

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

Nevada Developmental Services (DS) is committed to providing quality integrated community based services designed to maximize individuals' potential, support desired outcomes, and deliver services in a manner that leads to enriched and meaningful lives for individuals served. The Provider Certification process will act as a mechanism for assessing and verifying that contracted providers are meeting standards of service delivery based on best practices which promote the health and welfare of those individuals they support.

All providers of Supported Living Arrangement (SLA) and Jobs and Day Training (JDT) services, hereinafter referred to as providers, for persons with developmental disabilities must be certified, per NAC 435, in order to be eligible to receive payment from the Aging and Disability Services Division (ADSD) for the provision of supported living arrangement and jobs and day training services. Provider Certification is determined by Developmental Services (DS) Regional Centers and is based on requirements set forth under: ADSD, DS Regional Centers, Medicaid Waiver Chapter 2100 and NAC 435.

## PURPOSE

This policy is to identify the standards upon which Provider Certification is based, establish guidelines for the quality assurance (QA) review process utilized to determine compliance with set standards and to establish sanctions for failure to comply with set standards.

## REFERENCES

[NRS 435](#)

[NAC 435](#)

[Nevada Medicaid Manual Chapter 2100](#)

## PROCEDURE

### A. BASIC STANDARDS OF QUALITY SERVICES

1. The basic standards of quality services, delineated in all Provider Agreements, upon which Certification is determined, includes but is not limited to:
  - a. Compliance with State and Federal regulatory requirements, including but not limited to, pertinent requirements as set forth by the Centers for Medicare and Medicaid (CMS), Nevada;
  - b. Compliance with Division of Health Care Finance and Policy (DHCFP), and other funding sources;
  - c. Compliance with ADSD policies and procedures, local DS Regional Center policies and procedures;
  - d. Assurance of health and welfare of individuals;
  - e. Compliance in service delivery for individualized support plans inclusive of assessing, plan development and implementation; and
  - f. Effective internal quality assurance (QA) activities.
2. Details of specific requirements and performance indicators are outlined in:
  - a. Jobs and Day Training Standards of Service Provision; and

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- b. Supported Living Services Standards of Service Provision.

## B. GENERAL PROCESS OF CERTIFICATION

1. Provisional Certification
  - a. New providers are initially accepted on Provisional Certification status upon review and approval of a completed application packet, successful interview, submission of required documents and completion of DS Regional Center training as outlined in DS Provider Application, Enrollment and Provisional Certification Policy. A comprehensive QA Review for Certification will be completed within 9 to 12 months after commencement of service provision.
2. Based on the findings of the QA Review for Certification, providers may be certified for any period not to exceed three years. QA Reviews for Certification may also result in the issuance of a probationary certificate, if warranted, to correct deficiencies found during the review process.
3. Multi-Regional Certification of Providers
  - a. In situations where a provider is in a contractual relationship in more than one region, the DS Regional Centers have the option to coordinate the QA review for Certification in order to develop a statewide report of findings and request for plan of improvement.
4. Dual Certification
  - a. The DS Regional Center may complete a single QA Review for Certification for providers who operate both SLA and JDT programs.

## C. QUALITY ASSURANCE REVIEW PROCESS

1. Outcome Focused
  - a. The certification process utilizes an outcome focused, multidimensional approach in assessing the provider's capacity to deliver services that promote health and welfare, as well as maximize individual potential, desired outcomes, and full participation in integrated community settings.
2. Review Team
  - a. The local DS Regional Center will select and assign a review team. A team leader will be assigned by the DS Regional Center's QA Department.
3. Provider Self-Assessment
  - a. Provider organizations may be required to submit a Self-Assessment of their program prior to their QA review. The Self-Assessment is an opportunity for the organization to evaluate their operation for positive outcomes as well as identification of areas that require improvement.
4. Scope of the Review
  - a. The QA Review for Certification will encompass all aspects of the service delivery system at any site and may include, but is not limited to:

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- 1) Administrative Review
  - 2) Policies and procedures;
  - 3) Liability protections;
  - 4) Personnel files and clinical records;
  - 5) Administrative, personnel and other documentation from the administrative site as deemed necessary;
  - 6) Fiscal information on the organization and/or people receiving services;
  - 7) Quality Assurance/Management Systems; and
  - 8) Other information related to assessing quality of support services, such as incident reports, investigation reports, rights review, environmental QA reviews, previous plans of correction/responses, satisfaction surveys and outcome interview findings, complaints, and response to complaints.
5. Interviews, which may include conversations with:
- a. Individuals, direct support staff, management staff, Person Centered Planning (PCP) team members, families, friends or advocates of individuals receiving services from the provider agency;
  - b. DS Regional Center staff; and
  - c. Other persons or organizations the DS Regional Center deems important to the process.
6. Review of Homes and JDT Sites
- a. Environmental QA Review of selected homes and/or JDT sites will be conducted.
7. Review Sample Selection
- a. The review team will select a sample of at least 5% of both individuals receiving services and provider staff for an interview and record review.
  - b. At the discretion of the DS Regional Center the sample may be expanded.
  - c. For recertification, the review team may select a smaller sample size to enable an abbreviated review, if applicable.
8. Review Process
- a. The initial QA Review for Certification will be conducted by the DS Regional Center team who will be responsible to ensure a thorough review of the contracted provider's service delivery system. Upon the completion of the initial QA Review for Certification, and receipt of a certificate, subsequent reviews for recertification, may utilize an abbreviated QA review process.
  - b. The review process shall include the following:
    - 1) Notification to provider of pending review with request for specific information that must be made available either prior to, or at the time of, the review. The provider will generally be given at least 72 hours advance notice, however, the DS Regional Centers reserve the right to conduct a review without prior notification;

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- 2) The DS Regional Center may request the provider to assign a liaison to the review team who will coordinate scheduling of visits, interviews, and prepare the required documentation for review;
  - 3) Review team will conduct interviews, home visits, and administrative office visits of contracted provider; and
  - 4) Observations and findings relevant to the Standards of Service Provision that are applicable to the type of services delivered shall be recorded in the established review format.
- c. Any findings made in the course of the reviews that represent an immediate jeopardy, such as abuse, neglect or exploitation, or, possible civil or criminal law violations will be provided, without delay, to the appropriate authorities, the provider, the DS Regional Center Director and ADSD Administrative Office.
  - d. At the discretion of a DS Regional Center, additional reviews may be conducted announced, or unannounced, at any given time.
  - e. The QA Review for Recertification will be outcome focused and utilize data from QA activities completed throughout the previous year. Should a QA Review for Recertification identify concerns with health and welfare, the DS Regional Center reserves the authority to expand sample sizes or revert to a full QA review process prior to the development of a request for a plan of improvement (POI), as outlined in section III.H.
  - f. Review findings and assessment of compliance with standards of service provision will be impacted by severity, scope and repeated patterns of noncompliance and/or failure to sustain adequate plans of improvement.

**9. Scoring Methodology**

- a. Data collected from the review process will be entered into a certification score card. Performance indicators aligning with standards of service provision are assessed as either “met; partially met; or not met” based on percentage of compliance related to each performance indicator as follows:
  - 1) Met = 86.0% - 100%
  - 2) Partially Met = 74.0% - 85.9%
  - 3) Not Met = Under 74.0%
- b. Individual performance indicators on the scoring card are categorized as either “Administrative” or “Health and Welfare” standards. Performance indicators related to the maintenance of Medicaid provider requirements are also categorized as being “Non-Negotiable.” Each performance standard is assigned a weighted severity level that when multiplied by the rating determines the amount of points applied. Points will be totaled for each category – “Administrative, Health and Welfare, and Non-Negotiable” – as well as an overall total of review points.

**10. Summary of Findings**

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- a. Provider Certification is established based on the findings of the Quality Assurance Review and Score Card. The Review Team will complete a report of findings indicating overall performance of the provider organization.
- b. The results will be reviewed by the DS Regional Center Program Manager, or designee, and ADSD Administrative Office, as applicable, prior to submitting to the provider organization.
- c. Upon completion of the report, the findings will be reviewed with the provider within 30 days and may include recommendations based on the team's findings and a request to follow up with a plan of improvement (POI).
- d. Certification review findings may be shared with Medicaid.
- e. Review findings and score cards may be posted on a public website.
- f. Based on certification scores, a one (1) - three (3) year certificate will be issued upon receipt and acceptance of a POI, if applicable. Failure to submit an approved POI, will result in issuance of sanctions, as outlined in NAC 435 and section V.

**11. Plan of Improvement (POI)**

- a. If findings of the QA Review identify deficiencies in the provision of services related to the health and welfare of individuals receiving services, a formal POI may be required depending on type and severity of deficiency.
- b. Non-negotiable performance indicators that score at 91.9% or below must be corrected immediately prior to the issuance of a certificate.
- c. Health and Welfare grades of B or C will require a POI. Depending on type and severity of deficiencies, the QA team may elect to validate the POI prior to issuance of a certificate.
- d. In the event a POI is requested:
  - 1) The POI shall address each standard as requested by the QA department;
  - 2) The POI shall contain specific measures and timelines for correction of the deficiencies. With prior agreement the plan may reference technical assistance that will be provided by the DS Regional Center;
  - 3) The provider must submit the requested proposed POI to the DS Regional Center QA Department within 15 working days of the receipt of the request;
  - 4) Per NAC 435, failure of a provider to submit a POI may result in sanctions unless the provider documents good cause and/or has requested an extension which is accepted by the DS Regional Center; and
  - 5) The DS Regional Center's QA Department will be responsible for the review of the POI and for coordinating any follow-up action as required.

**12. Validation Review**

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- a. A validation review may be conducted by the DS Regional Center QA Department to verify that plans of improvement have been fully implemented and are consistent in practice.
- b. Upon completion of a validation review the QA Department will submit a final report and recommendation to the DS Regional Program Manager.

13. Issuance of Certificate

- a. Upon completion of the QA Review for Certification, the duration of certification will be determined based on total review grade, as follows:
  - 1) 3-year Certificate = Grade A or 92.0% and above
  - 2) 2-year Certificate = Grade B or 83.0% - 91.9%
  - 3) 1-year Certificate = Grade C or 74.0% - 82.9%
  - 4) Probationary Certificate or Provider Termination = Grade D or 65.0% - 73.9%
  - 5) Probationary Certificate or Provider Termination = Grade F or 64.9% and below
- b. A Provider's current Certificate will remain in effect during the recertification and active validation process.

14. Sanctions

- a. Upon determination that a deficiency places, or contributes to placing, individuals or other persons at probable risk of harm, the DS Regional Center may impose upon the provider immediate measures of correction, or may immediately end the provision of the services by the provider. DS Regional Centers may take protective measures to include the removal of those individuals at risk either for an interim period or permanently. This decision will be determined by the DS Regional Center Program Manager, with notification to the Administrator and Deputy Administrator of ADSD.
- b. Sanctions may be applied for the submission of inaccurate claims causing overpayment to occur.
- c. Providers may, at the discretion of the DS Regional Center or ADSD, be subjected to a variety of sanctions up to and including termination of the contractual relationship. If immediate jeopardy exists, actions may be taken prior to the written report being issued. Sanctions applied to provider may include, but are not limited to:
  - 1) Referral to the Medicaid Surveillance, Utilization and Review Unit;
  - 2) Issuance of additional training measures;
  - 3) Issuance of a POI;
  - 4) Removal of individuals served;
  - 5) Closure of service sites;
  - 6) Transfer of service sites, including 24 hour shift homes, to another provider;

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- 7) Reimbursement of overpayment;
  - 8) Withholding payments;
  - 9) Limitation of service authorizations;
  - 10) Limitation of type of service provision allowed;
  - 11) Issuance of a Probationary Certificate; and
  - 12) Termination of Provider Agreement.
- d. Providers who receive a grade of D or below in any category will be subjected to an automatic sanction up to and including provider termination.
  - e. Sanctions may be imposed as stipulated in NAC 435.
  - f. The DS Regional Center and/or ADSD will work with individuals, guardians and PCP teams as necessary to assure the continuity of service provision to people whose provider is the subject of sanctions, which may include the provision of services by other providers.
  - g. Sanctions imposed by a DS Regional Center may impact a provider's certification status in other DS regions in which they do business.

#### 15. Appeals

##### a. Sanctions

- 1) Per NAC 435, a provider may appeal sanctions by submitting a written request to the Administrator of ADSD, or their designee, within 15 calendar days of the date of notification of the sanction. Any supporting information must be submitted at the time of the request. The appeals process shall not delay or hinder actions taken by the DS Regional Center to assure health and welfare of individuals.
- 2) The Administrator of ADSD, or their designee, will review the findings and submit a written decision within 30 calendar days of receipt of the written request of appeal. The decision of the Administrator of ADSD, or their designee, is a final decision.

##### b. Provider Termination

- 1) Per NAC 435, a provider may appeal the decision to revoke a certificate by submitting a written request to the Administrator of ADSD, or their designee, within 15 calendar days of the date of notification of the revocation. Any supporting information must be submitted at the time of the request. The appeal process shall not delay or hinder actions taken by the DS Regional Center to assure health and welfare of individuals.
- 2) The Administrator of ADSD, or their designee, will review the findings and submit a written decision within 30 calendar days of receipt of the written request of appeal. The decision of the Administrator of ADSD, or their designee, is a final decision.

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**ATTACHMENTS (CLICK BELOW)**

Attachment A – [DS-41-A \(previously DS-QA-01 \(ci\)\)](#)

Attachment B – [DS-41-B \(previously DS-QA-01 \(ii\)\)](#)

<b>Approved By</b>		
Title	Signature	Date
Deputy Administrator		4/12/17
Division Administrator or Designee		4/12/17
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	3/27/17	Additional information in Sanctions,