

DEPARTMENT OF HEALTH AND HUMAN SERVICES				
AGING AND DISABILITY SERVICES DIVISION				
2014 POLICY MANUAL				
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POLICY

It is the policy of Aging and Disability Services Division (ADSD) Developmental Services (DS) Regional Centers to provide an opportunity and method for individuals and organizations to apply to enroll as qualified providers of services for people supported by the DS Regional Centers. Provider enrollment and approval is determined by DS Regional Centers. Nevada Developmental Services (DS) Regional Centers expressly prohibits the abuse, neglect, isolation, and exploitation of any individual receiving services.

PURPOSE

This policy is to ensure that a fair and thorough process is utilized in qualifying and approving providers. Through the application process, DS will ensure that service recipients have an adequate and sufficient choice of qualified providers who have the credentials required to provide services that promote health, welfare, and stability.

REFERENCES

[NRS 435.331](#)

[NRS 435.3315](#)

[NRS 435.332](#)

[NRS 435.333](#)

[NRS 435.3335](#)

[NRS 435.334](#)

[NRS 449.122 \(Substituted in revision for NRS 449.176\)](#)

PROCEDURE

A. TYPES OF SERVICES

1. An applicant may be qualified and approved to provide one or more types of service. Separate application packets are required for each type of service for which the applicant requests to be considered. Based on the results of a pre-screening, the application packet review, interview, and response to training, the Regional Center may determine a provider's qualifications, eligibility and approval on a service-specific and regional-specific basis. The service types include, but may not be limited to:
 - a. Residential Support Services
 - 1) Intermittent Supported Living Arrangement (SLA) Services
 - 2) Intensive 24-Hour SLA Services*
 - b. Jobs and Day Training (JDT)
 - 1) Day Habilitation
 - 2) Pre-Vocational
 - 3) Supported Employment
 - 4) Career Planning
 - c. Specialized Services:
 - 1) Behavioral Consultation, Training, and Intervention
 - 2) Nursing
 - 3) Counseling
 - 4) Nutritional Counseling

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5) Non-Medical Transportation

* A provider must complete a minimum of one DS Quality Assurance (QA) review cycle as a provider of Intermittent SLA Services prior to consideration of qualification and approval as a provider of Intensive 24-Hour SLA Services. At the discretion of the local Regional Program Manager, this requirement may be waived based on prior documented experience, background and provider qualifications. A current certified provider wishing to expand into a different service delivery type may be required to submit a new application for Regional Center review and determination of approval.

B. MINIMUM QUALIFICATIONS OF APPLICANT

1. An applicant for services must have at least one (1) year of experience working directly with individuals with intellectual disabilities or related conditions in a professional capacity. For example, providing direct support, supervision and teaching of daily living skills (e.g. bathing, dressing, meal preparations), communication skills (e.g. being able to understand what is being asked of the individual and how to respond), and social skills (e.g. making purchases at stores and restaurants, how to dress appropriately for work).
2. An applicant for services must have at least one (1) year of experience in managing or operating a business. This would include, but not be limited to:
 - a. budget preparation;
 - b. financial tracking of expenses;
 - c. analysis and monitoring data;
 - d. developing and monitoring of personnel practices;
 - e. program policies and procedures;
 - f. development and maintenance of an effective management and staffing structure to include daily supervision of staff;
 - g. performance reviews and disciplinary actions;
 - h. knowledge of Local, State and Federal regulations.

C. APPLICATION PROCESS

1. Any individual or organization who wishes to provide services to people supported by a local Regional Center may contact that Regional Center and request a provider application. Upon successful completion of a pre-screening assessment, the applicant may be interviewed by a panel of Regional Center administrative personnel. The panel will define parameters, expectations, and service limitations as deemed applicable. The panel will determine whether the applicant meets criteria to proceed with the application process.
2. If the panel determines the applicant does not meet the criteria to proceed with the application process, a denial notification letter will be sent to the applicant.
3. If the panel determines the applicant meets the criteria to proceed with the application process, the provider application and the accompanying packet of documents for Jobs and Day Training, Residential Services, or Specialized Services will be forwarded to the requesting individual or organization.

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4. The application is transferrable between Regional Centers with the submittal of additional information regarding service provision and business practices specific to each regional area. A provider's eligibility or qualifications to provide various specific services will be determined by each individual Regional Center.
5. The application, enrollment, approval, and provisional certification process has multiple phases that may take several months to complete. The application is designed so that Regional Center approval is required after each progressive phase in order to avoid unnecessary costs to the applicant.
6. The applicant must return the completed application packet to the Regional Center Quality Assurance Department for review and processing.
 - a. Incomplete applications received will be held for 30 days after notification of missing documents.
 - b. Failure to submit items within 30 days of notification may result in denial of application with a notification letter sent to applicant.
 - c. Provider applications and all related materials that are submitted to the Regional Center becomes the property of that Regional Center and will not be returned to the applicant nor will copies be provided. Applicants should retain a copy of all materials submitted for their records.
7. Packets that do not meet the Regional Center standards will be denied. The applicant will receive a notification letter of the denial.
 - a. Applications that are denied by the Regional Center may not be resubmitted for 12 months from date of denial.
 - b. Applicants that are reapplying for services must restart the application process as outlined above.
 - c. Reapplications must include an explanation of changes made by the applicant to meet Regional Center standards.
 - d. Provider applications and all related materials that are submitted to the Regional Center becomes the property of that Regional Center and will not be returned to the applicant nor will copies be provided. Applicants should retain a copy of all materials submitted for their records.

D. TRAINING

1. Upon successful completion of an interview and acceptance of the initial application, the applicant and/or organization's management must complete established training requirements of the specific Regional Center in which they are enrolling. The training will focus on values, regulations, policies, safeguards, requirements and expectations. After successful completion of the training requirements the Regional Center will advise the applicant of their enrollment status.

E. ENROLLMENT

1. Prior to approval, all required documentation as outlined in the provider application must be on file with the Regional Center.

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2. For a qualified provider to attain provisional status and receive reimbursement for the provision of services, compliance with the established standards of quality must be maintained.
3. If accepted as a provider, the local Regional Center will coordinate enrollment with Nevada Medicaid.
 - a. A Provider Agreement is required to be on file at the Regional Center prior to receiving any service referrals.
 - b. A valid Medicaid Provider number is required to be on file at the Regional Center prior to receiving any service referrals.
 - c. A Vendor Registration is required to be on file at the Regional Center prior to receiving any service referrals.

Please Note: Acceptance as a provider at the end of the application and enrollment process does not guarantee service authorizations will be received. The Regional Center is not responsible for any expense incurred by the individual or organizational provider as a result of the application process.

4. Provisional Status Timeline
 - a. New providers are initially accepted on provisional status. A Quality Assurance Review will be scheduled within 9 to 12 months after initiation of service provision. Based on the Quality Assurance Reviews, the Regional Center certifies, or approves, new providers for a one year period. New providers may be approved or certified for one to three years based on the reviews, or remain on provisional status until successful completion of a Plan of Improvement (POI).
5. If an Applicant is approved as a provider, but has not initiated services within a 12 month period from date of approval, the provisional status will be withdrawn. If the applicant wishes to keep the provisional status, the application packet must be reviewed and revised to reflect all current standards and requirements, and the Regional Center Director must approve the re-instatement of the provisional certification of approval. Updated financial documents and criminal clearance checks may be required.

F. Enrollment and Provisional Status


1. The initial provisional status will not exceed one year.
 - a. During the initial year of services, Regional Center Agency staff shall provide routine contact and oversight activities with the provider to assure basic health, safety and welfare standards are met.
 - b. These activities will include:
 - 1) Review of incident reports;
 - 2) Review of investigation reports;
 - 3) Visits to work sites and homes; and
 - 4) Assessment of service recipient's satisfaction
 - 5) Employee file reviews
 - 6) Financial record reviews
 - c. This information will be used in the Quality Assurance process for determination of ongoing certification or approval.

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2. On, or before, the annual anniversary date of the initiation of service provision, the Regional Center will conduct a review. The outcome of the review will determine the type of certification or approval that will be granted to the provider organization.
 - a. At any time the Regional Center may conduct a review for cause if there are allegations of abuse/neglect/exploitation or concerns related to the health, safety or welfare of the people being served.
 - b. If a provider is enrolled in more than one region, the Regional Centers have the option to coordinate review schedules.

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Attachments (Click Below)

Approved By		
Title	Signature	Date
Deputy Administrator		7/28/15
Division Administrator or Designee		
Document History		
Revision	Date	Change