TITLE 206 BEHAVIORAL HEALTH SERVICES

CHAPTER 5-000 REQUIREMENTS FOR PROVIDERS CONTRACTING WITH RBHAs

5-001 Accreditation: To receive funds administered by the Division for service delivery except for problem gambling funds and substance abuse prevention funds, providers must submit the following:

1. Current copy of the required licenses issued by the Department or the applicable local licensing authorities of competent jurisdiction which apply to the program;
2. Documentation on the type of organization seeking approval (such as governmental, private non-profit) to operate the program(s); and
3. Accreditation appropriate to the organization's mission by The Joint Commission (TJC), the Commission on Accreditation of Rehabilitation Facilities (CARF), the Council on Accreditation (COA), or other nationally recognized accreditation organization(s) approved by the Director. Documentation of accreditation must include:
   a. A complete copy of the most recent official accreditation report;
   b. Documentation of the most recent official award of accreditation; and
   c. A complete copy of the plan of correction submitted in response to the official accreditation report, if applicable.

5-002 Accreditation Development Plan: Those organizations that do not have documentation of official award of accreditation by TJC, CARF, COA, or other nationally recognized accreditation organization(s) approved by the Director must submit an Accreditation Development Plan for progressively bringing the organization into accreditation status during a two-year period. During the time an organization is working toward accreditation under an Accreditation Development Plan, the organization must meet the standards for behavioral health services in 206 NAC 6. The Accreditation Development Plan must demonstrate a systematic approach toward achieving accreditation and must include:

1. Policies and procedures to be followed during the accreditation development period including policies and procedures for protecting the life and safety of consumers served;
2. A quality improvement program which follows the standards set by the national accreditation body which is being sought by the organization (TJC, CARF, COA, or other nationally recognized accreditation organization(s) approved by the Director);
3. A written plan for accomplishing the accreditation. The plan must include the type of accreditation the type of accreditation being sought (TJC, CARF, COA, other) that is appropriate to the organization's mission and includes goals, measurable objectives, target dates, person(s) responsible, and deadlines for making application for accreditation and for scheduling accreditation survey; and
4. A report on the results of a self-administered survey following the standards set by the national accreditation body which is being sought by the organization.

5-002.01 The organization must submit to the Region a semi-annual written progress report on the implementation of the Accreditation Development Plan.

5-002.02 The organization must revise the Accreditation Development Plan on an annual basis to reflect its present situation.

5-002.03 The Region must monitor the organization's progress until accreditation is granted.

5-003 Organizations that are denied accreditation or receive provisional accreditation will:

1. Be allowed a one-time one-year extension from the date they receive notice from the accrediting body of their accreditation status to become an accredited organization; or
2. Be required to submit a revised Accreditation Development Plan.

5-004 Records: The organization must retain program documentation and individual service records for a minimum of whichever is longer:

1. Five years after the consumer was discharged from the program; or
2. Five years following the end of the contract year in which services were billed.

5-005 The falsification of documents or information by the organization or individual is grounds to immediately terminate the application process or the existing program approval.

5-006 Capacity Development: A capacity development plan must be submitted and approved before state and/or federal funds are used to develop a new service. The provider/program requesting capacity development using state or federal funds must be a member of a Regional Behavioral Health Network or have been awarded a bid to contract with a network. The Capacity Development Plan must use the format specified by the Division and must include:

1. A Program Plan for each service to be funded;
2. Development and Implementation Timeline Plan; and
3. Budget and Narrative Budget Justification.

To address expansion related to a wait list, the provider/program must have criteria approved by the Department.

A capacity expansion plan must be used to apply for approval of funding for expansion of an existing service. The request must use the format specified by the Division.

Capacity development plans must be submitted to the Region, if the provider is a member of the regional network and is requesting funds from the Region. If the provider is requesting funding directly from the Division, the Capacity Development Plan must be submitted to the Division.

5-007 Peer Support Staff

5-007.01 Purpose: Peer Support is provided by consumers in recovery to mentor others in wellness and recovery through mutual sharing of experiences and stories. The desired outcome is to provide support to consumers by Peer Support Staff who have experience with serious mental illness and/or addiction, including gambling.

5-007.02 Description: Peer Support Staff provide an organized, confidential interaction between a consumer and the Peer Support Staff recognized as a process involving listening to a consumers' challenges, sharing recovery skills, acknowledging where the consumer is on his/her personal recovery path, mutual sharing of recovery experiences and challenges, and providing information and education desired on topics relevant to recovery experience, including all aspects of community living. This support may include training, personal assistance, advocacy, and provision of information on the experience of recovery and behavioral health services available in Nebraska.

5-007.03 Services Provided: Peer Support Staff may provide support though a variety of consumer run service program designs which may include but are not limited to: drop-in center, peer support groups, one-on-one peer support, education, benefits advisement, or newsletters that are solely authored by consumers or other related services within the limitations of Federal, State, and/or local statutes and regulations. Peer Support Staff may also be provided within other behavioral health services such as Day Rehabilitation, Assertive Community Treatment (ACT), Recovery Support, Supported Employment, Day Support, Crisis Respite, Intensive Case Management, etc.

5-007.04 Services Not Provided by Peer Support Staff: Peer Support Staff do not provide:

1. Assessment, diagnosis, and/or treatment of~~, or education on,~~ mental disorders or addictions (including gambling) covered in the most recent edition of the Diagnostic and Statistical Manual of Mental Disorders published by the American Psychiatric Association;
2. Individual, group, and/or family therapy;
3. Written assessments and treatment plans;
4. Administration or oversight of medications; or
5. Work for a behavioral health provider (landscaping, clerical tasks, cleaning, etc.) that does not involve sharing of the lived experience of recovery.

5-007.05 Experience and Abilities: Peer Support Staff must have:

1. Experience with significant challenges or diagnosis of serious mental illness or addiction, including gambling;
2. Ability to relate well with a variety of people ~~and~~ of differing cultures~~, including those with developmental~~ and disabilities;
3. Ability to plan, initiate, organize, and carry out goal-directed activities;
4. Ability to mentor and role model the value of every consumer's recovery, including effective coping techniques and self-help strategies, accessing

natural supports, and obtaining decent and affordable housing of choice in the least restrictive setting; and

5. Ability to lead organizations and consumers in accessing recovery knowledge relevant to the recovery process, person-centered planning, cultural competency, advocacy, proving recovery-based services, and speaking language that promotes easy understanding and valuing of human experience.

5-007.06 On-going Qualifications: Peer Support Staff must demonstrate on-going qualifications including:

1. Receiving annual continuing education and researching the latest trends in peer support; and
2. Providing current ~~personal~~ work contact information ~~including name, address, and phone number~~ to the Office of Consumer Affairs~~; and~~.
3. ~~Acting consistently with Division of Behavioral Health Office of Consumer Affairs Code of Ethics. (attachment)~~

5-007.07 Peer Support Office Environment: Peer Support Staff must be provided with an environment conducive to providing peer support to consumers including:

1. Office space adequate for peer support activities;
2. An area for confidential one-on-one peer support;
3. An area for small group meetings;
4. Access to office resources; and
5. An organized record keeping system with the capacity to document all peer support activities.

5-007.08 Age-Related Peer Support Provision: Peer support is provided by Peer Support Staff with relevancy to the consumer's age.

1. Peer support for an adult can only be provided by an adult who is able to mentor independent living skills; and
2. Peer support is provided to the entire family of a child with serious emotional disturbance or addiction, with the focus being on empowering the child to grow in a recovery skill set and ways the family can support the child's recovery. Peer support to a family is provided by a person with experience in navigating the children's behavioral health system.

5-007.09 Culture-Related Peer Support Provision: Peer Support Staff must reflect the recovery culture of the consumers receiving peer support as the workforce relates to skills based on life experience not academic degrees. A Peer Support Staff with life experiences with mental health issues could not support a consumer with addiction issues or visa-versa. A Peer Support Staff with co-occurring mental health and addiction challenges can provide support for either recovery culture.