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, 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.

5-001.01 Exceptions: The requirements of 5-001 do not apply to the following:

1. Substance abuse prevention funds; or
2. When a nationally recognized accreditation organization appropriate to the organization's mission cannot be identified.

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 DENIED OR PROVISIONALLY ACCREDITED: 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 GROUNDS FOR TERMINATION: 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;
3. Budget and Narrative Budget Justification; and
4. Approval from the Regional Advisory Committee.

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.