

<p style="text-align: center;">Region 3 Behavioral Health Services Network Provider Enrollment Minimum Standards Documentation Checklist</p>		
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<p style="text-align: center;">All Network Providers must verify maintenance of the following documentation (#'s 1-25) with an "X":</p>		
Documentation		Verify w/"X"
1) Maintain Accessibility Policy (NMP)	Required Maintenance of Documentation	
2) Maintain Americans with Disabilities Act Policy		
3) Background Checks: Network Provider agrees its staff having direct contact with consumers of any age will have initial background checks to include a check of the following registries: (NPEMS)		
Sex Offender Registry		
Nebraska Child Abuse and Neglect Registry		
Nebraska Adult Abuse and Neglect Registry		
Criminal Records Check by the NE State Patrol		
Department of Motor Vehicles (as applicable)		
Out-of-state background checks will be completed on all newly hired employees, interns, and volunteers who have resided in Nebraska for less than two years if it is foreseeable that the individual may have contact with consumers of any age during the course of providing direct services.		
4) Cash Management and Allowable Costs policies: Network provider MUST verify that all sub-recipients have written policies for internal controls. These internal controls must include polices covering Cash Management and Allowable Costs. (AM, NOM)		
5) Maintain Chronic Infectious Diseases Policy (NPEMS)		
6) Maintain Code of Ethics Policy (NPEMS)		
7) Maintain Complaints, Grievances and Appeals Policy and Procedures regarding: employees & participants. (NOM language) (NPEMS, NMP) Each provider must establish a written consumer grievance policy with the following components: 1. Consumers and as applicable, their legal representative(s) and family of their choosing must be informed of and given a copy of written procedures for addressing and resolving grievances established by each provider; 2. Consumers, families, staff, and others must have access to the provider's grievance process; 3. The consumer's grievance must be responded to by the provider in a timely manner and the provider must document its response to the consumer; 4. If the consumer's grievance is not addressed satisfactorily through the provider's complaint process, the provider must give adequate information, including telephone numbers and addresses, to the consumer to enable the consumer to contact the Division of Behavioral Health, Office of Consumer Affairs; the Division of Public Health, Facility Complaint Intake and the Investigations Section, the designated Protection and Advocacy organization for Nebraska; the Consumer Specialist of the RBHA; the office of the Ombudsman; the Department's System Advocate, and the vendor who is contracted for system management. This information must also be readily available to consumers, families, staff, and others.		
8) Maintain Confidentiality of Consumer Records Policy (C, NOM, NPEMS)		
9) Maintain Conflict of Interest Policy: Disclosure and Resolution (206, NMP, NOM)		
10) Maintain Continuity of Operations Plan, which shall include: (COOP) (206, C, NOM, NMP, NPEMS) A statement of purpose. The statement shall provide: communicating changes to staff and training staff and board of directors on the plan. The COOP shall include: continuation of essential critical business functions, prioritized, identification of essential staff, including their contact information, identification of essential staff, including their contact information, software and IT needs. There are written emergency procedures that satisfy: identification of essential staff, services, and business functions;.continuation of essential staff, services, and business functions.		
11) Maintain a Corporate Compliance Plan and identify a compliance officer (NPEMS, NMP)		

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Documentation		Verify w/"X"
12) Must maintain a Critical Incidence/Sentinel Event policy and procedures which includes the definition of a critical incident, how to investigate, including follow up; documentation requirements, and notifications required when a critical incident occurs. Procedures must address prevention, reporting, documentation, remedial actions and timely debriefings for critical incidents occurring within a provider agency. Providers will have a system and be able to demonstrate that personnel are trained in and aware of reporting requirements. If no Sentinel Events occur in the Region during the Fiscal Year, the RBHA will send to DBH a statement indicating such at the end of the Fiscal Year. (NOM)	Required Maintenance of Documentation	
13) Maintain Disaster Plan that includes protecting the life and safety of participants. (206, NOM, NPEMS)		
14) Maintain a Drug-Free Workplace and have policy in place (C)		
15) Maintain an Education/Training Policy re: continuing educ/trng for employees (C)		
16) Maintain EOE / Affirmative Action Policy (NPEMS)		
17) Ethics Policy		
18) Financial Eligibility		
19) Health and Safety		
20) License revokation/suspension - A process is in place to provide annual verification of all applicable employee's required license(s) to ensure such license(s) have not been revoked and/or suspended. (C)		
21) Medically Assisted Treatment (MAT) - Ensure compliance with access to medical care for consumers who are receiving MAT. (NPEMS) Ensure consumers are not denied access to mental health or substance use treatment solely based on participation in Medication Assisted Treatment for a substance use disorder. Medication Assisted Treatment refers to a range of pharmacotherapy available to detoxify, maintain, or otherwise medically manage consumers to treat addiction. (C, NOM)		
22) "No refusal" approach is used to admit persons determined eligible by the Centralized Data System for community-based BH srvis in Region 3's network. (C, NOM)		
23) Pro-Children Act of 1994 - Must comply with the requirements of P.L. 103-327: will not allow smoking within any portion of any indoor facility used for the provision of services for children as defined by the Act. (C)		
24) Maintain Program Plans regarding all contract services.		
25) Maintain Record Mgmt/Retention policies to include timelines re: (NMP) Consumer Records Retention Following Discharge, Methods for Disposal of client records, Listing of documents included in personnel files, and How personnel information is accessed.		
26) Rights and Responsibilities (R&R): Maintain documentation regarding Individual R&R. The following rights apply to consumers receiving behavioral health services through Nebraska's public behavioral health system. All consumers have the right to: 1. Be treated respectfully, impartially, and with dignity; 2. Communicate freely with individuals of their choice including, but not limited to, family, friends, legal counsel, and his/her private physician; 3. Have clinical records made available to themselves and individuals of their choice by his/her written request; 4. Actively and directly participate in decisions which incorporate independence, individuality, privacy, and dignity and to make decisions regarding care and treatment; 5. Refuse treatment or therapy, unless treatment or therapy was authorized by the consumer's legal guardian or was ordered by a mental health board or court; 6. Have privacy and confidentiality related to all aspects of care; 7. Be protected from neglect; physical, emotional or verbal abuse; and exploitation of any kind; 8. Actively and directly participate in developing an individual treatment, rehabilitation, and recovery plan and decision-making regarding his/her behavioral health care; 9. Receive care from providers who adhere to a strict policy of non-discrimination in the provision of services; 10. Be free of sexual exploitation and, harassment; 11. Voice complaints and file grievances without discrimination or reprisal and to have those complaints and grievances addressed in a timely manner; and 12. Receive behavioral health services in the most integrated setting appropriate for each consumer based on an individualized and person-centered assessment and incorporated into the individual treatment rehabilitation		
27) Maintain Risk Management Plan (NMP)		
28) Tobacco policy which includes the following language "Youth who have not attained the age of eighteen (18) years shall be prohibited from using tobacco products on agency premises or at agency functions". (NPEMS)		
29) Maintain Workplace Harassment Policy (NPEMS)		

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All Network Providers must submit documentation according to the stated timeframe:		
Documentation	Timeframe	Verify w/"X"
Voter Registration - Provide assistance. (NOM)	Complete during screening process, if applicable.	
Critical Incident/Sentinel Event: In the event of death or serious injury to any consumer in the course of delivering or receiving BH services in the Region, providers will notify the Region who in turn will notify DBH no later than forty-eight (48) hours after they have been notified of the incident and provide the following information: The consumer's or staff member's names involved in the incident; The date of incident, accident or death; Service(s) the consumer was receiving, and if known; The cause of accident or death. Region 3 may use this information in oversight of service delivery and to ensure continuity of care, and: Follow up with providers regarding sentinel events reported to the Region to ensure the provider has addressed causes, trends, actions for improvement, results of improvement plans, necessary education and training of personnel, prevention of reoccurrence, internal and external reporting requirements. (C, NOM, NMP)	Submit documentation to Region 3 within 48 hrs of event	
Waitlist Data - Network Provider acknowledges the Nebraska Department of Health and Human Services, Division of Behavioral Health's (DBH) requirements for Waitlist data, as stated out in the Network Operations Manual, to be input into their Centralized Data System (CDS) for the following services: Assertive Community Treatment, Community Support, Dual Residential, Respite, Psychiatric Residential Rehabilitation, Supported Employment, Halfway House, Intensive Outpatient, Short Term Residential, and Therapeutic Community. Network Provider further acknowledges and understands that if the required Waitlist data is not input into the CDS and updated by the Network Provider, the Network Provider is at risk of not being reimbursed for services provided under this Agreement and agrees to hold Region 3 harmless for the Network Provider's failure to input and update the required Waitlist data resulting in not being reimbursed for services provided. (C)	Enter weekly Capacity Report/Waitlist Data on the CDS	
CDS Data Input Timelines (C, NOM)	Ensure ongoing data input through registration/ authorization and discharge process	
Complex Needs Workgroup - Send a representative to attend monthly meeting (C, NMP)	Monthly	
Denial/Ineligibility - Region 3 will have a mechanism to monitor and ensure Network Providers do not deny services to consumers who are clinically and financially eligible. This will include, but is not limited to: a. Denials of consumers who utilize medications prescribed by a physician and/or appropriately licensed professional. b. Denials of consumers who reside in Nebraska who have an inability to pay scheduled fees, including preadmission deposits, co-payments, and/or other payments required from the consumer. (C, NMP, NOM)	Submit monthly report to Region 3 regarding denials and ineligibles	
National Accreditation current documentation to include: a complete copy of the most recent official accreditation report; documentation of the most recent official award of accreditation; and a complete copy of the plan of correction submitted in response to the official accreditation report, if applicable. (206, NOM, NMP)	Submit documentation w/in 30 days of re-accreditation	
Submit Program Plans (NMP)	Submit 30 days post revision	
Board of Directors/Community Board; Organizational Chart; Staff List to include Name, Title, Program, and License Number, as applic; and Timelines (NOM, NMP, NPEMS)	Annually or 30 days post revision	
Certificate of Liability: General, Worker's Comp, Auto, D&O, Professional, Cyber, Abuse, Subrogation, Liability Waiver (state shall be considered excess and noncontributory) (C, NMP)	Annually	
Complaints, Grievances and Appeals Annual Summary: Provider shall submit an annual summary to determine compliance and appropriate actions taken to address identified needs. (C, NOM, NMP)	Annually w/in 45 days of end of fiscal year	
Critical Incident/Sentinel Event: Region 3 shall conduct an analysis of all sentinel events reported to the Region by providers occurring within the Region at least annually. The analysis should include trends and causes, and any needed remediation appropriate by either the provider or the Region. This analysis should be submitted to the Division after the close of the fiscal year in a format specified by the Division. (NOM, NMP)	Annually w/in 45 days of end of fiscal year	
Facility License (NOM)	Annually	
Services Purchased Verification Audit (AM)	Annually	
Trauma Education - All new staff shall receive at least one hour of trauma education as part of orientation. (NOM, NPEMS, C)	Annually	
Trauma Education - Direct service staff shall receive at least one hour of education involving trauma-specific techniques annually. (NOM, NPEMS, C)	Annually	
Programmatic Review Audit (AM)	Completed every 3 yrs	
Programmatic Review Checklist (AM)	Completed every 3 yrs	
Substance Abuse Block Grant Review Spreadsheet (applies only to block grant recipients) (AM)	Completed every 3 yrs	

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Network providers accredited through CARF and COA must submit the following documentation (#'s 1-2) during each programmatic review (every three years): (The following network providers are accredited through The Commission and, therefore, are not required to complete CLAS Standards: Mary Lanning HC, Richard Young BH, St Francis ADTC, and Behavioral Health Svcs)		
Documentation	Timeframe	Verify w/"X"
1) CLAS STANDARDS Matrix Worksheet (NOM)	Submit documentation during each programmatic review	
2) Cultural Responsiveness (NPEMS)		
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(This section applies only to <u>The Bridge</u>) Network providers receiving Women's Set-Aside funding must complete the following documentation (#'s1-7) every 3 years:		
Documentation	Provide direct service/Memo of Understanding (list provider)	Verify w/"X"
Women's Set-Aside Requirement: (NOM)	Submitted to Region 3 fiscal dept	
1. The program treats the family as a unit and, therefore, admits both women and their children into treatment services, if appropriate.	Submitted to Region 3 fiscal dept	
2a. The program provides or arranges for primary medical care for women who are receiving SA services	Submitted to Region 3 fiscal dept	
2b. The program provides or arranges for prenatal care for women who are receiving SA services.	Submitted to Region 3 fiscal dept	
3. The program provides or arranges for child care while the women are receiving services.	Submitted to Region 3 fiscal dept	
4. The program provides or arranges for primary pediatric care for the women's children, including immunizations.	Submitted to Region 3 fiscal dept	
5. The program provides or arranges for gender-specific substance abuse treatment and other therapeutic interventions for women that may address issues of relationships, sexual abuse, physical abuse, and parenting, and child care while the women are receiving these services.	Submitted to Region 3 fiscal dept	
6. The program provides or arranges for therapeutic interventions for children in custody of women in treatment which may, among other things, address the children's developmental needs, their issues of sexual and physical abuse, and neglect.	Submitted to Region 3 fiscal dept	
7. The program provides or arranges for sufficient case management and transportation services to ensure that the women and their children have access to the services provided by (2) through (6) above.	Submitted to Region 3 fiscal dept	
Network Provider Director name, signature, title, name of agency, and date is required.		
By signing this page, the Network Provider Director represents and warrants that all documentation listed above, and as indicated with an "X", are in compliance with the requirements set out in the contract with Region 3 Behavioral Health Services (Region 3), are approved by the network provider, and are adhered to. All documentation listed which are to be submitted, will follow established timeframes. In the event that Region 3 receives a complaint regarding lack of compliance with such documents, a Region 3 representative will ensure the Network Provider Director corrects the area of concern.		
First/Last Name (Print)	Signature	Date
Title/Name of Agency		