.~~

~~002.1 0D The program staff providing Individual, Group, and/or Family Therapy shall have a minimum of a master's degree in psychology, social work, or related mental health field and~~

~~002.10D1 A license/certificate in a mental health field from the Department of Health or~~

~~002.10D2 Be eligible for a license/certificate in a mental health field from the Department of Health, as long as the individual is supervised by a staff person who is licensed in a mental health field by the Department of Health and the individual receives his/her license/ certificate within five years of beginning the supervised clinical experience.~~

~~002.10E For personnel responsible for the Medication Services of a program:~~

~~002.10E1 The initial evaluation for the purpose of prescription of psychotropic medication shall be performed by a physician, preferably a psychiatrist, who is licensed by the Department of Health.~~

~~002.10E2 The medication and monitoring services for medication effectiveness and side effects may be provided by a physician licensed by the Department of Health; or a physician assistant or nurse practitioner licensed by the Department of Health under the clinical supervision of a licensed physician.~~

~~002.10E3 When medication effectiveness is not achieved, or there are significant side effects to the medication, the personnel responsible for medication and monitoring services shall consult with a psychiatrist licensed by the Department of Health.~~

~~002.10E4 Medication administration may be provided by nursing staff licensed by the Department of Health, or as authorized by the facility license from the Department of Health.~~

~~002.1 0F For Psychiatric Rehabilitation and Support programs, consultation by professionals licensed/certified by the Department of Health in a mental health field on general medical, psychopharmacology, and psychological issues, as well as overall program design issues, shall be available and used as needed by staff and/or with consumers.~~

~~002.1 0G For Specialized Child and Adolescent programs, consultation from a psychiatrist licensed by the Department of Health, preferably a child psychiatrist, shall be used to provide medication services and to identify additional psychiatric care needed by the youth.~~

~~002.10H For Outpatient Adjunctive Services, Dual Disorder Treatment Adjunctive Services, Service Coordination, Residential Support, and Vocational Support, the minimum qualifications are:~~

~~002.10H1 The completion of the staff training curriculum for initial orientation and continuing education.~~

~~002.10H2 The minimum education and experience requirements are:~~

~~002.10H2a A bachelor's degree, or~~

~~002.1 0H2b Post high school coursework in psychology, social work, sociology, and/or other related fields; two years experience in the delivery of community mental health services or other related human service programs; plus demonstrated skills and competencies to work with people with mental illness as determined by the program.~~

~~002.10I Unless otherwise specified by these regulations, for staff providing direct services to consumers, the minimum qualifications are at least a high school diploma or equivalent, and completion of the staff training curriculum for initial orientation and continuing education.~~

~~002.1 0J The program shall have a staff training curriculum for initial orientation and continuing education of the staff specified under 002.1 0H and 002.10I. The curriculum shall, at minimum, consist of knowledge and skill training in:~~

~~002.1 0J1 Treatment of mental illness, the principles in psychiatric rehabilitation, co-occurring substance abuse, and the services needed by persons with mental illness;~~

~~002.10J2 Methods used in completing assessments, individual program planning, and related documentation requirements;~~

~~002.1 0J3 Safe intervention techniques for working with consumers who may become aggressive.~~

~~002.1 0J4 Revise curriculum content based on the feedback received from the programs' quality improvement function.~~

~~002.11 The program shall have a quality improvement function which includes:~~

~~002.11 A Specification of appropriate indicators with established thresholds to monitor the quality and appropriateness of services provided. These indicators are objective, measurable variables selected to analyze the program's processes and outcomes. There shall be both process and outcome oriented indicators.~~

~~002.11 B A description of methods used to evaluate at least annually the outcomes achieved by the program, and how the evaluation findings will be documented.~~

~~002.12 The program shall define appropriate methods to address the surveillance, prevention and control of infection in the program including but not limited to Hepatitis B, tuberculosis, and Human Immunodeficiency Virus (HIV).~~

~~002.13 The certified program must have a policy on violation of the consumer/staff relationship in regards to sexual activity, abuse, harassment, and related areas.~~

~~002.13A The policy must include the process the organization will follow when a report of such an event is received.~~

~~002.13B The policy must include how the consumer's rights will be protected when the organization receives a report that such an event has occurred.~~

~~002.14 The space used to serve consumers in facility based programs (Emergency Psychiatric 23/59 Assessment, Inpatient, Transitional Crisis; Short-Term Inpatient; Day Treatment for Adults; Day Rehabilitation; Psychiatric Residential Rehabilitation I; Psychiatric Residential Rehabilitation II; Day Treatment for Children/Adolescents; and Therapeutic Group Home) must be:~~

~~002.14A designated for the program's use.~~

~~002.14B under the control or jurisdiction of the certified mental health program.~~
~~002.15 The specialized child and adolescent programs shall have procedures for providing or arranging appropriate educational services for the consumers. The procedures must include strategies for maintaining or reintegrating the youth into the school environment.~~

~~002.16 The specialized child and adolescent programs shall not employ any individual who has been convicted of, admitted to, or have substantial evidence of crimes against children. All staff in the program shall be checked, in advance of their employment in the program for any history of crimes against children including child sexual abuse, physical abuse, neglect, or other related acts. The check shall include:~~

~~002.16A Central Registry Check with the Nebraska Department of Social Services to see if there are any investigated and substantiated reports on abuse and/or neglect.~~

~~002.16B Criminal history check with the Nebraska State Patrol or local law enforcement to see if there is any criminal record involving crimes against children.~~

~~002.16C Criminal history check with law enforcement officials in any states in which the applicant has previously resided.~~

~~003 PROGRAM DEFINITIONS FOR COMMUNITY MENTAL~~

~~HEALTH GENERAL MENTAL HEALTH PROGRAMS~~

~~003.01 EMERGENCY PSYCHIATRIC PROGRAM. The desired outcome of the Emergency Psychiatric Program is to stabilize the individual with an acute psychiatric condition and to move the consumer, as soon as possible, to the least restrictive legally feasible program area which can meet the person's needs. An Emergency Psychiatric program offers services to an individual on an unscheduled basis. An Emergency Psychiatric program capacity shall be available 24 hours per day, seven days per week, with trained professional staff backed by medical consultation. The Emergency Psychiatric program shall include the capacity: (1) to provide an assessment completed on an individual's physical and psychiatric condition, and a report to the county attorney as set forth in the Nebraska Mental Health Commitment Act; (2) to provide short-term, intensive care (usually medication administration and crisis intervention) to stabilize an individual's condition so that he/she may return to the community or move to another level of care considered to be the least restrictive legally feasible program; (3) to manage individuals who are mentally ill and dangerous; (4) to provide referral to appropriate treatment programs based on the assessment and circumstances of the consumer; (5) to provide consultation to law enforcement,~~

county attorney(s), and/or the mental health board(s) in conjunction with Nebraska Mental Health Commitment Act. This program may also include such services as a telephone hotline; mobile crisis team; transitional crisis program; service coordination; and professional back-up for other community organizations when these services significantly support the community's ability to respond to psychiatric emergencies.

003.01A The Regional Governing Board shall designate an administrative body to be responsible for the REGIONAL EMERGENCY PSYCHIATRIC PROGRAM COORDINATION function. The REGIONAL EMERGENCY PSYCHIATRIC PROGRAM COORDINATION function shall meet the responsibilities listed below.

003.01A1 The REGIONAL EMERGENCY PSYCHIATRIC PROGRAM COORDINATION function is responsible for preparing and implementing a written plan for the Emergency Psychiatric Program(s) which will meet the program definition, the needs of the Region, and the requirements of Neb. Rev. Stat. ' 83 -1020 (Laws 1988, LB 257 ' 2). The written plan shall be approved by the Department before any combination of the remaining programs specified under 003.01 can be certified to meet the emergency psychiatric program definition and the needs of the Region. The written plan shall describe the mechanism(s) used to coordinate between the various aspects of the Emergency Psychiatric Program.

003.01A2 The REGIONAL EMERGENCY PSYCHIATRIC PROGRAM COORDINATION function is responsible to ensure Emergency Psychiatric Program(s) implemented by the Region have the capacity to:

003.01A2a Serve individuals who are age 18 and below who are mentally ill and dangerous.

003.01A2b Serve adults who are mentally ill and dangerous as specified in the Nebraska Mental Health Commitment Act.

003.01A2c Coordinate with the specialized substance abuse programs providing detoxification services and other related emergency functions.

003.01 A3 The regional coordination function shall be responsible for provision of training at least annually on the Emergency Psychiatric program to referral sources and users of Regional Emergency Psychiatric Program

003.01A4 The coordination function ensures all programs under the Region's Emergency Psychiatric Program work cooperatively with the Mental Health Commitment Boards, as well as the mental health outpatient program's crisis response services.

003.01B 23/59 ASSESSMENT PROGRAM - The 23/59 assessment program is a facility- based program designed to complete an assessment of an individual and when indicated initiate intensive psychiatric care for an individual experiencing an acute psychiatric condition.

003.01B1 The length of service for the consumer in the program is no more than twenty-three (23) hours and fifty-nine (59) minutes.

003.01B2 The program shall be licensed by the Department of Health as a Health Clinic or a Hospital.

~~003.01B3 When the 23/59 assessment program facility does not have the capacity to handle the consumer who is medically unstable, the physical needs of the individual take precedence. Medical stability, as determined by a physician, means there is a reasonable medical probability that the consumer's physical condition is stable, will not deteriorate, and the program has the resources available to provide the care needed by the consumer.~~

~~003.01B4 The program shall have a formal arrangement designed to refer the consumer for more intensive psychiatric treatment in a Psychiatric Inpatient Program if the assessment process determines such additional treatment is necessary.~~

~~003.01B5 The program has the capacity to serve consumers who are mentally ill and dangerous.~~

~~003.01B6 The program has the capacity to serve consumers who have an involuntary legal status.~~

~~003.01B7 Each consumer shall be assessed by a registered nurse licensed by the Department of Health in order to determine the level of the medical screening needed by the consumer.~~

> ~~003.01B7a For the subjects of an Emergency Protective Custody and persons with complex psychiatric illnesses, the Medical Screening is conducted as part of the assessment and shall be completed by a physician, physician assistant, or a nurse practitioner licensed by the Department of Health.~~
>
> ~~003.01B7b For other consumers with less complex psychiatric illness or the psychiatric crisis is of known origin, the medical screening may be completed by a nurse licensed by the Department of Health under the clinical supervision of the licensed physician.~~

~~003.01B8 The mental health assessment shall be completed by or under the clinical supervision of a mental health professional as specified in ' 83 -1010.~~

~~003.01B9 The program operates twenty-four (24) hours a day, seven (7) days per week.~~

~~003.01B10 There is a physician on staff or under contract to assume clinical responsibility for care of the consumers. In cases where the physician is not a psychiatrist, a licensed, certified clinical psychologist by the Department of Health must also complete an assessment of the consumer, and serve as a member of the therapeutic treatment team.~~

~~003.01B1 1 The program must have twenty-four hour, seven days per week nurse coverage, with on-site supervision from registered nurses licensed by the Department of Health.~~

~~003.01C EMERGENCY PSYCHIATRIC INPATIENT PROGRAM The desired outcomes for the Emergency Psychiatric Inpatient program are (1) to establish an accurate diagnosis, (2) to reduce, stabilize, or manage the consumer's psychiatric symptoms, and (3) facilitate discharge or transfer to the least restrictive legally feasible program as soon as possible. Individuals served in this program~~

~~are experiencing debilitating psychiatric symptoms which cannot be alleviated through a less restrictive program, and are assessed to be~~

~~mentally ill and dangerous. The Emergency Psychiatric Inpatient Program is a medically necessary and intensive, psychiatric, facility-based program. The program includes an assessment of individual needs, initiates intensive psychiatric care, and provides other related services to support the consumer. The program provides a structured environment; close supervision; active therapeutic management including medication services; and the availability of 24-hour medical consultation seven days per week. The anticipated average length of stay is less than eight (8) days.~~

~~003.01C1 The program shall be licensed by the Department of Health as a hospital, or a mental health center.~~

~~003.01C2 There is a physician on staff or under contract to assume medical responsibility for care of the consumers. In cases where the physician is not a psychiatrist, a licensed, certified clinical psychologist by the Department of Health shall also complete an assessment and serve as a member of the therapeutic treatment team.~~

~~003.01C3 Each individual admitted to the Emergency Psychiatric inpatient program has a history and physical performed by a licensed physician within twenty-four (24) hours of admission.~~

~~003.01C4 The program has the capacity to serve consumers who are mentally ill and dangerous.~~

~~003.01C5 The program has the capacity to serve consumers who have an involuntary legal status.~~

~~003.01C6 The program must have twenty-four hour, seven days per week licensed nurse coverage, with on-site supervision from registered nurses licensed by the Department of Health.~~

~~003.01C7 For consumers under emergency protective custody or Board of Mental Health warrant, the program shall have available a Mental Health Professional (' 83-1010) to complete the report and communicate the findings to the county attorney as set out in the Nebraska Mental Health Commitment Act.~~

~~003.01D EMERGENCY PSYCHIATRIC TRANSITIONAL CRISIS PROGRAM - The Transitional Crisis Program is a facility-based residential program for people who have been assessed under an Emergency Psychiatric Program, but do not require hospitalization. The program provides a limited temporary residential placement with supervision before the consumer returns to the community. The program serves people who are medically and psychiatrically stable, have a voluntary legal status, are considered not to be a current threat to self and/or others. Due to the lack of adequate community-based support services and ongoing mental health care, they are at high risk for a psychiatric crisis and more restrictive care. The Emergency Psychiatric Transitional Crisis Program may also serve as a transitional residential service for consumers from a psychiatric inpatient program, if beds are available. The average length of service shall not exceed thirty (30) days.~~

~~003.01D1 Program must be licensed by the Department of Health as Residential Care or Domiciliary Facility.~~

~~003.01D2 The program is operating twenty-four (24) hours a day, seven (7) days per week.~~

~~003.01D3 The program has consultation from a physician licensed by the Department of Health to be used as needed by staff and/or consumers.~~

~~003.01E EMERGENCY PSYCHIATRIC SERVICE COORDINATION - The desired outcome for the Emergency Psychiatric Service Coordination program is to reduce recidivism into any of the other Emergency Psychiatric programs and promote successful community tenure of persons discharged from emergency psychiatric programs. The Service Coordination program is designed to serve individuals who have received Emergency Psychiatric services and require aftercare coordination. The average length of service does not exceed one hundred twenty (120) days after discharge from the other emergency psychiatric programs or from other inpatient treatment programs. This is accomplished by service identification, arrangement and coordination; and consumer advocacy to promote continuity of care for the various transitions between service setting (s).~~

~~003.01E1 The program receives referrals from the other Emergency Psychiatric Programs.~~

~~003.01E2 The program is responsible to coordinate and/or participate in the discharge planning with programs serving the consumer.~~

~~003.01 E3 The program is responsible to complete an emergency psychiatric service coordination assessment which includes individualized assessments from other programs.~~

~~003.01E4 The program is responsible to develop and implement an Individualized Program Plan which includes interventions designed to address as needed:~~

~~003.01 E4a Psychiatric emergency/relapse;~~

~~003.01 E4b Community Living Skills and Daily Living Skills; 003.01~~

~~E4c Medication management;~~

~~003.01 E4d Mental Health services; 003.01~~

~~E4e Physical health care; 003.01E4f~~

~~Vocational/educational;~~

~~003.01 E4g Substance abuse treatment; and~~

~~003.01E4h Other areas necessary for successful living in the community.~~

~~003.01E5 The program is responsible to coordinate among the providers serving the individual so that the consumer receives services needed with a unified approach in service provision, as identified in the Individualized Program Plan.~~

~~003.01E6 The program shall monitor consumer progress in the services being received and facilitate revisions to the Individualized Program Plan as needed.~~

~~003.01E7 The program shall facilitate communication among the various service providers to ensure a consistent approach in serving the consumer.~~

~~003.01E8 During times of rehospitalization while an active consumer in the Emergency Psychiatric Service Coordination Program, the program staff shall provide support to the consumer in cooperation with the other providers and facilitate the transition back into the community upon discharge.~~

~~003.01F EMERGENCY PSYCHIATRIC MOBILE CRISIS PROGRAM – The desired outcomes for the Emergency Psychiatric Mobile Crisis Program are (a) referral to the most appropriate, least restrictive service which can address the consumer's needs; (b) the minimum intervention required to address the presenting problem(s); and (c) early intervention designed to help prevent unnecessary hospitalization. The program offers an individual experiencing a mental health crisis a range of options twenty-four (24) hours per day, seven (7) days per week, provided by trained program staff backed by consultation from a mental health professional. The Emergency Psychiatric Mobile Crisis Program must include the capacity to provide: (1) Twenty-four hour access to program staff trained in mental health crisis intervention techniques; (2) Screening for referral to an inpatient psychiatric program; (3) Consultation to law enforcement in conjunction with Nebraska Mental Health Commitment Act; (4) Access to an appropriate facility to complete the assessment as set out in the Nebraska Mental Health Commitment Act.~~

~~003.01F1 The program shall have the capacity to provide information and referral services and/or crisis intervention to any person who contacts the program by telephone:~~

~~003.01 F 1 a The program staff works by telephone with the caller to identify the problem(s).~~

~~003.01 F 1 b The program staff works with the caller to identify appropriate local resources to address the identified problems.~~

~~003.01F2 The program shall have the capacity to provide crisis intervention and/or preadmission screening face-to-face with the person experiencing the mental health crisis;~~

~~003.01F2a Upon request from law enforcement, hospital staff, substance abuse detoxification programs, juvenile holding facility and/or other agencies that serve people who may experience a mental health crisis, the Emergency Psychiatric Mobile Crisis Program staff provide a field mental status screening, using a symptom-based protocol, at the facility requesting the intervention.~~

~~003.01F2b Symptom-based protocol means written guidelines for screening based on: (1) a pattern or cluster of signs and symptoms obtained by assessment findings, and (2) historical data that are identified in documentation.~~

~~003.01F2c When law enforcement requests or when a caller using the telephone service requires a field mental status screening, the program staff may go, accompanied by an uniformed law enforcement official, to the individual's home or other location.~~

~~003.01F2c(1) The program staff with the uniform law enforcement official shall only enter a consumer's home or other location with proper legal authorization.~~

~~003.01F2c(2) The program staff shall not go into a consumer's home without being accompanied by an uniformed law enforcement official or into a program facility without a staff member of the requesting organization.~~

~~003.01F2d The program staff shall communicate the field mental status screening results to the mental health professional.~~

~~003.01F2e When the results from the field mental status screening and the consultation with the mental health professional documents the consumer requires a more restrictive service setting, the Emergency Psychiatric Mobile Crisis Program staff shall work with the consumer, the organization requesting the screening, and a law enforcement official when the consumer is involuntary under the Nebraska Mental Health Commitment Act, to secure the least restrictive service setting needed to meet the needs of the consumer.~~

~~003.01F3 The program shall be available for consultation by telephone upon request by law enforcement, hospital staff, substance abuse detoxification programs, juvenile holding facility and/or other organizations that serve people who may experience a mental health crisis.~~

~~003.01F4 The program shall have written agreements with other key organizations.~~

~~003.01F4a There shall be written agreements between the Emergency Psychiatric Mobile Crisis Program and the other key organizations involved in mental health crisis intervention services, such as law enforcement, emergency psychiatric programs, substance abuse detoxification programs, juvenile holding facilities, and other organizations that serve people who may experience a mental health crisis.~~

~~003.01F4b The written agreements are revised periodically based on input received from the program's quality improvement function, and other feedback.~~

~~003.01F6 The program staff must have a bachelor's degree; each year of experience in a mental health direct care position may be substituted for the education required up to two years.~~

~~003.01F7 The program shall have available on call, twenty-four (24) hours a day, seven (7) days a week, a mental health professional, as defined by (' 83 - 1010), to clinically supervise the program staff.~~

~~003.01F8 There shall be a documentation system for the Emergency Psychiatric Mobile Crisis Program which provides a written record of each mental health crisis episode. The record of each episode must include the date and time of the episode, specific presenting problem(s), involvement of other parties, action taken, disposition of the episode, and field documentation of the mental status screening in the face-to-face episodes.~~

~~003.02 SHORT-TERM INPATIENT. The desired outcome for the short term inpatient program is to reduce, stabilize, or manage the individual's psychiatric symptoms in an efficient, systematic manner and thus facilitate discharge or transfer to a less restrictive environment. Individuals served in this program are experiencing debilitating psychiatric symptoms, the magnitude of which is not tolerable to self or others and which cannot be alleviated through a less restrictive program alternative. The short-term inpatient program is medically necessary, intensive, and comprehensive psychiatric services~~

~~provided in a hospital setting that include assessment of individual needs; establishment of treatment goals; and implementation of a broad range of therapeutic services required to carry out an individual treatment plan. The program provides a structured environment; close supervision; active therapeutic management; and the availability of 24-hour medical consultation seven days per week. The anticipated average length of stay is less than ninety (90) days. This is a facility-based program.~~

~~003.02A Each individual admitted to the short term inpatient program has a history taken and a comprehensive physical examination performed by a physician who has such privileges at the hospital. The history and physical is conducted within 24 hours of admission and is documented in the consumer's service record.~~

~~003.02B The program has the capacity to serve people who are mentally ill and dangerous.~~

~~003.02C The program has the capacity to serve people with an involuntary legal status. 003.02D~~

~~Must be licensed by the Department of Health as a hospital.~~

~~003.02E There is a physician on staff or under contract to assume clinical responsibility for care of the consumers. In cases where the physician is not a psychiatrist, a licensed, certified clinical psychologist shall also complete an assessment on each consumer and serve as a member of the therapeutic treatment team.~~

~~003.02F For consumers under emergency protective custody or Board of Mental Health warrant, the program shall have available a Mental Health Professional (' 83-1010), to complete the report and communicate the findings to the county attorney as set out in the Nebraska Mental Health Commitment Act.~~

~~003.03 DAY TREATMENT FOR ADULTS. The Day Treatment for Adults Program is a specialized, facility-based, scheduled, mental health treatment program for people over the age of 18 who may be experiencing a wide range of mental health problems. This program may serve as a medically supervised alternative to psychiatric short-term inpatient services. The Day Treatment for Adults Program provides intensive, individually planned, medically-necessary day programming services. The treatment services may include Assessment and Diagnostic Services, Medication Services, Individual Therapy, Group Therapy, and Family Therapy. The Day Treatment for Adults Program is generally designed for persons transferred from Inpatient services but who still have problems with their mental illness and are not ready for the less intensive and less frequent Mental Health Outpatient Program. This program also serves as an alternative to hospitalization for those who need a structured psychiatrically directed multidisciplinary treatment program and have a living situation which provides adequate support. Therefore, the consumer of the Day Treatment for Adults Program has demonstrated that:~~
~~(1) his/her symptoms and/or behaviors are of such severity that there is significant interference with social, vocational, and/or educational functioning; (2) she/he needs more support and intervention than can be provided in a mental health outpatient program alone; (3) she/he does not require twenty-four (24) hour care, but is not capable of assuming full responsibilities for self;~~
~~(4) without this service there would be an exacerbation of symptomatology; and (5) has an adequate community-based living situation. The average length of service is usually less than one hundred twenty (120) days.~~

~~003.03A The program must be open to serve consumers a minimum of five hours per day, five days per week.~~

~~003.03B The program shall have the capacity to provide involuntary services to a consumer found to be mentally ill and dangerous by a mental health commitment board.~~

~~003.03B1 The program has a mental health professional, as defined in ' 83- 1010, who is clinically responsible for the assessment and treatment of each consumer.~~

~~003.03B2 The program, for good cause, may refuse to serve a consumer requiring involuntary services under a mental health board commitment.~~

~~003.03B2a The program may refuse to serve the involuntary consumer, who was specifically committed to the program by a mental health commitment board, because the individual cannot be managed in the program, given program capacity or related reasons.~~

~~003.03B2b When the program refuses to serve an involuntary consumer, the reason(s) for refusal shall be stated in writing to the mental health commitment board and the regional program administrator.~~

~~003.03B2c When the regional program administrator receives information from a program based on the 003.03B2b, the information received on the individual consumer is considered confidential. The regional program administrator shall handle this individually identifying information in a manner consistent with the principles of CONFIDENTIALITY as defined in these regulations in Chapter 1-001.10. The information may be used in the aggregate form for planning, coordination, and related community mental health system administration uses, as long as no individual can be identified from the information presented.~~

~~003.03C Health clinic or hospital license from the Department of Health is required.~~

~~003.03D There is a physician on staff or under contract to assume medical responsibility for care of the consumers. In cases where the physician is not a psychiatrist, a licensed, certified clinical psychologist by the Department of Health shall also complete an assessment of each consumer and serve as a member of the therapeutic treatment team.~~

~~003.03E The program provides or assists in accessing suitable local transportation to and from the Day Treatment program.~~

~~003.04 OUTPATIENT. Outpatient is a specialized mental health treatment program for people experiencing a wide range of mental health problems causing acute and/or moderate disruptions in the individual's life. The Outpatient program includes services provided for youth, the elderly, persons disabled by severe and persistent mental illness, prescreening for admission to a regional center, and persons recently discharged from inpatient mental health treatment. The Outpatient program provides to each person served the appropriate assessment and/or diagnosis of the mental health problem, as well as effective treatment to change behaviors, modify thought patterns, cope with problems, improve functioning, improve understanding of factors producing problems, identify workable steps to address the problems and/or other related goals. The Outpatient program is often the first point of contact with the specialized mental health system and is provided as a direct intervention, generally on a scheduled basis. The services offered under the Outpatient program are generally provided in sessions of less than~~

~~three hours, on an individual, family, or group basis. The services offered under Outpatient include Assessment and Diagnostic Services, Medication Services, Individual Therapy, Group Therapy, Family Therapy, Adjunctive services, and Crisis Response for current active consumers.~~

~~003.04A Office hours for the Outpatient program shall be accessible and responsive to the needs of the people residing within the geographic area assigned to the Outpatient program by the Regional Governing Board.~~

~~003.04B The place of service may be the office of the program staff, the home of the consumer, and/or other location mutually agreed to as specified by the needs of the consumer.~~

~~003.04C The program shall have the capacity to provide involuntary services to a consumer found to be mentally ill dangerous by a mental health commitment board.~~

~~003.04C1 The program has a mental health professional, as defined in ' 83-1010, who is clinically responsible for the assessment and treatment of the consumer under commitment.~~

~~003.04C2 The program may refuse to serve a consumer requiring involuntary services under a mental health board commitment.~~

~~003.04C2a The program, for good cause, may refuse to serve the involuntary consumer, who was specifically committed to the program by a mental health commitment board, because the individual cannot be managed in the program, given program capacity or related reasons.~~

~~003.04C2b When the program refuses to serve an involuntary consumer, the reason(s) for refusal shall be stated in writing to the mental health commitment board and the regional program administrator.~~

~~003.04C2c When the regional program administrator receives information from a program based on the 003.04C2b, the information received on the individual consumer is considered confidential. The regional program administrator shall handle this individually identifying information in a manner consistent with the principles of CONFIDENTIALITY as defined in these regulations in Chapter 1-001.10. The information may be used in the aggregate form for planning, coordination, and related community mental health system administration uses, as long as no individual can be identified from the information presented.~~

~~003.04D Health Clinic or Hospital license from the Department of Health is required.~~

~~003.04E OUTPATIENT CRISIS RESPONSE - Outpatient staff or other contractual provisions must be available to respond to the unscheduled mental health problems of current active outpatient consumers experiencing a mental health crisis.~~

~~003.04E1 The program must have procedures for staff coverage designed to respond to current, active outpatient consumers, and other related aspects necessary for this crisis response service.~~

~~003.04E2 The program must have mechanisms to routinely inform current, active, outpatient consumers of the crisis response service.~~

~~003.04E3 There must be a specific crisis response documentation system which provides a written record of each mental health crisis episode whether handled by phone or in person. The record of each episode shall include the date and time of request; specific presenting problems, involvement of other parties, action taken; and disposition of episode.~~

~~003.04E4 Each episode of a crisis contact with a current active outpatient consumer requires documentation in her/his service record in addition to specific crisis response documentation.~~

~~003.04E5. The outpatient program's crisis response service shall coordinate and cooperate with the region's emergency psychiatric program.~~

~~003.04F Outpatient Adjunctive Services are aimed at linking consumers of the program who are either youth (persons between ages 0-18) or persons disabled by severe and persistent mental illness to other programs and coordinating the various services to achieve successful outcomes.~~

~~003.04F1 Adjunctive Services include information gathering and reporting, coordination of services, referral facilitation, and related activities to assure there is coordination between the various programs serving the consumer.~~

~~003.04F2 Adjunctive services shall be limited to persons not also admitted to a Service Coordination program.~~

~~003.04F3 Adjunctive Services must be a part of the consumer's individual service plan.~~

~~003.05 CONSULTATION. The desired outcome for the consultation program is to make mental health expertise available to others in the community. The consultation program provides technical assistance services by a mental health specialist serving as a consultant to an individual or organization (the consultee) regarding the mental health dimension of a specified problem. The technical assistance is advisory in nature and the consultant has no direct responsibility for its acceptance and implementation. The consultant has no administrative responsibility for the work of the consultee. The consultation service is delivered to individuals or agencies outside of the organization employing the consultation program staff. The Consultation program can only be certified by the Department when the organization is being certified for one or more of the other programs specified in these regulations. The assistance provided by the consultant must be consistent with the type(s) of direct mental health services provided by the organization. The mental health consultation specialist's direct contact time can be considered a valid, billable service to the consultee. The services offered under Consultation include Case-oriented Consultation, Staff-Oriented Consultation, and Program-Oriented Consultation.~~

~~003.05A There is a record of each Consultation activity which results in a billable unit of service to the Department including: date of service, recipient of service, type of consultation (case, staff, program), duration of service, and consultation program staff providing the service.~~

~~003.05B The number and qualifications of staff used by the Consultation program are consistent with the description and justification written in the program plan. The Consultation service must be provided by competent professional staff who have the full range of knowledge and skills necessary to provide the requested service. This includes but is not limited to professional~~

~~training, licensure/certification as required by law, and demonstrated competencies commensurate with the requested consultation.~~

~~003.05C The Consultation program is included in the organization's quality improvement activities.~~

~~003.05D The Consultation program must complete the program plan requirements specified under 204 NAC 5-002.01 to 002.03, 002.06, 002.07, 002.10, 002.11, 002.13, and 002.16. The Consultation program is exempt from the remaining sections of 002.~~

~~003.06 EDUCATION. The desired outcome for an education program is to develop the mental health related knowledge and skills of individuals or target groups. Education programs are designed to increase participants' understanding of the nature of mental disorders, positive mental health practices, and/or increase participants' knowledge of existing mental health treatment and rehabilitation resources or the need for new or expanded services.~~

~~003.06A There is a planned curriculum for each educational service offered.~~

~~003.06B There is a record of each Education activity which includes: date of service, recipient of service, type of activity, duration of service, and person(s) providing the service.~~

~~003.06C The Education program must complete the program plan requirements specified under 204 NAC 5-002.01 to 002.03, 002.06, 002.07, 002.10, 002.11, 002.13, and 002.16. The Education program is exempt from the remaining sections of 002.~~

~~PSYCHIATRIC REHABILITATION AND SUPPORT PROGRAMS~~

~~003.07 COMMUNITY SUPPORT: The community support program is designed to: (1) provide/develop the necessary services and supports which enable consumers to live successfully in the community, (2) maximize the consumer's community participation and quality of life, (3) facilitate communication and coordination between multiple service providers that serve the same consumer, and (4) decrease the frequency and duration of hospitalization. The community support program is for persons disabled by severe and persistent mental illness.~~

~~Community support provides consumer advocacy, ensures continuity of care, supports consumers in time of crisis, provides/procures skill training, ensures the acquisition of necessary resources and assists the consumer in achieving community/social integration. The community support program provides a clear locus of accountability for meeting the consumer's needs within the resources available in the community. The role(s) of the community support provider may vary based on consumer's needs. Community support is generally provided in the consumer's place of residence or related community locations. The frequency of contact between the community support provider and the consumer is individualized and adjusted in accordance with the needs of the consumer.~~

~~003.07A The program shall -~~

~~003.07A1 Facilitate communication and coordination among providers serving the consumer;~~

~~003.07A2 Facilitate the development of an Individual Program Plan that includes interventions to address: community living skills, daily living skills, interpersonal skills, psychiatric emergency/relapse, medication management including recognition~~

~~of signs of relapse and control of symptoms, mental health services, physical health care, vocational/educational services, substance abuse services, resource acquisition, and other related areas necessary for successful living in the community;~~

~~003.07A3 Directly provide/procure the necessary support and rehabilitative interventions to address consumer needs in the areas of: community living skills, daily living skills, interpersonal skills, psychiatric emergency/relapse, medication management including recognition of signs of relapse and control of symptoms, mental health treatment services, physical health care, vocational/educational services, substance abuse services, resource acquisition, and other related areas necessary for successful living in the community;~~

~~003.07A4 Monitor consumer progress in the services being received and facilitate revision to the Individual Program Plan as needed;~~

~~003.07A5 Provide contact as needed with other service provider(s), consumer family member(s), and/or other significant people in the consumer's life to facilitate communication necessary to support the individual in maintaining community living;~~

~~003.07A6 Provide therapeutic support and intervention to the consumer in time of crisis and, if hospitalization is necessary, shall facilitate, in cooperation with the inpatient treatment provider, the consumer's transition back into the community upon discharge;~~

~~003.07A7 Establish hours of service delivery that ensure program staff are accessible and responsive to the needs of the consumer. Scheduled services shall include evening and weekend hours;~~

~~003.07A8 Directly provide or otherwise demonstrate that each consumer has on-call access to a mental health provider on a (24) hour, (7) days per week basis.~~

~~003.08 DAY REHABILITATION: The desired outcome of the Day Rehabilitation program is (1) to enhance and maintain the consumer's ability to function in community settings, and (2) to decrease the frequency and duration of hospitalization. Individuals served in this program receive rehabilitation and support services to develop and maintain the skills needed to successfully live in the community. Day Rehabilitation is a facility-based program for persons disabled by severe and persistent mental illness.~~

~~003.08A The program shall provide:~~

~~003.08A1 Prevocational services including services designed to rehabilitate and develop the general skills and behaviors needed to prepare the consumer to be employed and/or engage in other related substantial gainful activity. The program does not provide assistance in obtaining permanent competitive employment positions for consumers.~~

~~003.08A2 Community living skills and daily living skills development.~~

~~003.08A3 Consumer skills development for self-administration of medication, as well as recognition of signs of relapse and control of symptoms.~~

~~003.08A4 Planned socialization and skills training and recreation activities focused on identified rehabilitative needs.~~

~~003.08A5 Skill building in the usage of public transportation and/or assistance in accessing suitable local transportation to and from the Day Rehabilitation program.~~

~~003.08A6 Services to consumers for a minimum of five hours per day, five days per week.~~

~~003.08A7 Directly provide or otherwise demonstrate that each consumer has on-call access to a mental health provider on a (24) hour, (7) days per week basis.~~

~~003.08B The program shall meet all food handling, storage, and processing requirements of the local Health Departments or the Nebraska Department of Agriculture.~~

~~003.08C The program facility shall have a Fire Safety inspection completed by the State Fire Marshal or the delegated authority of the State Fire Marshal.~~

~~003.08D The program provides the following supportive services for all active consumers: referrals, problem identification/ solution, and coordination of the Day Rehabilitative program with other services.~~

~~003.08E The Day Rehabilitation program shall have the capacity to provide services to an involuntary consumer found to be mentally ill and dangerous by a mental health commitment board, in coordination with a mental health treatment service.~~

~~003.08E1 There is a mental health treatment program or an individual mental health professional, as defined in ' 83 -1010, who is assigned by the mental health commitment board to be clinically responsible for the assessment and treatment of the involuntary consumer.~~

~~003.08E2 The Day Rehabilitation program, for good cause, may refuse to serve a consumer requiring involuntary services under a mental health board commitment.~~

~~003.08E2a The program may, for good cause, refuse to serve the involuntary consumer, who was specifically committed to the program by a mental health commitment board, because the individual cannot be managed in the program, given program capacity, or related reasons.~~

~~003.08E2b When the program refuses to serve an involuntary consumer who was specifically committed to the Day Rehabilitation program by a mental health commitment board, the reason(s) for refusal shall be stated in writing to the mental health commitment board and the regional program administrator.~~

~~003.08E2c When the regional program administrator receives information from a program based on the 003.08E2b, the information received on the individual consumer is considered confidential. The regional program administrator shall handle this~~

~~individually identifying information in a manner consistent with the principles of CONFIDENTIALITY as defined in these regulations in Chapter 1-001.10. The information may be used in the aggregate form for planning, coordination, and related community mental health system~~

~~administration uses, as long as no individual can be identified from the information presented.~~

~~003.10 VOCATIONAL SUPPORT: The desired outcome of the Vocational Support program is to assist the consumer to obtain and maintain employment. The program is designed to assist the consumer in obtaining permanent competitive employment and to provide ongoing support for continued successful employment. Vocational Support Program serves persons disabled by severe and persistent mental illness.~~

~~003.10A The program shall provide assistance in seeking permanent competitive employment and learning the job duties.~~

~~003.10B The program shall provide on-going, as-needed, assistance and support, at the job setting and/or away from the work site, to an employed consumer which is required in order for the individual to remain employed. This support may include assistance in learning newly assigned job duties, assist in solving job related interpersonal problems, and other related support functions necessary for the consumer to remain employed.~~

~~003.1 0C The program shall provide as-needed contact with the employer, family member(s) and/or other significant people in the consumer's life as long as the contact is related directly to the support the individual needs in maintaining employment.~~

~~003.10D Meeting locations are designed to assist the individual in maintaining successful employment, and may include the consumer's place of employment, or other mutually agreed upon community location(s).~~

~~003.10E The program shall make a search for employment oriented services available from other community programs to serve the consumer before using the resources in the Vocational Support program to assist the individual.~~

~~003.1 0F The program shall have an agreement with the Division of Rehabilitation Services for assistance to its consumers for employment oriented services.~~

~~003.12 PSYCHIATRIC RESIDENTIAL REHABILITATION: The desired outcomes of the Psychiatric Residential Rehabilitation program are: (1) to increase the consumer's functioning so that she/he can eventually live successfully in the residential setting of her/his choice, capabilities and resources, as well as (2) to decrease the frequency and duration of hospitalization. The Psychiatric Residential Rehabilitation program provides skill building in community living skills, daily living skills, self-medication management, and other related psychiatric rehabilitation services as needed to meet individual consumer needs. Psychiatric Residential Rehabilitation is a facility-based, non-hospital or nursing facility program for persons disabled by severe and persistent mental illness, who are unable to reside in a less restrictive residential setting. These facilities are integrated into the community, and every effort is made for these residences to approximate other homes in their neighborhoods.~~

~~003.12A The program provides -~~

~~003.12A1 Community living skills and daily living skills development.~~

~~003.12A2 Consumer skills development for self-administration of medication, as well as recognition of signs of relapse and control of symptoms.~~

~~003.12A3 Skill building in the usage of public transportation and/or assistance in accessing suitable local transportation to and from the Psychiatric Residential Rehabilitation program.~~

~~003.12B The program shall be licensed as a Residential Care Facility, Domiciliary, or Mental Health Center by the Nebraska Department of Health.~~

~~003.12C The program must have the appropriate staff coverage to provide services for consumers needing to remain in the residence during the day.~~

~~003.12D The maximum capacity for this facility shall not exceed eight (8) beds. Waivers to a maximum of ten beds may be granted when it is determined to be in the best interests of consumers. Facilities under contract with the Department of Public Institutions prior to the promulgation of these regulations, whose capacity exceeds the ten (10) bed limitation, but no more than 15 beds, may be exempted from this requirement. There shall be no waiver of Regulation 204 NAC 5-003.12D over the ten (10) bed limitation.~~

~~003.12E The program provides the following supportive services for all active consumers: referrals, problem identification/solution, and coordination of the Psychiatric Residential Rehabilitation program with other services the consumer may be receiving.~~

~~SPECIALIZED CHILD AND ADOLESCENT PROGRAMS~~

~~003.13 DAY TREATMENT FOR CHILDREN/ADOLESCENTS: The desired outcomes for the Day Treatment for Children/Adolescent program are (1) to integrate the student back into a less restrictive classroom setting, and (2) stabilize the youth in the community in the least restrictive setting as possible. Day Treatment for Children/Adolescents is a facility based program designed to serve the child or adolescent who has a severe emotional disturbance. The program may also serve youth who are diagnosed as having a behavioral disorder. The Day Treatment program is an intensive, non-residential service that provides an integration of educational, family, and mental health services. Day Treatment can represent an alternative for a child in averting the need for residential placement, and also serves as a transitional program for those coming out of residential treatment. The Day Treatment program typically consists of the following components: education, counseling (individual or group), family services including family therapy and parent training, vocational training, crisis intervention, skill building, behavior modification, and recreational therapy.~~

~~003.13A The program shall provide an Individual Day Treatment Plan which is consistent with the school's Individual Education Plan.~~

~~003.13B The program shall provide the education needed by the student to meet the academic requirements of her/his home school district.~~

~~003.13C The program shall provide daily living skills training needed by the student.~~

~~003.13D The program shall develop intrapersonal, interpersonal, recreational and social skills needed by the student.~~

~~003.13E The program shall provide Individual, Group, and Family Therapy.~~

~~003.13F The program shall provide Family Skills Assistance such as problem solving, methods for the parents to use at home with the youth, plus referrals to community resources.~~

~~003.13G The program shall support the reintegration of the student back into his/her regular home school program with the consultation support from the program staff.~~

~~003.13H The program shall develop vocational skills which are appropriate to the student's strengths and weaknesses, when serving students in secondary school.~~

~~003.13I The program shall develop Community Living Skills to prepare the individual to successfully live independently in the community, when serving students in secondary school.~~

~~003.13J There must be a written agreement between the participating local School District(s) and the certified Day Treatment for Children/Adolescents program which clearly outlines each organization's roles and responsibilities. The written agreement shall include how the services are funded and the roles/responsibilities of the mental health staff.~~

~~003.13K The Day Treatment program facility must be under the jurisdiction of either the local school district or the community mental health organization managing the certified program.~~

~~003.13L For the education component of the program, there shall be a Certified Special Education teacher with a current Nebraska Teaching Certificate.~~

~~003.14 THERAPEUTIC GROUP HOME: The desired outcomes for the program are: (1) reunite the youth with his/her natural or adoptive family, (2) integrate the youth back into a less restrictive community setting, or (3) when extended length of stay is required, enable the youth to successfully live in the Therapeutic Group Home thus preventing placement in a more restrictive setting. Therapeutic Group Home is a facility-based residential program designed to serve the child or adolescent who has a severe emotional disturbance. The purpose of the Therapeutic Group Home is to provide a therapeutic residential living environment for the youth and an array of individualized therapeutic interventions for the youth and the family. This program includes twenty four (24) hour supervision and treatment in a community- based residential facility, although the youths may receive education or day treatment in other settings. The program provides a therapeutic environment and an array of therapeutic interventions such as behavior modification plus individual, group, and family therapy. The program design may vary in restrictiveness and intensity of interventions necessary to serve the special needs of the youth.~~

~~003.14A The program shall provide Community Living Skills and Daily Living Skills training for the youth served.~~

~~003.14B The program shall teach the youth skills necessary to reunite and/or reconciliate between the youth and his/her family.~~

~~003.14C The program shall provide Individual, Group, and Family therapy, as well as parent training.~~

~~003.14D The program shall involve the youth's family in the youth's treatment whenever possible.~~

~~003.14E Encourage and facilitate the participation of youth in appropriate recreational activities such as exercise, sports (observed and participation), leisure activities, social activities, community outings, and related areas.~~

~~003.14F The Therapeutic Group Home program facility must be~~

~~003.14F1 Licensed as a Mental Health Center, by the Nebraska Department of Health, or licensed by the Department of Social Services.~~

~~003.14F2 Designed to be a home-like setting.~~

~~003.15 HOME-BASED SERVICES - CHILDREN/ADOLESCENTS: The desired outcome of the Home-Based Services - Children/Adolescents Program are: (1) stabilize and strengthen the family so that they may remain intact; (2) prevent placement outside the home; (3) link the family with community support resources; and (4) support the youth's transition back into the home after an out-of home placement. Program interventions are designed to provide therapeutic services to the child or adolescent who has a severe emotional disturbance and the family in their own home. These services typically originate due to a crisis in the family and once in place, intervention is available on a twenty-four (24) hour a day basis. The intensive services provided include: individual and family therapy; parenting skill development; assessment of other support needs/coordination with community-based services and supports; communication skill training; anger control; and crisis intervention. The aftercare services of the program include follow-up contacts by the home-based provider, continuing availability for crisis intervention, and coordination with the mental health outpatient program and/or related support programs. The service setting is the family's home, with family members encouraged to participate in the treatment. The hour(s) for service delivery are based on family needs and may include evenings, nights, and weekends.~~

~~003.015A The hours of service delivery shall be set to ensure the treatment staff are accessible and responsive to the needs of the families being served.~~

~~003.15A1 Scheduled services shall include evening and weekend appointments as determined by the needs and work hours of the family.~~

~~003.15A2 The program shall have the capacity to respond in the home to unscheduled crisis intervention contacts twenty-four (24) hours a day, seven (7) days per week with the currently active youth/ families in the program.~~

~~003.16 THERAPEUTIC FOSTER CARE: The desired outcomes for the Therapeutic Foster Care program are to: (1) reunite the youth with her/his natural or adoptive family; (2) enable the youth to successfully live in a family setting, a less restrictive environment, and/or to live independently; and/or (3) enable the youth to successfully live in the Therapeutic Foster Care setting thus preventing a placement in a more restrictive setting. The Therapeutic Foster Care program is for the child or adolescent who has a severe emotional disturbance and consists of placement in a therapeutic foster home with foster parents who have special training in appropriate treatment techniques. The specialized foster care parents are responsible for creating a therapeutic environment which provides treatment within a family environment with services that focus on improving the youth's adjustment emotionally, behaviorally, socially, and educationally. This program is designed to reduce the need to serve the youth in a more restrictive residential placement and may serve as a transition to/from an inpatient program. However, the youth can only be served in the Therapeutic Foster Care program after it has been established that he/she cannot be served in the natural home or in~~

~~traditional foster care. All reasonable efforts need to be made to involve the youth's family in the treatment program unless reconciliation or reunification has been determined not to be in the best interest of the youth.~~

~~003.16A The hours for training, supervision, and support must be set to ensure the program is accessible and responsive to the needs of the therapeutic foster care families including:~~

~~003.16A1 scheduled services in the evenings and weekends as determined by the needs and working hours of the therapeutic foster care family.~~

~~003.16A2 the capacity to respond to unscheduled crisis intervention contacts twenty-four (24) hours a day, seven days per week with the currently active consumers in the program and their foster care families.~~

~~003.16B The primary place of service is~~

~~003.16B1 for the youth, the home of the therapeutic foster care family.~~

~~003.16B2 for the therapeutic foster care family, suitable locations for receiving training and supervision from the mental health staff.~~

~~003.16C The mental health provider is responsible for the recruitment, screening, training, and supervision of the therapeutic foster care families.~~

~~003.16D The mental health provider is responsible to support each of the therapeutic foster care families as part of the program, including, but not limited to respite care and regularly scheduled supervision.~~

~~003.16E There must be a training program provided to all therapeutic foster care parents.~~

~~003.16E1 There is a formal training curriculum which includes initial orientation and continuing education for the therapeutic foster care families.~~

~~003.16E2 The curriculum shall consist of knowledge and skill training in treatment of mental illness, safe intervention techniques for working with aggressive youth, and other related tasks necessary to be a successful therapeutic foster parent.~~

~~003.16F There may be no more than two youth placed in one therapeutic foster care family; except in situations where siblings are placed in the same family.~~

~~003.16G The therapeutic foster care family must be approved by the program and eligible for a license as a foster family home from the Department of Social Services prior to the placement of the youth. The therapeutic foster care family shall become licensed by the Department of Social Services.~~

~~003.17 SPECIALIZED THERAPEUTIC CONSULTATION: The desired outcome for the specialized therapeutic consultation program is to offer the child/adolescent with early indications of a severe emotional disturbance clinical interventions in the youth's natural environment, and prevent placement in more restrictive program settings. The Specialized Therapeutic Consultation program is an organized intervention between a mental health program and a local school district to provide consultation to~~

~~school personnel and mental health services to the identified youth. As determined by the needs of the youth, the mental health services may include individual therapy, group therapy, and/or family therapy. The youth receiving services are initially identified by the school. This is a multidisciplinary approach involving teachers, families, mental health staff and other key individuals to provide organized early interventions. The primary setting for this service is the youth's natural environment such as the local school and the home. This program may also be used to provide mental health services to a school district operating a Day Treatment program for the child or adolescent who has a severe emotional disturbance.~~

~~003.17A There is a written agreement for service delivery between the specialized therapeutic consultation program and the local school district.~~

~~003.17A1 The agreement includes provision for payment from the school district for services provided by the program.~~

~~003.17A2 The agreement includes specific reference to the amount of Department administered mental health funds, when such funds are used to help support the specialized therapeutic consultation program's work with the local school.~~

~~003.17A3 The agreement specifies the specialized therapeutic consultation staff to provide the services, and their role within the school.~~

~~003.18 RESPITE CARE: The desired outcome of the respite care program is to maintain the child or adolescent who has a severe emotional disturbance in the natural home or the foster care setting, thus preventing a more restrictive residential placement. Respite care provides a break for primary care giver such as the biological, adoptive, or the foster parents who are caring for the youth. The trained respite care worker assumes the caregiving role to allow the primary care givers a reprieve from the efforts of caring for the youth. The respite care provider is responsible for recruiting, screening, training, and supervising the respite care workers. The respite care provider includes a specialized training program designed to develop respite care workers to provide the service for primary care givers. The training is designed to provide the respite care worker with specialized knowledge and skills essential to provide the quality of care needed to meet the special needs of the youth who has a severe emotional disturbance.~~

~~003.18A The respite care workers must be age 19 or older.~~

~~003.18B This program is exempt from the requirements of 002.1 0G.~~
~~003.18C The respite care provider shall provide training to the respite care workers. 003.18C1~~

~~There shall be a formal training curriculum which includes initial~~

~~orientation and continuing education for all respite care workers.~~

~~003.18C2 The curriculum shall consist of knowledge and skill training in the treatment of mental illness, safe intervention techniques for working with aggressive youth, and other related tasks necessary to be a successful respite care worker.~~

~~003.18D The respite care provider shall match qualified respite care workers with assigned primary care givers with a child or adolescent who has a severe emotional disturbance.~~

~~003.18E The primary care-givers of the youth with severe emotional disturbance will provide an orientation to the respite care worker on the various aspects of serving this youth with severe emotional disturbance.~~

~~003.18F The service setting for this program shall be the home of the primary care-givers of the youth with severe emotional disturbance or other location approved by the primary care-givers and the respite care provider.~~

~~003.18G The services occur as frequently as needed and are provided on a planned basis; however, the services may be provided on an unscheduled basis due to a crisis or other events which arise.~~

~~OTHER SPECIALIZED ADULT PROGRAMS~~

~~003.19 HOMELESS OUTREACH/CASE MANAGEMENT. The Homeless Outreach/Case Management program is designed to serve persons disabled by severe and persistent mental illness, or severe and persistent mental illness and co-occurring substance abuse, who are homeless or at imminent risk of becoming homeless. The desired outcomes of the Homeless Outreach/Case Management program are to: (1) identify and engage persons who are homeless and mentally ill, (2) assist them in obtaining essential services, (3) provide the supports and services needed to increase the likelihood they will be sustained in appropriate housing,~~
~~(4) provide opportunities for meaningful employment and social relations, (5) empower homeless mentally ill persons to make choices and accept responsibility in matters affecting their lives to enable them to transition out of homelessness.~~

~~The outreach component of the program is generally the first point of contact with the mental health system for the homeless individual, and provides staff on-site to: engage homeless individuals in a helping relationship (through assertive and persistent contacts and offers of assistance that may be protracted); meet basic needs; screen the individuals for primary health, mental health, substance abuse treatment, housing, and social welfare needs; intervene as necessary in crisis situations; and refer appropriate individuals to case managers. The case management component of the program provides the long-term support and services necessary to sustain the homeless consumer in the community. The case management component of the program addresses long-term needs through planning, linking, monitoring, obtaining, coordinating, and/or providing social and maintenance services such as community mental health services, alcohol or drug treatment services, personal financial planning, advocacy, legal services, transportation, habilitation and rehabilitation services, prevocational and vocational services, and housing services.~~

~~003.19A The outreach program provides on-site services in areas where homeless individuals are located, that identify and engage persons who appear to be homeless and mentally ill and assist them in obtaining services to address immediate needs, and refer/link them with services to meet ongoing needs.~~

~~003.19B Case management services are available to eligible consumers who agree to participate in the case management program.~~

~~003.19C An assessment of each individual's case management needs is conducted upon admission into the case management program.~~

~~003.19C1 Assessments identify the consumer's community mental health, alcohol, or drug treatment, financial, legal, transportation, habilitation and rehabilitation, prevocational and vocational, and housing service needs.~~

~~003.19C2 The assessment evaluates the consumer's need for assistance in obtaining income support services, such as housing assistance, food stamps, and Supplemental Security income benefits; and the need for representative payee services, if appropriate, for consumers who are receiving aid under Title XVI of the Social Security Act.~~

~~003.19D A case management plan for the provision of the community mental health and other appropriate services, including substance abuse services when indicated, as identified in the case management assessment, is developed for each consumer admitted to the case management program.~~

~~003.19E A periodic review, at least every three months, of the consumer's case management plan is conducted.~~

~~003.19F Case management services are provided to meet the range of needs identified in the case management assessment.~~

~~003.20 DUAL DISORDER TREATMENT. The Dual Disorder Treatment program is designed to serve persons with co-occurring diagnoses of serious mental illness and substance abuse. The desired outcomes of the Dual Disorder Treatment Program are to (1) stabilize the acute symptoms (of both disorders) and then (2) engage the individual to participate in a long-term program of maintenance, treatment, rehabilitation, and recovery. The individuals served in this program generally present more pervasive and severe problems in such areas as vocational adjustments, social adjustments, family/social relationships, and self-concept. They tend to have inadequate support systems and frequently have difficulty sustaining involvement with treatment. The Dual Disorder Treatment program provides simultaneous and integrated treatment of co-occurring psychiatric and substance use disorders by developing concurrent and specific treatment/rehabilitation regimens for both disorders. This may include medication management and psychiatric rehabilitation for the mental illness, combined with detoxification, stabilization, and participation in a recovery program for the substance use disorder. Dual Disorder Treatment programs provide services in a variety of settings, and the provider must meet all the regulations for one or more applicable program(s) in 204 NAC 5-003 (e.g. Outpatient, Day Treatment, Day Rehabilitation, Psychiatric Residential Rehabilitation).~~

~~003.20A Assessments provide for the identification of consumer strengths and needs associated with both the psychiatric and substance use disorders.~~

~~003.20B All individual service plans are developed by an interdisciplinary team which includes the consumer, a physician or a registered nurse licensed by the Department of Health, the consumer's Primary Therapist, a Department Certified Alcohol/Drug Abuse Counselor, and other appropriate program staff.~~

~~003.20C Individual service plans specifically and concurrently address the consumer needs identified in the assessments for both the psychiatric and substance use disorders.~~

~~003.20D Individual service plans are periodically reviewed and updated, at least every three months, and include a diagnostic review.~~

~~003.20E Dual Disorder Treatment Adjunctive services are available to all consumers.~~

~~002.20E1 An assessment of each individual's adjunctive service needs is conducted upon entry into the program. Such assessment includes a determination of the individual's primary health, social, vocational, financial, educational, and transportation needs.~~

~~003.20E2 Adjunctive services provided must be part of the consumer's individual service plan.~~

~~003.20E3 Periodic re-evaluation, at least semi-annually, of the consumer's adjunctive service needs is conducted.~~

~~003.20F Persons serving as Primary Therapists shall have a minimum of master's degree in psychology, social work, or related mental health field and be licensed/certified in a mental health field by the Department of Health.~~

~~003.20G There is a Psychiatrist licensed by the Department of Health on staff or under contract to assume medical responsibility for the consumers. A physician licensed by the Department of Health may be used in place of the psychiatrist. In those cases when a Physician is serving as an alternative to a Psychiatrist, a Licensed Certified Clinical Psychologist by the Department of Health and a Psychiatric Nurse licensed as a Registered Nurse by the Department of Health must serve as a member of the interdisciplinary team.~~

~~003.21 PEER SUPPORT SERVICES. The desired outcome for the Peer Support Services program is to provide ongoing support to mental health consumers by mental health consumers. This may be done through a variety of consumer run service program designs which may include a Drop-in Center, Support Group(s), Peer Counseling, Education, or other related services within the limitations of Federal, State, and/or local statutes and regulations. This support may include training, personal assistance, advocacy, and provision of information on mental illness and mental health services available in Nebraska. The Peer Support Services program is designed, implemented, and maintained by consumers of mental health services. The financial and program policies for the Peer Support Services program are approved by a Governing Body whose membership consists of a two-thirds majority of mental health consumers. For the purposes of this program, a mental health consumer is defined as an individual who has had a personal experience as a primary consumer of mental health services of a more extensive duration and scope than short-term outpatient therapy. The priority individuals served by this program are mental health consumers. In successfully serving the mental health consumer, the program may also serve family members, friends, or individuals interested in receiving information on the mental health system in Nebraska.~~

~~003.21 A The program facility for the Peer Support Service shall include: 003.21A1 Office space adequate for the program's requirements. 003.21A2 An area where confidential peer counseling may occur. 003.21A3 An area where group meetings may be held.~~

~~003.21 A4 The program facility shall have a fire safety inspection completed by the State Fire Marshal or the delegated authority of the State Fire Marshal.~~

~~003.21 B The program shall be open regularly scheduled hours which include evenings and/or weekends.~~

~~003.21C Staff requirements include:~~

~~003.21 C1 The staff must have experience as a mental health primary consumer.~~

~~003.21 C2 Demonstrated ability to relate well with a variety of other mental health consumers and represent consumer perspectives to others.~~

~~003.21 C3 Demonstrated ability to plan, initiate, organize and carry out goal directed activities related to the operation of the Consumer Run Service.~~

~~003.21 D Peer Counseling is defined as an organized, confidential interaction between a mental health consumer and a peer mental health consumer counselor recognized by the Peer Support Service Governing Body to provide this service. Peer Counseling is a procedure involving listening to a mental health consumer's problems, delineating alternatives to address the problems, assistance in determining the next actions to be taken, and providing needed information. Peer Counseling does not include:~~

~~003.21D1 The assessment, diagnosis, and/or treatment of mental disorders covered in the most recent edition of the Diagnostic and Statistical Manual of Mental Disorders published by the American Psychiatric Association.~~

~~003.21D2 Provision of Individual, Group, and/or Family Therapy.~~

~~003.21D3 Completing written assessments, treatment plans, and/or progress notes.~~

~~003.21 E The program must comply with the requirements set forth under 204 NAC 5 -004 except for section 004.05 SERVICE RECORDS.~~

~~003.21F The Peer Support Service shall have an organized record keeping system which has the capacity to document all the services provided by the program.~~

~~003.21F1 Each Peer Counseling session shall be documented. The documentation must include the name of the peer counselor; the name, address, and telephone number of the mental health consumer; date of the session, start/ending time of the session; specific presenting problem(s), involvement of other parties, action taken by the peer counselor, and disposition of the session.~~

~~003.21F2 For the remaining services offered to mental health consumers by the program, the program shall have a record keeping system approved by the Department.~~

~~004 PREREQUISITE REQUIREMENTS FOR ORGANIZATIONS EXEMPTED FROM NATIONAL ACCREDITATION~~

~~004.01 GOVERNING BODY. The organization's governing body shall exercise general direction over, and establish policies concerning the operation of the mental health program(s) being certified by the Department.~~

~~004.01 A There is a written description of the structure and membership of the Governing Body.~~

~~004.01B The governing body shall provide a policies and procedures manual that describes the organization's operations in the manner which will comply with the requirements specified in 204 NAC 5.~~

~~004.01C There must be documentation verifying that the policies and procedures manual is:~~

~~004.01C1 reviewed by the governing body at least every two years,~~

~~004.01C2 updated as necessary, and~~

~~004.01 C3 available to all program staff.~~

~~004.01 D The governing body shall appoint a program director to be responsible for the administrative and clinical activities of each program certified by the Department.~~

~~004.01 E The governing body shall adopt a written program of quality improvement designed to monitor and evaluate the quality and appropriateness of services provided and to address identified problems and opportunities to improve services. There is documentation available which demonstrates the following:~~

~~004.01E1 The governing body receives and acts upon reports of findings and actions of the quality improvement program at least annually.~~

~~004.01E2 The quality improvement program is reviewed by the governing body at least annually.~~

~~004.0 1F The governing body must have a clearly defined method to provide for ongoing consumer and community input into policy development and implementation. The advisory method shall result in documented provision of advice to the governing body and program director on such policy development and implementation issues as program plans, program priorities, service provision, fiscal plans and policies (including consumer fees and the "ability to pay" policy), public relations and awareness, program accessibility, as well as other issues which are of concern to the consumers and the community.~~

~~004.02 ORGANIZATION. The mental health provider shall be organized to achieve program objectives and fiscal accountability.~~

~~004.02A The mental health provider's policies and procedures manual must contain a current organizational plan which consist of an organizational chart and accompanying written description identifying positions or units responsible for each facet of the program(s) operation including:~~

~~004.02A1 The manner in which programs can be accessed, utilized, monitored, and evaluated;~~

~~004.02A2 The location of facilities, the hours and days the facilities are in operation;~~

~~004.02A3 The specific program(s) offered in each facility;~~

~~004.02A4 A description of the organizational relationships for each program, including channels of staff communication, responsibility, and authority, as well as supervisory relationships.~~

~~004.02B A mental health program which is part of a larger entity must be identified separately on the organizational chart and have a staff position that is administratively responsible for it. This must be documented by an organizational chart and job descriptions in the provider's policies and procedures manual.~~

~~004.02C The organizational plan shall be reviewed at least annually in accordance with the changing needs of the consumers and the community and with the overall goals and objectives of the facility, and have documentation which is dated to clearly demonstrate when it was last reviewed or revised.~~

~~004.02D Revisions in the organizational plan shall incorporate, as appropriate, relevant findings from the organization's quality improvement program, facility maintenance safety reviews, as well as licensing visit results and recommendations for the purpose of improving care and resolving identified problems.~~

~~004.03 HUMAN RESOURCE ADMINISTRATION. The program(s) shall have written personnel policies and procedures to aid program directors and governing body in selection, compensation, evaluation, supervision and training of applicants, employees, consultants, students and volunteers. The policies and procedures must include:~~

~~004.03A Policies to assure compliance with all applicable federal, state and local laws and regulations including but not limited to:~~

~~004.03A1 Affirmative action,~~

~~004.03A2 Equal employment opportunities,~~
~~006.03A3 Work place harassment,~~

~~006.03A4 Drug free workplace,~~

~~006.03A5 Chronic infectious diseases, and 006.03A6 Americans~~

~~with Disabilities Act.~~

~~004.03B There must be written policies and procedures concerning employee personnel files including:~~

~~004.03B1 Listing of the documents to be included in the file;~~

~~004.03B2 How the information is accessed, to include a process/procedure on the release of employee information.~~

~~004.03C Written job descriptions must be maintained for all employees that set forth minimum education and experience qualifications; licensure requirements; positions supervised; duties of the position, title of person to whom the position is responsible and overtime compensation eligibility as applicable under the Wage and Hour provisions of the Federal Fair Labor Standards Act (FLSA).~~

~~004.03D A compensation plan for all employees including a salary schedule and a description of benefits such as overtime compensation, vacation, leaves, insurance and retirement.~~

~~004.03E There must be policies and procedures for and documentation of supervision of all personnel.~~

~~004.03F There must be policies and procedures which provide for a written performance evaluation to be completed on all employees at least annually.~~

~~004.03F1 Performance evaluations are to be based on the employee's job duties and responsibilities, including performance expectations, and must incorporate relevant information from the program(s) quality improvement activities, as appropriate.~~

~~004.03F2 Completed performance evaluations are to be discussed with the employee to review work performance, clarify expectations, assess strengths, and note areas needing improvement and to set future performance goals. This evaluation is signed and dated by employee and supervisor.~~

~~004.03G A policy must be included which describes the mechanism for employee disciplinary action.~~

~~004.03H Policy/procedures concerning the processing of employee complaints, including formal processes in response to disciplinary actions, must be in the personnel policy manual.~~
~~004.03I For program(s) which have consultants, students and/or volunteers, there must be policies and procedures which describe the mechanisms for supervision, evaluation, and disciplinary actions.~~

~~004.03I1 If students and/or volunteers are not used in the program, there shall be a written policy stating it.~~

~~004.03I2 For student interns, there shall be a written agreement between the sponsoring educational organization and program which includes provisions for program input on student performance, supervision, and who to contact if disciplinary actions are necessary.~~

~~004.03I3 Copies of contracts with consultants who provide direct services or who work with program staff in the provision of services to consumers must be available. Contracts with consultants must be reviewed at least annually.~~

~~004.03J Each program shall issue written policies and procedures requiring continuing education and training for staff so as to maintain current levels of competence and to improve levels of knowledge and skill in a manner consistent with the goals and objectives of the program's written program plan, and quality improvement functions.~~

~~004.03J1 The program's policies and procedures for continuing education and training must include a description of the mechanism(s) used to assess, monitor, and evaluate the continuing education, training, and credentialing needs of mental health program personnel. The description must include a mechanism to use quality improvement recommendations as input for the individual continuing education plans.~~

~~004.03J2 There must be a written plan for the development and continuing education of each program staff member. It is to be prepared and updated annually and must be in each personnel file. The plan should include:~~

~~004.03J2a A statement of the current continuing education needs of the staff member which is based on information from quality improvement activities, the employee evaluation, program needs and personal development needs. Continuing education requirements for each job function (by individual) whereby the minimum level of knowledge and/or skill is specified for the function consistent with organization planning for the next few years.~~

~~004.03J2b Strategies for meeting the continuing education needs which may include attending seminars, classes, workshops, and/or assigned reading;~~

~~004.03J2c A current log of educational activities completed; and~~

~~004.03J2d The date and signature of the staff member involved.~~

~~004.03J3 For programs which utilize student interns and/or volunteers, there shall be policies and procedures which describe mechanisms for orientation and training.~~

~~004.04 QUALITY IMPROVEMENT. The Governing Body shall provide services of the highest quality possible which meets the identified needs and achieves the outcomes required by the consumers of the program(s). Each certified program shall have an ongoing quality improvement function designed to objectively and systematically monitor and evaluate the quality and appropriateness of services provided as well as the outcomes achieved, pursue opportunities to improve services, and resolve identified problems.~~

~~004.04A The Governing Body will strive for high quality mental health program(s) by adopting and supporting an effective organization wide quality improvement plan for each certified program. The plan must specify:~~

~~004.04A1 The purpose of the quality improvement function as it relates to monitoring and evaluating the processes and outcomes of the services provided.~~

~~004.04A2 The organization of the quality improvement function includes the identification of staff positions responsible for all quality improvement functions.~~

~~004.04A3 The scope of the quality improvement function includes, for each certified program, the identification of the important treatment and/or rehabilitation services, and the administrative functions to be monitored which must include but are not limited to: (a) aspects of service delivery such as admissions, assessments, diagnosis, individual service planning, service~~

~~provision, coordination of services with other programs, periodic reassessment and individual service plan revision, discharge planning, and discharge follow-up; (b) aspects of organizational functioning such as utilization review, human resource administration development, risk management; (c) critical and adverse incidents monitoring; (d) the outcomes actually achieved by each program; and (e) other aspects needed for a successful program such as physical health, dietetic, emergency, pharmacy, infection control, and service records maintenance.~~

~~004.04A4 The mechanisms for the review of clinical oversight, including clinical supervision, credentialing review/privileging system, and peer review.~~

~~004.04A5 Mechanisms for reviewing the adequacy and effectiveness of monitoring, evaluation and problem solving activities; and mechanisms for incorporating the findings of the review into a revised quality improvement plan.~~

~~004.04B The quality improvement plan implementation provides documentation of:~~

~~004.04B 1 Collection, organization, analysis, and utilization of data.~~

~~004.04B2 Identification of opportunities to improve services and/or correct problems in the delivery and outcomes of services in each program.~~

~~004.04B3 Specific action(s) taken to improve services.~~

~~004.04B4 A review of the effectiveness of the action(s) taken to improve services.~~

~~004.04B5 Communication to applicable program staff, committee, and to the governing body regarding findings, actions and results of the quality improvement function.~~

~~004.04B6 Communication of information and documentation regarding the results of the quality improvement function to the Department.~~

~~004.04C The effectiveness of the program's quality improvement function is assessed annually and a written report of the assessment is presented to the governing body.~~

~~004.05 SERVICE RECORDS. Records must be maintained for all persons admitted to a program. Documentation in the record must reflect the consumer's treatment/rehabilitation experience and be of the kind and quality to facilitate service planning, evaluation and continuity of care.~~

~~004.05A Each program must have policies and procedures regarding the maintenance of service records. Service record maintenance must include:~~

~~004.05A1 Written policies and procedures which govern the compilation, storage, dissemination, and accessibility of the consumer's service records.~~

~~004.05A2 Written policies and procedures which are designed to assure that the program fulfills its responsibility to safeguard and protect consumer records against loss and unauthorized alteration or disclosure.~~

~~004.05A3 Written policies and procedures which are designed to assure that each record contains all information required by organizational policy and consistent with professional practice.~~

~~004.05A4 Written policies and procedures which are designed to assure uniformity in the format and forms used in consumer service records.~~

~~004.05A5 Written policies, procedures and documentation of the implementation of these procedures which require entries in the consumer service records to be legible, dated and signed.~~

~~004.05A5a Symbols and abbreviations are not used in the recording of diagnoses;~~

~~004.05A5b There is an explanatory legend approved by the governing body or by management staff specifically authorized by the Governing Body for the other symbols or abbreviations used.~~

~~004.05A6 Written policies and procedures which govern the disposal of consumer service records. These policies and procedures contain the following provisions.~~

~~004.05A6a Records are maintained for at least five years from the date the consumer is discharged from the program or until at least five years following the end of the contract year in which services were billed, whichever is longer.~~

~~004.05A6b Methods of disposal which are designed to assure the confidentiality of information.~~

~~004.05A7 Written policies, procedures and documentation of the implementation of the maintenance of records at the site where the person is served to ensure that the records are directly accessible to the staff providing services. If only partial records are maintained at the program site, the policies and procedures must describe the information to be kept in each record a minimum of which would be: identifying information, current assessment, treatment plan, emergency information, all applicable progress notes, legal information, and medical history.~~

~~005.05A8 The program must specify time frames for the completion of assessments, assessment updates, emergency information updates, service plans, progress notes, service plan reviews, discharge summaries, and any other standard treatment/rehabilitation documentation.~~

~~004.05B All service records must contain identifying information, demographic data, and emergency information. This must include but is not limited to:~~

~~004.05B1 Name of consumer;~~

~~004.05B2 Social Security Number of consumer; 004.05B3 Home Address;~~

~~004.05B4 Home telephone number;~~

~~004.05B5 Date of birth;~~

~~004.05B6 Gender;~~

~~004.05B7 Race or ethnic origin;~~

~~004.05B8 Education;~~

~~004.05B9 Marital status;~~

~~004.05B10 Veteran status;~~

~~004.05B 11 Type and place of employment;~~

~~004.05B12 Date of initial referral and or admission to the organization;~~

~~004.05B13 Legal status;~~

~~004.05B14 Assessment of Ability to Pay for services provided which includes individual/family income, source of income, health insurance coverage, and other related information;~~

~~004.05B 15 Date information was gathered;~~

~~004.05B 16 Signature of staff member gathering or reviewing the information.~~

~~004.05C Records must contain an identifiable emergency information portion listing at least;~~

~~004.05C1 Person to notify in case of emergency;~~

~~004.05C2 Phone number of person to notify in case of emergency; 004.05C3 Name of physician;~~

~~004.05C4 Phone number of physician;~~

~~004.05C5 Any known special precautions such as: medications, allergies, suicidal history, history of violence;~~

~~004.05C6 Emergency information is updated as specified in the policies and procedures.~~

~~004.05D The record must contain documentation that the consumer (or parent/guardian as applicable) has participated in the program orientation.~~

~~004.05E The record must contain documentation of the consent of the consumer, and/or appropriate family members or guardians (as applicable), to treatment, medication usage, and other services to be provided as stated in the Individual Service Plan.~~

> ~~004.05E1 Absent of a judicial order or as may be required under the Nebraska Mental Health Commitment Act to the contrary, consent to each of these services includes the concomitant right to refuse services.~~
>
> ~~004.05E2 The risks and benefits of every service for which consent is sought, and the right to refuse the service, must be explained to the consumer, at a level educationally appropriate to the individual, in the consumer's native language or in sign language, as is individually appropriate.~~

~~004.05F The record must contain correspondence to and from the program regarding the services received. Signed and dated progress notes of all telephone calls concerning these services must also be present.~~

~~004.05G ASSESSMENTS. Upon entrance/admission of the individual to the program, and on an ongoing basis as determined by program's rehabilitation/clinical practice policy, there shall be a complete assessment for each consumer. This assessment should include a review of referral information and, through appropriate evaluation procedures, supplement this information as needed for initiation or continuation of treatment and/or rehabilitation. Areas covered in the assessment are consistent with these regulations, and are determined by the needs of the person served as well as the service mission of the program. If the consumer demonstrates needs which fall outside the scope of the program, service referral and cooperation must be demonstrated and documented.~~

> ~~004.05G1 The assessment shall be completed within the time frame specified in the program's policies and procedures, however, not longer than 30 days.~~
>
> ~~004.05G2 The assessment shall include relevant information including but not limited to the following areas:~~
>
> > ~~004.05G2a Referral source and reason for seeking services. 004.05G2b Social history including :~~
> >
> > ~~004.05G2b1 Personal and family history~~
> >
> > ~~004.05G2b2 Educational and occupational history~~
> >
> > ~~004.05G2b3 Existing personal and social support systems~~
> >
> > ~~004.05G3 Medical history including medications used;004.05G4 Substance abuse history;~~

~~004.05G5 Psychiatric history including prior and current mental health treatment~~

~~004.05G6 A summary of assessment information which includes: 004.05G6a Strengths and needs of the consumer.~~

~~004.05G6b Recommendation for service(s) to be provided by the program which address the needs of the consumer.~~

~~004.05H Additional assessment information is required in the following programs: FOR SPECIALIZED CHILD AND ADOLESCENT PROGRAMS~~

~~004.05H1 In programs serving children and adolescents, the assessment should also include: 004.05H1a Evaluation of the developmental age factors of the youth.~~

~~004.05H1b Evaluation for sexual and physical abuse~~

~~004.05H1c Evaluation of service coordination needs including linking, monitoring, brokering with other service providers.~~

~~004.05H1d An evaluation of the extent of need for family and/or community involvement including parental skills, family communication skills, family economic status, including history of violence, substance abuse, treatment outcomes, and evaluation of the child's educational needs. A system evaluation of the community, neighborhood, and associated services must be documented.~~

~~FOR PSYCHIATRIC REHABILITATION AND SUPPORT PROGRAMS~~

~~004.05H2 The assessment must also include:~~

~~004.05H2a A functional assessment which specifies consumer's strengths and deficits. 004.05H2b Assessments from other service providers.~~

~~004.05H2c Meaningful integration of any ongoing psychiatric treatment with the current rehabilitation plan.~~

~~FOR OUTPATIENT SERVICES~~

~~004.05H3 If a consumer is being seen for an evaluation only, the following minimum assessment information must be present.~~

~~004.05H3a Presenting problem and referral information~~

~~004.05H3b Results of a mental status exam~~

~~004.05H3c Assessment of suicidal or homicidal potential~~

~~004.05H3d Documentation of services received and the consumer's response to the services. 004.05H3e Recommendations for further action and documentation of actions taken~~

~~004.05I INDIVIDUAL SERVICE PLAN. Each treatment/rehabilitation record must contain an individual plan for all services provided in the program which is based on the assessment of service needs. This plan must:~~

~~004.05I1 Include individualized goals which state expected outcomes, determined in concert with the consumer, to be achieved in meeting the needs identified in the assessment;~~

~~004.05I2 Prioritize specific objectives which are measurable, time-limited statements of outcome designed to achieve each goal;~~

~~004.05I3 Describe therapeutic methods to be used in achieving the goals and objectives;~~

~~004.05I4 Identify staff who are responsible for implementing the therapeutic methods;~~

~~004.05I5 Specify the planned frequency or duration of each therapeutic method;~~

~~004.05I6 Delineate the specific criteria to be met for the expected outcome(s) which leads to the termination of treatment/rehabilitation;~~

~~004.05I7 Include the signature of the consumer and/or parent/guardian, documenting participation and agreement to the individual plan;~~

~~004.05I8 Document that the individual service plan is completed within the time frame as specified in the policies and procedures;~~

~~004.05I9 Documentation that the plan has been reviewed, updated and consented to by the consumer as specified in the policies and procedures.~~

~~004.05I9a There is documentation which demonstrates the implementation of the plan is working, or~~

~~004.05I9b If the documentation demonstrates the plan implementation is not working, the staff responsible revise the plan.~~

~~004.05J PROGRESS NOTES. Each record must contain progress notes that document implementation of the individual service plan.~~

~~004.05J1 Progress notes must document all services delivered and describe the consumer's response to them.~~

~~004.05J2 Progress notes must be completed within the time frame as specified in the program's policies and procedures.~~

~~004.05J3 Progress notes document the unit(s) of service provided to the consumer.~~

~~004.05K MEDICATIONS. For each consumer who is receiving medication prescribed by the physician, the record must contain a drug use profile. This profile must include:~~

~~004.05K1 A listing of all drugs and dosages currently prescribed.~~

~~004.05K2 Documentation from the program's physician shall~~

~~include:~~

~~004.05K2a Upon discontinuation, the date and reason each drug is discontinued. The record must also contain a drug use flow log.~~

~~004.05K2b The rationale for the expected frequency and duration of "drug holidays."~~

~~004.05L DISCHARGE SUMMARY. Records of consumers discharged from the program must contain a discharge summary. This discharge summary must:~~

~~004.05L1 Be completed within the time frame specified in the program's policies and~~

~~procedures. 004.05L2 Provide a recapitulation of the service provided.~~

~~004.05L3 Document the consumer's progress in relation to the individual service plan.~~

~~004.05L4 Document predischarge planning, recommendations and/or arrangements for aftercare, including but not limited to:~~

~~004.05L4a Plans to meet transportation, housing, and medication schedules;~~

~~004.05L4b Any plans to address unmet goals in the individual service plan.~~

~~004.05L5 Consumers who have received no services for ninety (90) days or more shall be discharged and the record must contain a discharge summary.~~

~~004.05L5a Documented telephone calls, collateral contacts or other outreach activities which demonstrate continuing treatment/rehabilitation responsibility shall be considered services for the purpose of this regulation.~~

~~004.05L5b For consumers committed to a program by a board of mental health, the committing board must be notified seven (7) days prior to discharge.~~

~~004.06 CONFIDENTIALITY. Records of the identity, diagnosis, prognosis or treatment of any consumers are confidential and must be disclosed only with the written consent of the individual, the consumer's legal guardian, by order of a court of competent jurisdiction, or as otherwise required by law.~~

~~004.06A The program shall have policies and procedures designed to ensure confidentiality of the service records. These policies must include:~~

~~004.06A1 The conditions under which information on consumers may be disclosed and the procedures for releasing such information.~~

~~004.06A2 Provisions for consumers or their authorized representative may consent to the release of information provided that written consent is given on a form containing the following information:~~

~~004.06A2a The name of the person or organization to which the information is to be disclosed;~~

~~004.06A2b The specific information to be disclosed;~~

~~004.06A2c The purpose of the disclosure;~~

~~004.06A2d The date the consent was signed and the signature of the individual witnessing the consent; and~~

~~004.06A2e Specification of the period of time the consent is valid.~~

~~004.06B Forms for release and receipt of consumer information must appear as an addendum in the policies and procedures manual.~~

~~004.06C Documentation of the signed release of information form(s) must be present in the consumer's service record.~~

> ~~004.06C1 A copy of each signed release is in the service record.~~
>
> ~~004.06C2 There is documentation in the progress notes of the signing of the release of information form.~~

~~004.06D All aspects of confidentiality are addressed in the program's quality improvement function.~~

~~004.07 CONSUMERS' RIGHTS. Each program shall ensure that certain rights of each consumer are protected.~~

~~004.07A The program's policies and procedures manual must include a statement designed to protect consumers' rights and comply with the requirements of the Americans with Disabilities Act, including the right to:~~

> ~~004.07A1 Receive services without regard to race, color, sex, national origin, religion, age or disability. Program specific exceptions (e.g. adolescent treatment facility) shall be clearly stated in the program plan.~~
>
> ~~004.07A2 An orientation to the program must be provided to the consumer at a level educationally appropriate, communicated in either the person's native language or sign language, as is individually appropriate. Such orientation must include treatment philosophy, staff responsibilities, consumers' rights and responsibilities, fee schedule and grievance procedure. Orientation to residential programs must include house rules and procedures followed when a violation of house rules occurs.~~

~~004.07A3 Procedures for conducting the orientation with each consumer must be included in the policies and procedures.~~

~~004.07A4 Refuse services except when the consumer is legally committed, found legally incompetent to consent to the specific treatment decision, or held under the requirement of the emergency protective custody by a mental health professional as specified in ' 83 -1010 in order to initiate the requirements under the Nebraska Mental Health Commitment Act.~~

~~004.07A5 An administrative process in the handling of grievances presented by a consumer and/or other legally responsible person.~~

~~004.07A6 The program policy and procedures manual must contain a written policy for addressing consumer grievances.~~

~~004.07A7 Procedures must be developed to ensure the individual is notified why services have been denied. When requested in writing, the program shall provide a written explanation of why he/she has been refused services.~~

~~004.07A8 Access to information in his/her service records. In instances of committed persons, access may be limited by a district judge as provided by law (' 83-1068).~~

~~004.07A9 In facility based residential services, privacy with respect to nonresidents visiting.~~

~~004.07A10 Receive services without consent or approval of his/her spouse or other legally responsible person except as otherwise restricted by law.~~

~~004.07A11 In facility based residential services, communicate freely with all persons by sealed mail, personal visitation, and private telephone conversation.~~

~~004.07B Review of Consumer's Rights policies and their implementation are included in the program's quality improvement functions.~~

~~004.08 ACCESSIBILITY OF SERVICES. The services of the program must be accessible to all members of the population(s) being served.~~

~~004.08A The program shall have policies and procedures which expedite entry into services by all members of the population to be served. These policies must address the following area of accessibility:~~

~~004.08A1 Geographic;~~

~~004.08A2 Physical;~~

~~004.08A3 Cultural;~~

~~004.08A4 Language;~~

~~004.08A5 Operating hours;~~

~~004.08A6 Financial.~~

~~004.08B The program shall have policies and procedures describing the mechanism(s) for providing services to consumers who due to disability, poor health, work hours, and/or lack of specialized transportation cannot access needed service(s) during the program's regular operating hours and location. There is documentation of such mechanisms demonstrating their implementation.~~

~~004.08C Procedures for regularly notifying, through effective and conspicuous methods, the general public and members of populations served by the program: name, address, telephone number, services provided, method for accessing services, service hours, and special service accommodations.~~

~~004.08D Review of accessibility policies and their implementation are addressed in the program's quality improvement functions.~~

~~004.09 CONTINUITY OF CARE. The program must ensure that interaction with other providers exists so that a consumer may receive needed services at the proper time.~~

~~004.09A If there is more than one Department certified program within an organization, the organization shall have policies and procedures to ensure that persons who are receiving service within any one program of the organization may receive services elsewhere within the same organization as the individual needs and is eligible for, including:~~

~~004.09A1 A description of transfer mechanisms.~~

~~004.09A2 A policy stating that the transferring program maintains responsibility for the provision of services, including the positions responsible for those services, until the commencement of services at the receiving program.~~

~~004.09A3 A policy requiring documentation and outlining the parameters of the transfer in the service record.~~

~~004.09A4 Procedures to ensure that pertinent portions of records and other relevant information are readily transferred between programs.~~

~~004.09B The program shall have written policies and procedures to ensure coordination and continuity of services with allied and/or related health and human service organizations which serve the same population. These policies and procedures must include:~~

~~004.09B1 Policies and procedures describing the program's role(s) and responsibilities in those cases where a consumer is served concurrently with one or more of other organization(s). There must be documentation of implementation of the policies and procedures regarding responsibility in those cases where a consumer is served concurrently with one or more of the identified organizations.~~

~~004.09B2 A policy stating that a consumer can transfer from one Department certified program to another as individual need dictates, the person is eligible, and program capacity allows, with as little interruption in service as possible. The policies and procedures manual must contain the procedures used to transfer the person.~~

~~004.09B3 Procedures to ensure that pertinent portions of records and other relevant information are readily transferred, with consumer consent, between organizations.~~

~~004.09B4 A policy requiring documentation in service records of the preparation and completion of all transfers including the contacts made to obtain services, information given to the consumer about the availability of other services, and correspondence with other organizations or service resources.~~

~~004.09B5 Procedures used for determining whether the transfer was completed and an identification of persons responsible for making this determination and when it is to be made.~~

~~004.09C Review of continuity of care policies and their implementation are addressed in the program's quality improvement function.~~